

Information for the Subcommittee on House Study Bill 83

on

Psychiatric Medical Institutions for Children (PMICs)

February 24, 2011

The Department of Inspections and Appeals (DIA) is responsible for the regulation of Psychiatric Medical Institutions for Children (PMICs) under Iowa Code chapter 135H.

- PMIC is defined as: ***“An institution providing more than twenty-four hours of continuous care involving long-term psychiatric services to three or more children in residence for expected periods of fourteen or more days for diagnosis and evaluation or for expected periods of ninety days or more for treatment.”***

- There are **33 PMICs** in Iowa. PMICs are licensed annually. In addition to licensure under chapter 135H, a PMIC must also be licensed as either a comprehensive residential facility under section 237.3, subsection 2, paragraph "a" or a facility providing substance abuse treatment under section 125.13.

- 31 PMICs are licensed through the Department of Human Services (DHS) as a comprehensive residential facility.
- 2 are licensed through the Department of Public Health as substance abuse Facilities

Iowa Code section 135H.6 also spells out specific conditions for licensure and is attached.

- Kids in PMIC's range from 6 to 18. Some facilities deal more with younger kids while others concentrate on teens. Generally most children remain in a PMIC for over 6 months and often times longer.

- ***Changes seen in PMICs over the last several years:***

- + The severity of illness in children has increased. Many children have multiple diagnoses and multiple medications. Many have experienced significant amounts of trauma (sexual abuse, physical abuse, bad family situations). Parental issues include substance abuse. There appears to be an upswing in adopted kids needing PMIC facilities (either special needs or international adoptions).

- + The biggest change has been the number of voluntary placements. In most PMIC's, at least 70% of their kids are admitted on a voluntary basis, as opposed to being court-ordered. These voluntary kids are typically not in the system (DHS or JCS), so the families don't have the support of a case worker to help with the process, and generally the only place a child can go after discharge is back home or possibly a foster home. Since children in all other group living foster care facilities are in the system and court ordered into placement, these other facilities are not options for voluntary kids. Placement into a group living foster care can often times be used as a step down for a child who no longer needs the intensity of a PMIC program, but is not ready to go home.

- **The Department of Inspections and Appeals also conducts the inspections of the comprehensive residential facilities (CRF) under agreement with the Department of Human Services.** [Comprehensive residential facilities licensing rules are under 441 IAC chapters 114 and 115 (DHS).]

As a result, the inspections conducted for the CRFs and PMICs are done jointly, with two reports generated. In addition, an unannounced visit is conducted during the year to adhere to CRF rules. Complaint and self-reported incident investigations are also conducted (2009 – 5; 2010 – 9; 2011 to date – 1).

- **Under the PMIC licensing rules [481 IAC chapter 41 (DIA)], all children admitted to a PMIC must have a written Certification of Need for services.** This certification must ensure the following:

1. Ambulatory care resources available in the community do not meet the treatment needs of the recipient;
2. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician; and
3. The services can reasonably be expected to improve the recipient's condition or prevent further regression so services will no longer be needed.

- **Emphasis in chapter 41 is placed on care plan development and review.** Each child must have a care plan developed for them within 14 days. The plan of care is based on a diagnostic evaluation that includes examination of the:

- a. Medical,
- b. Psychological,
- c. Social,
- d. Behavioral, and
- e. Developmental aspects of the child's situation.

Each child's care plan must be reviewed by the interdisciplinary team every 30 days to:

- a. Determine that services being provided are or were required on an inpatient basis; and
- b. Recommend changes in the plan as indicated by the recipient's overall adjustment as an inpatient.

Each PMIC has a psychiatrist on the team who oversees children's treatment.

- **The most common deficiencies noted from inspections are:**

Employee files (evaluations, physicals, abuse training)

Cleanliness of buildings

Restraint/seclusion (debriefings)

Care plans (30 day reviews done and signed by team)

Iowa Code section 135H.6 spells out specific conditions for license issuance:

The department shall issue a license to an applicant under this chapter if **all** the following conditions exist:

1. The department has ascertained that the applicant's medical facilities and staff are adequate to provide the care and services required of a psychiatric institution.

2. The proposed psychiatric institution is accredited by the joint commission on the accreditation of health care organizations, the commission on accreditation of rehabilitation facilities, the council on accreditation of services for families and children, or by any other recognized accrediting organization with comparable standards acceptable under federal regulation. **(12 PMICs are Joint Commission accredited and 21 are COA accredited)**

3. The applicant complies with applicable state rules and standards for a psychiatric institution adopted by the department in accordance with federal requirements under 42 C.F.R. § 441.150 – 441.156.

4. The applicant has ***been awarded a certificate of need*** pursuant to chapter 135, unless exempt as provided in this section.

5. ***The department of human services has submitted written approval of the application based on the department of human services' determination of need. The department of human services shall identify the location and number of children in the state who require the services of a psychiatric medical institution for children.*** Approval of an application shall be based upon the location of the proposed psychiatric institution relative to the need for services identified by the department of human services and an analysis of the applicant's ability to provide services and support consistent with requirements under chapter 232, particularly regarding community-based treatment. If the proposed psychiatric institution is not freestanding from a facility licensed under chapter 135B or 135C, approval under this subsection shall not be given unless the department of human services certifies that the proposed psychiatric institution is capable of providing a resident with a living environment similar to the living environment provided by a licensee which is freestanding from a facility licensed under chapter 135B or 135C.

6. ***The department of human services shall not give approval to an application which would cause the total number of beds licensed under this chapter for services reimbursed by the medical assistance program under chapter 249A to exceed four hundred thirty beds.***

7. ***In addition*** to the beds authorized under subsection 6, the department of human services ***may establish not more than thirty beds*** licensed under this chapter ***at the state mental health institute at Independence***. The beds shall be exempt from the certificate of need requirement under subsection 4.

8. The department of human services may give approval to conversion of beds approved under subsection 6, to beds which are specialized to provide substance abuse treatment. However, the total number of beds approved under subsection 6 and this subsection shall not exceed four hundred thirty. Conversion of beds under this subsection shall not require a revision of the certificate of need issued for the psychiatric institution making the conversion.

9. The proposed psychiatric institution is under the direction of an agency which has operated a facility licensed under section 237.3, subsection 2, paragraph "a", as a comprehensive residential facility for children for three years or of an agency which has operated a facility for three years providing psychiatric services exclusively to children or adolescents and the facility

meets or exceeds requirements for licensure under section 237.3, subsection 2, paragraph "a", as a comprehensive residential facility for children.

10. A psychiatric institution licensed prior to July 1, 1999, may exceed the number of beds authorized under subsection 6 if the excess beds are used to provide services funded from a source other than the medical assistance program under chapter 249A. Notwithstanding subsections 4, 5, and 6, the provision of services using those excess beds does not require a certificate of need or a review by the department of human services.

11. If a child has an emotional, behavioral, or mental health disorder, the psychiatric institution does not require court proceedings to be initiated or that a child's parent, guardian, or custodian must terminate parental rights over or transfer legal custody of the child for the purpose of obtaining treatment from the psychiatric institution for the child. Relinquishment of a child's custody shall not be a condition of the child receiving services. **(Children no longer have to be CINA'd and custody does not have to be granted to DHS or Juvenile Court Services to be admitted to a PMIC.)**