What are “Remedial Services”

- A type of mental health service.
- Provided to persons with a psychiatric diagnosis.
- The psychiatric disorder must impair the person’s functioning in their relationships and interactions with others in the family or community.
- Remedial Services assist individuals in learning age appropriate ways and skills to manage their behaviors and regain self-control.
- Service is “rehabilitative” per federal law.
History of prior services

• Used to be called “Rehabilitative Treatment Services (RTSS)”
  – Provided only to children in the child welfare system.
  – Children with mental health disorders could not get the service without being adjudicated through the courts into the child welfare system.
  – Medicaid payment bundled with non-Medicaid payments in per diems.
  – Several federal audits identified a number of federal compliance issues.
    • Bundling Medicaid and non-Medicaid services was significant issue, among others.

CMS required compliance

• Fall 2007, the Medicaid mental health piece was separated out of the other child welfare services.
• Service restructured and renamed “Remedial Services”
• Focus areas for compliance:
  – Licensed mental health professional assessing need and determining need for skill development services
  – Emphasis and monitoring of showing improvement in individual's functioning
  – Requirement that the service must be available to all children who need the service; cannot be limited to those in the child welfare system.
Mental Health Services through Iowa Medicaid

• Iowa has a managed care waiver to provide Medicaid covered mental health and substance abuse services through a managed care plan.
  – Contract size - $134M in FY 2011
• Per member per month capitation payment to Magellan. Magellan is “at risk”.
• Most mental health services must be accessed through the Iowa Plan (psychiatric hospital, therapy, counseling, etc).
• A few services are fee-for-service outside the managed care plan, including remedial.

Remedial Services = 5 separate services

• Services to persons age 20 and under
  – Health or behavior intervention provided in an individual, family or group setting
  – Crisis intervention
  – Community Psychiatric supportive services
• Services for adults
  – Rehabilitation program
  – Skills training and development
• Services provided in the home, in group foster care, and in office
Providers and Rates

- As of December 2010, there were 130 remedial services providers
- Remedial service providers include:
  - Former Adult Rehab Option providers
  - Former RTSS providers
  - Agencies accredited under Chapter 24 of IAC
- Providers receive fee-for-service payment on a cost basis
  - Payment rates have a cap – rates cannot exceed 110% of the statewide average cost
  - A 15-minute interval constitutes one unit
- Because payment is cost-based; providers have no incentive to be efficient

Current demographics

- Remedial Services began in the Fall of 2007.
- Children receive the vast majority (96%) of remedial services.
- Services often delivered by “paraprofessionals”/unlicensed individuals.
- An average of 10,060 individuals were receiving remedial services at any point in time in FY 2010.
- Majority of the children receiving remedial are age 4-17
- Most common clinical diagnosis are: adjustment disorder, attention deficit hyperactivity disorder (ADHD), and oppositional defiant disorder (ODD).
Remedial trends – Major growth

- Number served doubled from FY 08 to FY 10.

Growth Exceeded Expectations

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2007 (partial year)</td>
<td>$13,736,499</td>
</tr>
<tr>
<td>FY 2008</td>
<td>$39,817,139</td>
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<tr>
<td>FY 2009</td>
<td>$53,318,442</td>
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<tr>
<td>FY 2010</td>
<td>$66,429,050</td>
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<tr>
<td>FY 2011 (projected as of summer 2010)</td>
<td>$80,681,535</td>
</tr>
</tbody>
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- Spending grew by over 66% from FY 08 to FY 10.
2010: Program Changes needed

- Growth was expected due to expansion to non-child welfare populations, but growth significantly exceeded expectations, and was continuing at an alarming rate
- Significant (and onerous) prior and ongoing review of providers, plus other strategies aimed at ensuring integrity were not having sufficient impact
- Deficiencies with rules and lack of resources for provider accreditation
- Program integrity concerns, even among other remedial providers.
- Quality concerns – what are the outcomes for children?
- Concerns about integration of these mental health services and all other mental health services managed through the Iowa Plan
  - Only 14.5% of individuals receiving remedial services were receiving any other clinical mental health services
  - Spending for remedial was 2/3 as large as ALL other spending for mental health services, even including hospital.

Transition of Remedial to Managed Care

- House File 2526 directs DHS to establish a remedial services transition committee to develop a plan to move remedial services to the Iowa Plan
- Plan due December 31, 2010; transition 7/1/11
- Workgroup vision:
  - Align and integrate care across the Children’s Mental Health and Child Welfare Systems that is both individualized and family-centric
  - Improve service quality, through a network of credentialed providers, and focused on promoting evidence-based outcomes
  - Improved program integrity through strengthened education and training, enhanced provider credentialing and monitoring
Recommendations

• Rename services “Behavioral Health Intervention Services”
• Comprehensive mental health assessment and treatment plan for all services
• Establish increased standards for providers
• Training
• Quality oversight and improvement
• Program Integrity

Next Steps

• Workgroup continues to meet to provide input on transition planning
• Draft rule changes to implement the changes
• Refine and implement the transition plan
• IME implements regular communication with providers
• The Iowa Plan begins communication with providers.
• Transition work plan
Contact Information

JENNIFER H. VERMEER
DIRECTOR
IOWA MEDICAID PROGRAM
515-256-4621
jvermeer@dhs.state.ia.us