



Iowa Plan for Behavioral Health

Kathy Stone, Director
Division of Behavioral Health
Iowa Department of Public Health

KStone@idph.state.ia.us or 515/281-4417

Iowa Plan - History

- March 1995 -
Mental Health Access Plan (MHAP)
- September 1995 -
Iowa Managed Substance Abuse Care Plan
(IMSACP)
- January 1999 -
Iowa Plan for Behavioral Health (Iowa Plan)
- July 2004 -
Iowa Plan for Behavioral Health (Iowa Plan)



Iowa Plan - Background

- Authorities
 - Iowa Department of Public Health (IDPH)
 - Iowa Department of Human Services (DHS)
- Funding
 - IDPH: SAPT Block Grant and State appropriations for substance abuse treatment
 - DHS: Medicaid funding for mental health and substance abuse services



Iowa Plan - Contract

- Contract Duration
 - 2 years with 3 optional extension years
- Contractor
 - Magellan Behavioral Care of Iowa (Magellan Health Services)
- Contractor Risk
 - IDPH: ASO, not at-risk
 - 96.5% provider contracts, 3.5% administration
 - DHS/Medicaid: at-risk
 - 83.7% claims fund, 2.5% Community Reinvestment fund, 13.8% administration



Iowa Plan - Providers

IDPH Substance Abuse Services

- Limited provider panel selected through competitive RFP process
 - Licensed not-for-profit treatment programs only
- Contract term same as Iowa Plan
- Providers at-risk – contractual minimum client number vs maximum annual dollars
- Paid monthly 1/12th disbursements of annual contract
 - Case rate assigned to each level of care



Iowa Plan - Providers

Medicaid Mental Health/Substance Abuse Services

- Open provider panel for qualified providers
 - Hospitals, CMHCs, agencies, practitioners, etc.
- Contracts on-going
- Provider not at-risk
- Paid through claims submission
 - Unit of service reimbursement rates plus cost-based requirements



Iowa Plan – Covered Lives IDPH Participants

- Covered Lives
 - Minimum of 25,000 IDPH “Participants” served each year
- Eligibility
 - Determined at admission by provider
- Eligibility criteria
 - Iowa resident
 - At or below 200% of the Federal Poverty Level
 - Without sufficient 3rd party resources to pay the full billable cost of the service



Iowa Plan – Covered Lives Medicaid Enrollees

- Covered Lives
 - 291,000 Medicaid “Enrollees” eligible to receive services
- Enrolled in Iowa Plan
 - FMAP children and adults
 - SSI children and adults
 - Dual Eligible -- Medicare and Medicaid
 - Children in a foster care placement
- Not Enrolled in Iowa Plan
 - Persons age 65 plus
 - Medically needy with a cash spend-down
 - Persons living at State Hospital Schools
 - Those whose benefits are limited, e.g. Qualified Medicare Beneficiaries, Presumptive Eligible, illegal aliens



Iowa Plan – Covered Services

- ASAM PPC2-R Levels of Care
- IDPH:
 - Level I Outpatient
 - Level II.1 Intensive Outpatient
 - Level II.5 Partial Hospitalization
 - Level III.1 Residential (Halfway House)
 - Level III.3 Residential (Extended Residential)
 - Level III.5 Residential (Primary Residential)
 - Level III.7 Medically Monitored Inpatient (Residential)
- Medicaid:
 - All IDPH levels of care listed above
 - All Ambulatory and Inpatient Detox
 - Level IV Medically Managed Inpatient (Hospitalization)



Iowa Plan – Care Management

- IDPH:
 - Provider makes placement and continued stay decisions for all levels of care
 - Magellan monitors service delivery through on-going data analysis and annual on-site record review
- Medicaid:
 - Provider calls Magellan for authorization of Level IV Inpatient Hospitalization/Detox, Level III.7 Medically Monitored Residential/Detox, and Level III.5 Residential/Detox
 - Magellan monitors all service delivery through on-going data analysis and annual on-site record review



Iowa Plan - Goal 1

Increase the number of people who receive mental health and substance abuse services.

- **Access to substance abuse treatment has increased by 187%** over the prior fee-for-service system.
- **Access to mental health care has increased by 101%** over the prior fee-for-service system.

William M. Mercer Independent Assessment of the Iowa Plan for Behavioral Health, August, 2002



Iowa Plan – 2003 RFP Priorities

- Services to those who are dually diagnosed
- Reduction in readmission rates
- Continued expansion of recovery and rehabilitation services
- Improved services for children served in multiple systems
- Coordination with other state and local agency efforts
- Expanded measurement of outcomes
- Replication of best practices



Iowa Plan - Advisory Committees

- Iowa Plan Advisory Committee
 - Advises IDPH and DHS on Iowa Plan quality improvement activities, performance indicators, operational issues, and service development opportunities
- Iowa Plan Clinical Advisory Committee
 - Advises Magellan on Iowa Plan utilization management guidelines and care management protocols and provides input on quality and performance improvement
- Iowa Plan Consumer/Family Advisory Committee
 - Advises Magellan on Iowa Plan quality improvement activities, performance indicators, operational issues, and service development opportunities



Iowa Plan - Performance Indicators History

- MHAP Year 2 (1996 - 1997)
 - 20 Performance Indicators
- MHAP Years 3, 4 (1997 - 1999)
 - Request for Information released
 - Over 125 pages of comments received
 - 60 performance indicators implemented covering
 - Array of services
 - Access
 - Consumer involvement
 - Quality of life
 - Coordination
 - Administration



Iowa Plan - Performance Indicators Now

- 49 total indicators emphasize Iowa Plan vision and values
- IDPH:
 - 6 indicators carry financial penalties
- Medicaid:
 - 13 indicators carry financial penalties
 - 8 indicators carry financial incentives
 - 22 Indicators are monitoring only



Iowa Plan - Performance Indicators Benefits

- Stakeholder input
- Agreed upon measurement of performance
- Incentives and penalties
- Assures stakeholders that monitors are in place
- Keeps dialogue focused



Iowa Plan – Performance Indicators Examples

- Medicaid Incentive
 - #7 – 60% of enrollees discharged from Level III.5 Residential receive follow-up services within 14 days
- Medicaid Penalty
 - #7 – 90% of enrollees discharged from Level III.5 Residential have a discharge plan documented on the day of discharge
- Medicaid Monitoring
 - #18 – Magellan will identify dually diagnosed clients admitted to Inpatient or Residential and track follow-up services received within 90 days, paid by Iowa Plan
- IDPH Penalty
 - #4 – 90% of IDPH participants who request and need treatment for IV drug abuse are admitted in 14 days (if capacity) or in 120 days (if no capacity)

