Institution for Mental Diseases Determinations

Presented by:

Department of Health Care Services (DHCS)
Licensing and Certification Division (LCD)

Agenda

- Background Information
- DHCS Institution for Mental Diseases (IMD) Determination Tool
- Technical Assistance
- IMD determinations process

Background

- Short Term Residential Therapeutic Programs (STRTP) are defined as residential facilities that provide an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term, 24-hour care and supervision to children.
- California Department of Social Services (CDSS) has the sole authority to license STRTPs.

Background

- DHCS is responsible for the oversight of STRTP mental health program approval.
- DHCS or a delegate mental health plan (MHP) has authority to issue a STRTP mental health program approval.
- A delegate MHP is responsible for the mental health program approval task of STRTPs within the county's borders.

Background

- DHCS is responsible for maintaining a list of IMDs.
- Current list:

IMD Definition

"Institution for mental diseases" means a hospital, nursing facility, or other institution of *more than 16 beds* that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such.

(Reference: Social Security Act §1905(i) and 42 CFR §435.1010)

CMS Guidelines

Section 4390 of the State Medicaid Manual states in part:

1) Are all components controlled by one owner or one governing body?
2) Is one chief medical officer responsible for the medical staff activities in all components?
3) Does one chief executive officer control all administrative activities in all components?
4) Are any of the components separately licensed?
5) Are the components so organizationally and geographically separate that it is not feasible to operate as a single entity?
6) If two or more of the components are participating under the same provider category (such as NFs), can each component meet the conditions of participation independently?

CMS Guidelines

Based on CMS guidelines pertaining to a facility being classified as an IMD, the following would apply:

If the answer to items 1, 2, or 3 is "no," or the answer to items 4, 5, or 6 is "yes," for example, there may be a separate facility/component. If it is determined that a component is independent, the IMD criteria in subsection C are applied to that component unless the component has 16 or fewer beds.

IMD Determination Tool

- CMS has established guidelines to make an IMD determination.
- Based on CMS guidelines, DHCS has developed an assessment tool to assist in making an IMD determination.
- The assessment tool incorporates the CMS guidelines.

IMD Determination Tool

DHCS will use the assessment tool when making IMD determinations to ensure consistent application of CMS guidelines.

The IMD Determination Tool is organized into four sections: A, B,C, and D:

- A: is the facility larger than 16 beds, or connected to another facility.
- B: used if a facility has multiple components.
- C: used if IMD status is not resolved by section A or B.
- D: final assessment.

IMD Determination Tool Section A

1: Facility has 16 beds or less?	**Y**	**N**	***Interpretation:*** Count the total number of beds in the building: 16 beds or less? Go to B1. More than 16 beds? go to Section C
2: Facility shares a building or campus with other facility(ies) providing treatment to persons with mental illness?			***Interpretation:*** If the facility has 16 beds or less, **but shares a building or campus with another facility** providing treatment to persons with a mental illness, complete Section B for each component.

Summary
Section A

- Bed counts are an important factor in determining IMD status.
- A combined bed count of *16 beds or less* will be asked to provide additional information prior to finalizing the determination.
- STRTPs with a combined bed count of 17 beds or more are determined to be an IMD. STRTPs have the option of reducing the total bed count to 16 or less; ensure that a single administrator does not operate more than one (1) STRTP with 17 beds or more.

IMD Determination Tool Section B

***SECTION B*: FACILITIES WITH MULTIPLE COMPONENTS WITHIN A COMMON FACILITY OR CAMPUS**

"Component" is defined as each program/facility evaluated at a particular location or campus.

Total number of components___
Name of component_____
Component is licensed by_____as a_____
Component bed size____

1. Are all components controlled by one owner or one governing body?	**Y**	**N**	***Interpretation:*** Each component either has a separate owner or is operated by a separate and distinct governing body.
2. Is one chief medical officer responsible for the medical staff activities in all components?			***Interpretation:*** Each component must have its own clinical administration/chief medical officer or equivalent position not shared with the other components.

IMD Determination Tool Section B

3. Does one chief executive officer control all administrative activities in all components?	**Y**	**N**	***Interpretation:*** Each component must be controlled by a different and distinct chief executive officer or equivalent position (based on review of org chart).
4. Are any of the components separately licensed?			***Interpretation:*** Each component in the building or on the campus has a separate state license, e.g., separate STRTP licenses or distinct licenses for STRTP and PHF or MHRC.

IMD Determination Tool Section B

5. Are the components so organizationally and geographically separate that it is not feasible to operate as a single entity?	**Y**	**N**	***Interpretation:*** • Each component has separate accounting oversight and file management; • Each component has distinct and separate staff ; • Each component is independently licensed for 16 beds or less; • Each component has separate entrances and addresses (if the same street address, may have separate suite numbers). • **Admission Criteria:** Each entity has independent control over client admissions. • **Levels of Care:** if two components share the same facility/building, and together they add up to more than 16 beds, then the components must provide different levels of care (e.g., MHRC and PHF) or have different populations (e.g., adolescent and adult). • **Physical Plant:** The components do not share common treatment, recreation, sleeping, or outdoor areas with other facilities and have no intermingling of patient populations.

IMD Determination Tool Section B

6. If two or more of the components are participating under the same provider category (such as nursing facilities), can each component meet the conditions of participation independently?	**Y**	**N**	***Interpretation:*** Each component holds a separate certification, e.g., separate Medi-Cal or Medicare certification. The facilities may not share the same certification for the same service.

Summary
Section B

- DHCS will assess and determine if individual components within a common facility or on a common campus trigger the IMD exclusion.
- DHCS will assess and determine if multiple components are acting independently of one another and can be treated as separate facilities for the purposes of avoiding the IMD exclusion.

IMD Determination Tool Section C

OVERALL CHARACTER OF A FACILITY

(For quick reference, please see CMS guidelines: *D. Assessing Patient Population*).

1. Facility is licensed as a psychiatric facility.	**Y**	**N**	***Interpretation:*** The overall character is that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases regardless of licensure.

IMD Determination Tool Section C

2. Facility is accredited as a psychiatric facility.	**Y**	**N**	***Interpretation:*** Facility is accredited by a nationally recognized commission, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Commission on Accreditation of Rehabilitation Facilities (CARF), or Council on Accreditation (COA), that accredits every mental health facility as either a psychiatric facility, a hospital, or a behavioral health provider

IMD Determination Tool Section C

3. The facility is under the jurisdiction of the State's mental health authority. (This criterion does not apply to facilities under mental health authority that are not providing services to mentally ill persons.).	**Y**	**N**	***Interpretation:*** Facility advertises or holds itself out as a mental institution or psychiatric facility.

IMD Determination Tool Section C

4. The facility specializes in providing psychiatric/psychological care and treatment. This may be ascertained through review of patients' records. It may also be indicated by the fact that an unusually large proportion of the staff has specialized psychiatric/psychological training or that a large proportion of the patients are receiving psychopharmacological drugs.	**Y**	**N**	***Interpretation:*** This guidance is specific for facilities providing mental health treatment (such as SNFs with Special Treatment Programs). The facility is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services.

IMD Determination Tool Section C

5. The current need for institutionalization for more than 50 percent of all the patients in the facility results from mental diseases.	**Y**	**N**	***Interpretation:*** Medical record review is only required if the IMD determination is still not clear. • Review medical records per CMS guidelines issued in Sections 4390(C)(5) of the State Medicaid to determine if more than 50 percent of the clients have current mental diseases requiring treatment (historical mental health diagnoses are not applicable). • "Mental disease" is defined as a mental disorder in the current International Classification of Diseases, modified for clinical applications with the exception of mental retardation, senility, and organic brain syndrome, or the current Diagnostic and Statistical Manual (DSM). • When review of client records is not possible, staff or physician's report of current mental health diagnoses is sufficient. • The number of clients in the facility admitted because of their mental disease is the numerator and the total number of clients in the facility on the day that the state's determination is the denominator. A facility may appeal and be re-determined if the patient population changes.

Summary
Section C

Section C will be used to determine the overall character of a facility with more than 16 beds.

IMD Determination Tool Section D

SECTION D: EVALUATING TEAM'S DISPOSITION:

Notes:

Section D is used by DHCS' evaluating team to enter notes or comments.

Ongoing IMD Determinations

- Once the initial round of determinations have been made, DHCS will continue to collaborate with CDSS to formalize a process for new IMD determinations or re-assessments of an STRTP's IMD status.
- DHCS will continue to conduct all new and future IMD determinations using the same assessment tool.

IMPORTANT!

The assessment tool provided today is for your review and knowledge of the process DHCS will be using to conduct the IMD determinations.

DHCS and CDSS will contact providers directly to conduct the IMD determination.

Providers are instructed to not submit information to DHCS or CDSS independently until the determination visit has been scheduled.

Please send questions to: MHLC@dhcs.ca.gov