

financial assurance or which previously offered environmental hazard insurance for a member of the regulated tank community.

Sec. 4. Section 455G.4, Code 2003, is amended by adding the following new subsection:
NEW SUBSECTION. 6. REPORTING. Beginning July 2003, the board shall submit a written report quarterly to the legislative council, the chairperson and ranking member of the committee on natural resources and environment in the senate, and the chairperson and ranking member of the committee on environmental protection in the house of representatives regarding changes in the status of the program including, but not limited to, the number of open claims by claim type; the number of new claims submitted and the eligibility status of each claim; a summary of the risk classification of open claims; the status of all claims at high-risk sites including the number of corrective action design reports submitted, approved, and implemented during the reporting period; total moneys reserved on open claims and total moneys paid on open claims; and a summary of budgets approved and invoices paid for high risk site activities including a breakdown by corrective action design report, construction and equipment, implementation, operation and maintenance, monitoring, over excavation, free product recovery, site reclassification, reporting and other expenses, or a similar breakdown. In each report submitted by the board, the board shall include an estimated timeline to complete corrective action at all currently eligible high-risk sites where a corrective action design report has been submitted by a claimant and approved during the reporting period. The timeline shall include the projected year when a no further action designation will be obtained based upon the corrective action activities approved or anticipated at each claimant site. The timeline shall be broken down in annual increments with the number or percentage of sites projected to be completed for each time period. The report shall identify and report steps taken to expedite corrective action and eliminate the state's liability for open claims.

Sec. 5. Section 455G.6, Code 2003, is amended by adding the following new subsection:
NEW SUBSECTION. 17. The board may adopt rules pursuant to chapter 17A providing for the transfer of all or a portion of the liabilities of the board under this chapter. Notwithstanding other provisions to the contrary, the board, upon such transfer, shall not maintain any duty to reimburse claimants under this chapter for those liabilities transferred.

Approved May 2, 2003

CHAPTER 111

MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES SERVICES SYSTEM REVIEW

H.F. 529

AN ACT directing the mental health and developmental disabilities commission to make recommendations for redesigning the mental health and developmental disabilities services system for adults and providing an effective date.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES SERVICES SYSTEM REDESIGN.

In fulfilling the mental health and developmental disabilities commission's duty under

section 225C.6, subsection 1, paragraph “q”, the commission shall submit a report containing recommendations in accordance with this section to the governor and general assembly on or before December 31, 2003, for redesign of the state’s mental health and developmental disabilities services system for adults. The commission shall address all of the following system components in the report and recommendations:

1. STANDARD CLINICAL AND FINANCIAL ELIGIBILITY.

The commission shall do all of the following:

a. Propose a standard set of clinical and diagnostic eligibility requirements for use in determining which individuals will be covered for defined core services, including but not limited to, general clinical eligibility standards, service access criteria, level of care requirements, and terminology changes.

b. Propose financial eligibility criteria for qualifying covered individuals, including guidelines for resources, copayments, income, and assets.

c. Identify the total projected cost for all counties to adopt the standardized clinical and financial eligibility requirements and criteria proposed by the commission.

2. MINIMUM SET OF CORE SERVICES.

The commission shall do all of the following:

a. Identify a minimum set of core services to be provided by each county. This core set of services shall be available statewide. An individual’s eligibility for core services shall be based on consistent clinical criteria and service necessity.

b. Identify the total projected cost for all counties to make the core services available.

c. Design the core set of services as a replacement for the current statutory mandates for services. The purpose of replacing the current statutory mandates with the core set of services is to shift the emphasis to community-based services by providing covered individuals a reasonable level of choice to meet their individual needs within available funding. The initial set of core services considered by the commission shall include all of the following community-based services:

(1) Mental health outpatient treatment.

(2) Inpatient psychiatric evaluation and treatment at county-designated facilities.

(3) Service coordination and case management.

(4) Vocational services.

(5) Residential services.

3. FUNDING FOLLOWS THE COVERED INDIVIDUAL.

The commission shall include a process by which funding follows the covered individual among the options considered, including but not limited to the following:

a. Develop a new formula that allows public funding to follow the covered individual regardless of categorical funding. Distribution of state funds shall be based on a matrix of disability-related reimbursement rate cells. Each cell shall specify a reimbursement rate based on disability group and level of functioning. The funding formula shall take into account the number of covered individuals enrolled in each county and the average cost of services provided to covered individuals in each cell. The formula shall incorporate all of the following principles:

(1) Each county will receive a quarterly allotment equal to the product of the average costs per cell times the number of individuals enrolled in each cell during the previous quarter. To accommodate cash flow needs of counties and reduce the level of fund balances counties need to maintain, the state would make payments at the beginning of each quarter based on the anticipated number of covered individuals, with a reconciliation in the next quarter to the actual number of covered individuals.

(2) Increasing overall state funding levels in proportion to county funding levels.

(3) Allocating any increased state funding to achieve statewide equity in service access.

(4) Allocating the state funding for state institutions through counties rather than directly to the institutions so that these services operate on an equal basis with other services.

(5) Allocating state funding and administrative costs for state cases to the covered individual’s county of residence.

(6) Allocating the risk for service cost increases to the counties and allocating the cost for

increases in the number of covered individuals to the state. Risk allocation provisions shall address methods for managing the risk.

(7) Providing for risk management and flexibility provisions such as cell rate adjustments, allowing waiting lists to be used for an unanticipated increase in the number of covered individuals, distributing quarterly allocations to counties based upon the previous quarter's number of covered individuals, removing categorical funding restrictions, applying standards to ensure county cash flow capacity, and allowing inflation adjustments.

(8) Expanding the state risk pool provisions under section 426B.5 to allow access to risk pool funding for specific purposes and to allow counties to maintain a certain level of fund balances in order to address certain cost factors.

b. All of the following factors shall be considered in developing formula provisions for calculating the distribution of funds:

(1) A county's ability to levy based on available taxable valuation and average per capita income.

(2) A requirement for each county to have a fund balance sufficient to cover all of the following:

(a) Cash flow for current services.

(b) Building maintenance and repair costs.

(c) Investments in new programs.

(d) A local risk pool that will cover extraordinary expenses while a county is preparing an application to the statewide risk pool.

(3) County costs for administration and infrastructure.

(4) Funds for counties to pay the costs of crisis response, hospital diversion, prevention, consultation, education, and outreach services that are provided outside the rate cell methodology or fee payment policy.

(5) Incentives to counties for coordination, collaboration, and infrastructure development.

c. Identify state and county costs to implement the proposed funding formula for the individuals and services identified under subsections 1 and 2.

4. ADDRESS THE LEGAL SETTLEMENT PROCESS.

The commission shall consider options for addressing the deficiencies in the legal settlement process currently used for determining governmental financial liability for service costs. The options considered may include but are not limited to providing for a transition to a system that provides for service access based upon an individual's residency.

5. COORDINATION OF FUNDING STREAMS.

The commission shall do all of the following:

a. Develop a specific approach for counties and the state to access additional federal housing funds.

b. In consultation with counties, support new efforts to maximize federal funding for defined core services, including accessing federal funds to support or match county expenditures to standardize inpatient and outpatient treatment and hospital diversion costs for Medicaid program recipients.

c. Develop recommendations identifying the manner in which services will be funded by the federal government, the state, and the counties.

Sec. 2. EFFECTIVE DATE. This Act, being deemed of immediate importance, takes effect upon enactment.

Approved May 2, 2003