The Coalition
Coalition for Family and Children's Services in Iowa

HF 2220 – Section 4
PMIC Bed Tracking System
Coalition Concerns & Recommended Guardrails

What Section 4 Does

HF 2220, Section 4 requires the Iowa Department of Health and Human Services (HHS) to establish an electronic system to track the availability of beds at each Psychiatric Medical Institution for Children (PMIC).

The Coalition's Position

- We support transparency and coordination.
- We are concerned that tracking "bed availability" without shared clinical definitions and guardrails will misrepresent PMIC capacity and create unsafe placement pressure.
- PMICs are medical facilities, not interchangeable residential beds. A bed that appears "open" may not be clinically or safely available.

Why This Matters

1. Licensed Beds ≠ Functional Capacity

PMIC capacity changes daily based on clinical and system realities, including:

- Acuity and behavioral needs of youth currently served
- 1:1 or enhanced staffing requirements
- Safety considerations for youth and staff
- Age, gender, and population-specific clinical constraints
- Admissions under clinical review or pending required approvals

A bed may be licensed and physically empty while **not functionally or clinically available**.

This includes situations where a youth has been preliminarily or clinically accepted, but admission cannot proceed until required conditions are met, including factors beyond the provider's control, such as:

- Required interagency, court, or guardian approvals
- Incomplete clinical records needed to confirm medical necessity
- Pending Certificate of Need approval from an authorized provider
- Awaiting Medicaid Insurance Company authorization or funding approval

During these periods, the bed cannot safely or appropriately be offered to another youth, even though it may appear "open" in a real-time tracking system.

2. Risk of "Plug-and-Play" Placement Decisions

A real-time bed tracker has the potential to unintentionally signal:

"If a bed is open, a child should be placed there."

For PMICs, **clinical fit is essential**. Poor placement matches increase:

- Restraints and injuries
- Length of stay
- Staff turnover
- Overall system instability

This further reinforces the misconception of PMICs being a **step-down or subacute level of care from inpatient psychiatric hospitalization**, which PMICs are **not** under current law, licensure, or reimbursement structures.

3. Access to Bed Tracking Data Creates Clinical Risk

Who has access to bed tracking data matters as much as what data is tracked.

If access extends beyond HHS (for example, hospitals or referral sources), there is a significant risk that youth may be discharged or transferred **more quickly than clinically appropriate** based on the appearance of an "open bed," rather than medical necessity or clinical readiness.

PMIC placement decisions must remain clinically driven. Visibility into bed status without appropriate guardrails may unintentionally shift decision-making away from youth safety and treatment needs.

4. Bed Tracking Does Not Address the Primary Bottleneck

The Coalition's PMIC Workgroup has been clear:

- System congestion is often driven by discharge delays, not lack of beds &
- The lack of step down protocols.

Tracking admissions without addressing discharge barriers risks solving **only part of the problem**.

5. Shrinking Provider Landscape Increases System Fragility

PMIC capacity must be understood within a shrinking provider landscape.

Iowa has experienced a reduction in PMIC providers over time, placing increased pressure on remaining programs. Policies that misrepresent capacity or increase clinical risk may further destabilize an already fragile system and unintentionally reduce access.

6. Definitions Must Come Before Implementation

There are currently **no shared statewide definitions** for:

- "Available bed"
- "Clinically unavailable"
- "Waitlist"
- "Denied admission"

PMIC providers agree that definitions and guardrails must be aligned **before** a system is built or data is published.

Coalition Recommendation

If Section 4 moves forward, the Coalition recommends ensuring the bed tracking system reflects **functional, clinically appropriate capacity** rather than raw bed counts.

Suggested Amendment Language

(HF 2220 – Section 4)

For purposes of this section, "bed availability" shall reflect functional and clinically appropriate capacity, not solely licensed or physical bed counts. The department shall establish, in consultation with psychiatric medical institutions for children and the Coalition for Family & Children's Services standardized definitions and criteria for bed status, including clinical acuity, staffing capacity, safety considerations, and population-specific limitations.

Bottom Line

Transparency works best when the data reflects **clinical reality** and protects youth safety. This amendment ensures the bed tracking system supports access **without unintentionally increasing risk or destabilizing PMIC care statewide**.