



FINAL REPORT

Inmate Geriatric and Psychiatric Patients Study Committee

April 2012

MEMBERS:

Senator Tom Hancock, Co-chairperson
Senator Robert Bacon
Senator Gene Fraise
Senator Jack Hatch
Senator James A. Seymour

Representative Gary Worthan, Co-chairperson
Representative Richard Anderson
Representative Chris Hagenow
Representative Lisa Heddens
Representative Todd E. Taylor

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Legislative Services Agency

AUTHORIZATION AND APPOINTMENT

Examine treatment and placement options for inmate geriatric and psychiatric patients who are under the care, custody, and control of the state, or for patients who are otherwise housed at the Iowa Medical and Classification Center at Oakdale or other correctional facilities for geriatric or psychiatric treatment.



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I. Committee Proceedings

The committee was initially authorized to conduct two meetings during the 2011 Legislative Interim, and met one additional time during the 2012 Legislative Session. The first meeting was on September 28, 2011, at the Iowa Medical and Classification Center (IMCC) at Oakdale. The second meeting was held on November 30, 2011, in Room 103 (Supreme Court Chamber) of the State Capitol, and the third meeting was on January 12, 2012, in Room 103 of the State Capitol.

II. Background

The Legislative Council established the Inmate Geriatric and Psychiatric Patients Interim Study Committee that was requested in 2011 Iowa Acts, SF 510, to examine treatment and placement options for inmate and geriatric psychiatric patients under the care, custody, and control of the state, or for patients who are otherwise housed at the IMCC or other correctional facilities.

III. September 28, 2011, Meeting

Department of Human Services (DHS). Mr. Charles Palmer, Director of DHS, stated it is vital that the Department of Corrections (DOC) and DHS cooperate when treating these difficult populations. He emphasized that the DOC has provided care to psychiatric patients within the walls of the IMCC who otherwise would be placed at a state Mental Health Institute (MHI) because the forensic hospital provides greater structure and a higher level of security. He noted DHS operates a highly structured Civil Commitment Unit for Sexual Offenders (CCUSO), but the persons civilly committed to the CCUSO are not physically violent towards staff or each other. DHS Director Palmer suggested that if some of these patients and inmates are placed in a facility funded by the Medicaid Program, then Medicaid would pay approximately 60 percent of the costs of the care. He also suggested exploring the establishment of a centralized tracking system for psychiatric beds in order for local sheriffs or other agencies to more quickly determine where empty psychiatric beds are located around the state.

Co-chairperson Hancock commented that public safety and security related to the placement of geriatric inmates and psychiatric patients are primary concerns for the committee. Co-chairperson Worthan asked if it would be a good idea to parole or place geriatric inmates in a noncorrectional facility. DHS Director Palmer responded that nobody who poses a threat should be transferred to another facility.

Department of Corrections. Dr. Harbans Deol, Medical Services Director of the DOC, presented an overview of the medical needs of the inmates under the custody of the DOC. He stated that the results of lifestyle decisions of many inmates prior to entering the correctional system requires the DOC to provide geriatric services to inmates as young as 50 years old, which greatly increases the medical costs. He stated 21 inmates have been diagnosed with dementia. There are approximately 1,700 inmates with more than one chronic disease diagnosis. IMCC is not the only institution that houses geriatric and psychiatric inmates. Each institution in the correctional system houses geriatric and psychiatric inmates.

Mr. John Baldwin, Director of the DOC, emphasized that most private nursing homes will not accept a few inmates with a criminal background. However, he suggested that some private



nursing homes may consider accepting inmates if 10 to 20 geriatric inmates were to be placed at the facility at one time. Mr. Joel Wulf, Department on Aging (DOA), suggested that Iowa's Aging Network through the DOA could assist the DOC in the placement of geriatric inmates. DOC Director Baldwin stated that the related executive branch study on inmate geriatric issues will provide the committee with seven or eight options for the placement of geriatric inmates and psychiatric patients to review at the next meeting.

University of Iowa Geriatric Program. Dr. Judith Crossett, Director of the Geriatric Fellowship Program at the University of Iowa, spoke about the treatment and placement of geriatric or psychiatric inmates. A person with dementia is most violent during the middle stages of the disease. Community mental health clinics including a free mental health clinic operated by University of Iowa medical students are great resources for people with mental illness and could be utilized by inmates or other patients. However, the right facility may never exist for some people with mental illness. She informed the committee that some of the challenges the state may face when placing geriatric or psychiatric inmates include the following: (1) identifying a decision maker for the inmate; (2) nursing facilities do not want to accept younger patients; and (3) the state will need to open or locate a facility with a large staff to accommodate many of these populations. Senator Hatch commented that much of this committee's work dovetails with the Mental Health and Disabilities Services Study Committee and associated workgroups that will also be making recommendations to the General Assembly.

Board of Parole (BOP). Ms. Elizabeth Robinson, Chairperson of the BOP, stated that the board is open to working with the committee regarding medical parole. However, she emphasized the board is also very concerned about public safety. Ms. Doris Kelley, a member of the BOP, added that the board is also concerned about equal protection and other constitutional issues if a form of medical parole is instituted. Co-chairperson Hancock commented that the BOP should utilize its expertise and be a part of the solution.

IV. November 30, 2011, Meeting

Overview. Representatives of various state agencies discussed various options for placing inmates with geriatric issues and other special needs.

Department of Corrections. DOC Director Baldwin spoke to the committee about a study recently conducted by executive branch agencies related to inmate geriatric and psychiatric patients under the care, custody, and control of the state. DOC Director Baldwin emphasized the approach undertaken by the state should provide each person with the best opportunity for long-term success while achieving fiscal efficiencies.

First, the state should explore contracting with private nursing homes to house a portion of the geriatric inmates and psychiatric patients in private secure wings. DOC Director Baldwin emphasized the level of risk for all parties involved should be thoroughly discussed prior to such an undertaking. Second, the state could use existing state MHI space for particular defined services without making these services part of the DHS mental health system. Third, the state could design and finance apartments for groups of offenders and patients who are in need of assisted living. Fourth, subacute beds for long-term care could be expanded. Fifth, case management,



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independent living arrangements, and home community services could be utilized. Finally, existing DOC space could be used if available.

DOC Director Baldwin stated if changes are made to existing laws relating to geriatric inmates and psychiatric patients, approximately 50 to 400 inmates could be impacted depending on how the new law is structured. He further stated the average cost for housing an offender at the IMCC is \$157 per day per offender while the average cost for housing an offender in a private nursing home, after Medicaid reimbursement, would be \$58 per day per offender.

Clarinda Treatment Complex (CTC). Mr. Mark Lund, Superintendent of the CTC, discussed whether the Clarinda MHI portion of the complex would be a viable option to consider for the placement of geriatric inmates and psychiatric patients. The Geropsychiatric Nursing Facility at Clarinda MHI is the number one ranked nursing home in the state. A 20-bed living unit is currently available for immediate occupancy and another unit would be available after renovations. Each geriatric patient currently residing at Clarinda MHI had been previously removed from 10 to 15 nursing homes prior to being admitted to Clarinda MHI.

Co-chairperson Hancock asked about the medical capacity of Clarinda MHI. Mr. Lund explained Clarinda MHI is not an acute hospital program, is not a referral place for persons with disabilities, and is not a facility that can take care of persons with brain injuries. It is a geropsychiatric nursing home and a skilled nursing facility. Doctors make rounds every day.

Representative Taylor asked about the security around Clarinda MHI. Mr. Lund stated the geropsychiatric nursing unit is locked but there is no fence around the facility.

Representative Heddens asked about the costs per day for the geropsychiatric nursing unit. Mr. Lund responded the cost is \$590 per day per patient, and at the current Medicaid rate for reimbursement, the state share would be approximately \$327 per day per patient.

Board of Parole. Ms. Robinson spoke to the committee about the geriatric and medical parole. She informed the committee the risk assessment tool utilized by the BOP has been validated four times since its creation and is currently undergoing validation again by the Division of Criminal and Juvenile Justice Planning of the Department of Human Rights (CJJJ). Currently, the paroles of 2.7 percent of active parolees are revoked each month. She stated inmates are assigned a risk score with a score of 2 posing the least risk and a score of 9 posing the most risk. The inmates with the highest risk require an unanimous vote of the members of the BOP in order for such a person to be released on parole. She noted the BOP considers the geriatric and medical needs of an inmate being reviewed for parole but public safety is an overriding factor when considering a person for parole. Prior to enacting a form of geriatric or medical parole, she suggested the General Assembly conduct public hearings to develop support from the general public.

Department of Human Services. Ms. Jennifer Vermeer, Director of the Iowa Medicaid Enterprise, and Mr. Rick Shults, Division Administrator of Mental Health and Disability Services, spoke about Medicaid eligibility with the committee. Ms. Vermeer stated a DOC inmate is only eligible for Medicaid for inpatient hospital services. In order for an inmate to qualify for Medicaid, the inmate is first required to be paroled and classified as disabled or be 65 years of age or older. If a facility is created to house disabled or geriatric inmates who have been paroled, such a facility is required to be less than 16 beds in order to meet Medicaid reimbursement requirements.



Co-chairperson Hancock asked why facilities are limited to less than 16 beds. Mr. Shults responded that this requirement is a long-standing federal rule to prevent the housing of large numbers of disabled and geriatric populations in one institution. Ms. Vermeer stated policymakers need to identify the inmates to be served, ages, types of health issues, types of treatment needed, and whether a facility is available that will meet the Medicaid reimbursement requirements. Mr. Shults warned policymakers about developing a treatment option for a certain population without knowing the ultimate demand for the treatment.

Representative Hagenow commented this is a complex area and it would be helpful to have an integrated proposal from the various departments involved with these issues.

Next Steps. The committee took no action at the meeting.

V. January 12, 2012, Meeting

A. Medical Parole

Ms. Beth Lenstra and Mr. Jess Benson, Legislative Services Agency, Fiscal Services Division, presented an overview of the use of medical parole in Texas and the use of Medicaid for parolees. Ms. Lenstra emphasized that Texas has a large prison population to medically parole people from, so it is easier for that state to achieve greater savings. She also noted that in Texas if a person is medically paroled to their family or a nursing home, that person is also paroled with supervision.

Representative Hagenow commented that it would be beneficial for Iowa to obtain an advisory opinion from the federal government about Medicaid eligibility prior to designating portions of the facility in Clarinda as a facility for medical parolees or other types of patients. Mr. Benson emphasized that an inmate must be paroled prior to being eligible for Medicaid.

Co-chairperson Worthan asked DOC Director Baldwin about the number of patients who are under the care of DHS but housed at the forensic hospital at the IMCC. DOC Director Baldwin responded that there are currently 22 DHS patients at the forensic hospital at the IMCC.

B. Recommendation

There was not a quorum present at the final meeting but the members present supported a recommendation for the Governor to establish an executive branch task force to further study the issue of inmate geriatric and psychiatric patients under the care, custody, and control of the state and to make recommendations. The members who were not present approved of this recommendation at a later date.

VI. Materials Filed With the Legislative Services Agency

The following materials listed were distributed at or in connection with the meetings of the committee and are filed with the Legislative Services Agency. The materials may be accessed from the link on the committee's website:

<https://www.legis.iowa.gov/Schedules/committeeDocs.aspx?cid=542&ga=84&session=2>



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1. September 28, 2011 – Meeting Notice
2. Proposed Rules
3. Charge of the Committee
4. Department of Human Services Handouts
5. Dr. Crossett's Handouts
6. Dr. Deol's Presentation
7. SAMSHA Report
8. Department of Correction's answers to questions posed by Ms. Lenstra
9. Vera Summary
10. Chronically Disabled Policies
11. Medical Release Survey
12. Meeting Memo
13. Board of Parole Risk Spreadsheet
14. Clarinda Treatment Complex – Handout
15. Board of Parole Handout
16. Treatment Options for Geriatric and Psychiatric Patients
17. Medicaid Eligibility for Inmates
18. Comparison Costs by Department of Corrections and Department of Human Services
19. Department of Human Services Answers about Medicaid Questions
20. Medical Parole – Texas
21. Medicaid Fiscal Topic

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