



Funding For PMIC's

Voluntary, CINA and Delinquent Placements

Funding for children who are placed at Orchard Place, a Psychiatric Medical Institute for Children, can be accessed in one of the following ways but please note that we apply for Medicaid for every client.

1. Private insurance: Private insurance is always primary and these benefits must be used before Medicaid. Please note that it is rare for insurance policies to have benefits which cover the entire stay. Some policies have no benefits and others are limited to 1-30 days. Any policies covering the child must be reported to us prior to admission and a copy of both sides of the card supplied. Any changes in coverage during treatment should be reported to your child's therapist and copies of the new card submitted. This allows us to obtain any authorizations necessary. Failure to obtain authorizations could jeopardize payment by both private insurance and Medicaid.

It is important to know whether referrals and/or pre-certifications are needed prior to admission. Orchard Place is a PMIC (Psychiatric Medical Institute for Children) in the state of Iowa. We provide mental health residential treatment for children and adolescents. We are Joint Commission accredited and provide 24 hour on call nursing care under the supervision of a medical director. Our daily rate does not include psychiatric or physician fees. It also does not cover medications and educational costs.

2. Medicaid: Clients may be eligible for Medicaid at the time of admission by virtue of a subsidized adoption, Supplemental Security Income (SSI,) Social Security, or due to parent's income. We ask that you complete the attached application for Health Coverage and Help Paying Costs even though your child may already have Medicaid. The application must be processed for facility based Medicaid. The application also can be used to apply for the Children's Mental Health Waiver upon admission.

3. **Private Pay:** Parents/guardians pay privately for child's treatment.

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**Children who have private insurance which will not cover the entire stay or who do not have Medicaid at admission can become Medicaid eligible the first of the following month. Medicaid may retroactive to the first of the month of admission depending on some circumstances. There may be costs to parents during the first month based on family**

**income. PLEASE READ THE ENCLOSED PMIC INFORMATION SHEET FROM THE DEPARTMENT OF HUMAN SERVICES FOR MORE DETAILS.**

**WE HAVE ENCLOSED A DHS APPLICATION FOR HEALTH COVERAGE AND HELP PAYING COSTS AND ASK THAT YOU COMPLETE AND RETURN IT ON OR BEFORE THE DAY OF ADMISSION.**

**What will treatment cost?**

During the month of admission parental deeming is based on parental income. This is determined by the centralized PMIC processing department of DHS who will notify you of your expenses. Our full private pay rate is \$425 per day; however, if Medicaid deems your child ineligible for the first month of treatment, we will reduce the rate you are required to pay for that month to \$209 per day. During the first month, you will also be responsible to pay co-pays, co-insurance and deductible fees based on your private insurance policy benefits. If you have concerns about payment, you may contact our office manager at 515-287-9631 to discuss options.

You must submit your pay stubs for the month of admission. Please plan accordingly to allow time for this.

We suggest that you make copies of your application and the attached forms for your records.

If you receive income on your child's behalf (child support, adoption subsidy, social security or supplemental security,) DHS will determine and notify you of the amount you will need to pay Orchard Place as part of your client participation costs.

**Clinical Authorization for Admission:**

The Admissions Office will contact the appropriate Medicaid authorization agency to obtain clinical authorization for your child's admission. Please note that the Medicaid agency can deny admission if they do not agree that your child meets clinical criteria. If denied, Medicaid will not provide funding. There is an appeal process for denials. Please note that this could delay your child's admission.

The Admissions Office will also contact your private insurance company to obtain clinical authorization for funding on or prior to the day of admission. It is rare for private policies to have benefits that will cover the entire stay. If private insurance does not cover your child's treatment, Medicaid is billed as secondary coverage.

If both private insurance and Medicaid deny authorization for admission, the cost of treatment would be your responsibility. The daily per diem rate is \$425.00.

For further information regarding Medicaid, Client Participation and Parental Liability, please contact:

DHS PMIC UNIT PHONE: 1-877-344-9628

DHS PMIC FAX: 1-515-564-4040

PMIC UNIT EMAIL ADDRESS: [csapmic@dhs.state.ia.us](mailto:csapmic@dhs.state.ia.us)