

## CHAPTER 69

### MENTAL HEALTH AND DISABILITY SERVICES — REGIONAL SERVICE DELIVERY SYSTEM

S.F. 463

**AN ACT** relating to the redesign of mental health and disabilities services administered by regions comprised of counties.

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

Section 1. Section 135.180, subsection 3, Code 2015, is amended to read as follows:

3. The program shall provide stipends to support psychiatrist positions with an emphasis on securing and retaining medical directors at community mental health centers, ~~providers of mental health services to county residents pursuant to a waiver approved under [section 225C.7, subsection 3, Code 2011](#)~~, designated under [chapter 230A](#) and hospital psychiatric units that are located in mental health professional shortage areas.

Sec. 2. Section 222.1, Code 2015, is amended to read as follows:

**222.1 Purpose of chapter — state resource centers — special unit at state mental health institute.**

1. [This chapter](#) addresses the public and private services available in this state to meet the needs of persons with an intellectual disability. The responsibility of the mental health and disability services regions formed by counties and of the state for the costs and administration of publicly funded services shall be as set out in [section 222.60](#) and other pertinent sections of [this chapter](#).

~~1.~~ 2. The Glenwood state resource center and the Woodward state resource center are established and shall be maintained as the state's regional resource centers for the purpose of providing treatment, training, instruction, care, habilitation, and support of persons with an intellectual disability or other disabilities in this state, and providing facilities, services, and other support to the communities located in the region being served by a state resource center. In addition, the state resource centers are encouraged to serve as a training resource for community-based program staff, medical students, and other participants in professional education programs. A resource center may request the approval of the council on human services to change the name of the resource center for use in communication with the public, in signage, and in other forms of communication.

~~2.~~ 3. A special intellectual disability unit may be maintained at one of the state mental health institutes for the purposes set forth in [sections 222.88 to 222.91](#).

Sec. 3. Section 222.2, subsection 3, Code 2015, is amended by striking the subsection.

Sec. 4. Section 222.2, Code 2015, is amended by adding the following new subsections:

NEW SUBSECTION. 5A. "Mental health and disability services region" means a mental health and disability services region formed in accordance with [section 331.389](#).

NEW SUBSECTION. 5B. "Regional administrator" means the regional administrator of a mental health and disability services region, as defined in [section 331.388](#).

Sec. 5. Section 222.6, Code 2015, is amended to read as follows:

**222.6 State districts.**

The administrator shall divide the state into two districts in such manner that one of the resource centers shall be located within each of the districts. Such districts may from time to time be changed. After such districts have been established, the administrator shall notify all boards of supervisors, ~~county auditors~~, regional administrators of the mental health and disability services regions, and clerks of the district courts of the action. Thereafter, unless the administrator otherwise orders, all admissions of persons with an intellectual disability from a district shall be to the resource center located within such district.

Sec. 6. Section 222.12, subsection 2, Code 2015, is amended to read as follows:

2. Notice of the death of the patient, and the cause of death, shall be sent to the county board of supervisors regional administrator of the mental health and disability services region of the patient's county of residence. The fact of death with the time, place, and alleged cause shall be entered upon the docket of the court.

Sec. 7. Section 222.13, Code 2015, is amended to read as follows:

**222.13 Voluntary admissions.**

1. If an adult person is believed to be a person with an intellectual disability, the adult person or the adult person's guardian may ~~submit a request in writing through the central point of coordination process for the county board of supervisors of the adult person's county of residence to apply to the department and the superintendent of any state resource center for the voluntary admission of the adult person either as an inpatient or an outpatient of the resource center. The board of supervisors shall, on forms prescribed by the department's administrator, apply to the superintendent of the resource center in the district for the admission of the adult person to the resource center. If the expenses of the person's admission or placement are payable in whole or in part by the person's county of residence, application for the admission shall be made through the regional administrator.~~ An application for admission to a special unit of any adult person believed to be in need of any of the services provided by the special unit under [section 222.88](#) may be made in the same manner, ~~upon request of the adult person or the adult person's guardian.~~ The superintendent shall accept the application if a preadmission diagnostic evaluation, ~~performed through the central point of coordination process,~~ confirms or establishes the need for admission, except that an application shall not be accepted if the institution does not have adequate facilities available or if the acceptance will result in an overcrowded condition.

2. If the resource center ~~has no~~ does not have an appropriate program for the treatment of an adult or minor person with an intellectual disability applying under [this section](#) or [section 222.13A](#), the board of supervisors regional administrator for the person's county of residence or the department, as applicable, shall arrange for the placement of the person in any public or private facility within or without the state, approved by the director of the department of human services, which offers appropriate services for the person, ~~as determined through the central point of coordination process. If the expenses of the placement are payable in whole or in part by a county, the placement shall be made by the regional administrator for the county.~~

3. ~~Upon applying for admission~~ If the expenses of an admission of an adult or minor person to a resource center, or a special unit, or upon arranging for of the placement of the person in a public or private facility are payable in whole or in part by a mental health and disability services region, the board of supervisors regional administrator shall make a full investigation into the financial circumstances of ~~that~~ the person and those liable for ~~that~~ the person's support under [section 222.78](#) to determine whether or not any of them are able to pay the expenses arising out of the admission of the person to a resource center, special treatment unit, or public or private facility. If the ~~board~~ regional administrator finds that the person or those legally responsible for the person are presently unable to pay the expenses, the ~~board shall direct that regional administrator shall pay the expenses be paid by the county.~~ The ~~board~~ regional administrator may review its such a finding at any subsequent time while the person remains at the resource center, or is otherwise receiving care or treatment for which [this chapter](#) obligates the county region to pay. If the ~~board~~ regional administrator finds upon review that the person or those legally responsible for the person are presently able to pay the expenses, the finding shall apply only to the charges incurred during the period beginning on the date of the review and continuing thereafter, unless and until the ~~board~~ regional administrator again changes its such a finding. If the ~~board~~ regional administrator finds that the person or those legally responsible for the person are able to pay the expenses, the ~~board shall direct that regional administrator shall collect the charges be so paid to the extent required by section 222.78, and the county auditor regional administrator shall be responsible for the collection payment of the remaining charges.~~

Sec. 8. Section 222.13A, Code 2015, is amended to read as follows:

**222.13A Voluntary admissions — minors.**

1. If a minor is believed to be a person with an intellectual disability, the minor's parent, guardian, or custodian may ~~request the county board of supervisors to apply to the department~~ for admission of the minor as a voluntary patient in a state resource center. If the resource center does not have appropriate services for the minor's treatment, the ~~board of supervisors department~~ may arrange for the admission of the minor in a public or private facility within or without the state, approved by the director of human services, which offers appropriate services for the minor's treatment.

2. Upon receipt of an application for voluntary admission of a minor, the ~~board of supervisors department~~ shall provide for a preadmission diagnostic evaluation of the minor to confirm or establish the need for the admission. The preadmission diagnostic evaluation shall be performed by a person who meets the qualifications of a qualified intellectual disability professional who is designated ~~through the central point of coordination process~~ by the department.

3. During the preadmission diagnostic evaluation, the minor shall be informed both orally and in writing that the minor has the right to object to the voluntary admission. If the preadmission diagnostic evaluation determines that the voluntary admission is appropriate but the minor objects to the admission, the minor shall not be admitted to the state resource center unless the court approves of the admission. A petition for approval of the minor's admission may be submitted to the juvenile court by the minor's parent, guardian, or custodian.

4. As soon as practicable after the filing of a petition for approval of the voluntary admission, the court shall determine whether the minor has an attorney to represent the minor in the proceeding. If the minor does not have an attorney, the court shall assign to the minor an attorney. If the minor is unable to pay for an attorney, the attorney shall be compensated by the county mental health and disability services region at an hourly rate to be established by the ~~county board of supervisors regional administrator~~ in substantially the same manner as provided in [section 815.7](#).

5. The court shall order the admission of a minor who objects to the admission, only after a hearing in which it is shown by clear and convincing evidence that both of the following circumstances exist:

a. The minor needs and will substantially benefit from treatment or habilitation.

b. A placement which involves less restriction of the minor's liberties for the purposes of treatment or habilitation is not feasible.

Sec. 9. Section 222.14, Code 2015, is amended to read as follows:

**222.14 Care by county region pending admission.**

If the institution is unable to receive a patient, the superintendent shall notify the ~~county board of supervisors of regional administrator~~ for the county ~~from which the application in behalf of residence of the prospective patient was made of the time when such person may be received~~. Until such time as the patient is able to be received by the institution, or when application has been made for admission to a public or private facility as provided in [section 222.13](#) and the application is pending, the care of ~~said person the patient~~ shall be provided as arranged by the ~~county board of supervisors regional administrator~~.

Sec. 10. Section 222.59, subsection 1, unnumbered paragraph 1, Code 2015, is amended to read as follows:

Upon receiving a request from an authorized requester, the superintendent of a state resource center shall coordinate with the ~~central point of coordination process regional administrator~~ for the person's county of residence or the department, as applicable, in assisting the requester in identifying available community-based services as an alternative to continued placement of a patient in the state resource center. For the purposes of [this section](#), "authorized requester" means the parent, guardian, or custodian of a minor patient, the guardian of an adult patient, or an adult patient who does not have a guardian. The assistance shall identify alternatives to continued placement which are appropriate to the patient's needs and shall include but are not limited to any of the following:

Sec. 11. Section 222.60, subsections 1 and 2, Code 2015, are amended to read as follows:

1. All necessary and legal expenses for the cost of admission or for the treatment, training, instruction, care, habilitation, support, and transportation of persons with an intellectual disability, as provided for in the county applicable regional service system management plan provisions implemented pursuant to section 331.439, subsection 1, 331.393 in a state resource center, or in a special unit, or any public or private facility within or without the state, approved by the director of human services, shall be paid by either:

a. The regional administrator for the person's county of residence.

b. The state when the person is a resident in another state or in a foreign country, or when the person's residence is unknown. The payment responsibility shall be deemed to be a state case.

2. a. Prior to the regional administrator for a county of residence approving the payment of expenses for a person under this section, the county regional administrator may require that the person be diagnosed to determine if the person has an intellectual disability or that the person be evaluated to determine the appropriate level of services required to meet the person's needs relating to an intellectual disability. The diagnosis and the evaluation may be performed concurrently and shall be performed by an individual or individuals approved by the regional administrator for the person's county who are qualified to perform the diagnosis or the evaluation. Following the initial approval for payment of expenses, the county regional administrator may require that an evaluation be performed at reasonable time periods.

b. The cost of a county-required regional administrator-required diagnosis and an evaluation is at the county's mental health and disability services region's expense. For a state case, the state may apply the diagnosis and evaluation provisions of this subsection at the state's expense.

c. A diagnosis or an evaluation under this section may be part of a county's central point of coordination process under section 331.440, diagnosis and assessment process implemented by the applicable regional administrator, provided that a diagnosis is performed only by an individual qualified as provided in this section.

Sec. 12. Section 222.61, Code 2015, is amended to read as follows:

**222.61 Residency determined.**

When a county receives an application on behalf of any person for admission to a resource center or a special unit, the board of supervisors application shall refer the determination of residency be forwarded to the central point of coordination process regional administrator for the county to determine and certify that the residence of the person is in one of the following:

1. In the county in which the application is received.
2. In some other county of the state.
3. In another state or in a foreign country.
4. Unknown.

Sec. 13. Section 222.62, Code 2015, is amended to read as follows:

**222.62 Residency in another county.**

When the board of supervisors determines through the central point of coordination process regional administrator for the county determines that the residency of the person is other than in the county in which the application is received, the determination shall be certified to the superintendent of the resource center or the special unit where the person is a patient. The certification shall be accompanied by a copy of the evidence supporting the determination. The If the person is not eligible for the medical assistance program, the superintendent shall charge the expenses already incurred and unadjusted, and all future expenses of the patient, to the county certified to be mental health and disability services region for the county of the person's residency.

Sec. 14. Section 222.63, Code 2015, is amended to read as follows:

**222.63 Finding of residency — objection.**

A board of supervisors' certification utilizing the central point of coordination process through the regional administrator for a county that a person's residency is in another county shall be sent to the auditor of regional administrator for the county of residence. The

certification shall be accompanied by a copy of the evidence supporting the determination. The ~~auditor of regional administrator~~ for the county of residence shall submit the certification to the ~~board of supervisors of the auditor's regional administrator~~ for the county and it shall be conclusively presumed that the patient has residency in that county unless the ~~regional administrator~~ for that county disputes the determination of residency as provided in [section 331.394](#).

Sec. 15. Section 222.64, Code 2015, is amended to read as follows:

**222.64 Foreign state or country or unknown residency.**

If the residency of the person is determined by a ~~regional administrator~~ on behalf of a county or ~~by~~ the state to be in a foreign state or country or is determined to be unknown, the ~~county regional administrator~~ or the state shall certify the determination ~~to the administrator~~. The certification shall be accompanied by a copy of the evidence supporting the determination. The care of the person shall be as arranged by the ~~county regional administrator~~ or the state. Application for admission may be made pending investigation by the administrator.

Sec. 16. Section 222.73, subsection 2, paragraph a, subparagraph (6), Code 2015, is amended to read as follows:

(6) A ~~county mental health and disability services region~~ shall not be billed for the cost of a patient unless the patient's admission is authorized through the applicable ~~central point of coordination process regional administrator~~. The state resource center and the ~~county regional administrator~~ shall work together to locate appropriate alternative placements and services, and to educate patients and the family members of patients regarding such alternatives.

Sec. 17. Section 222.73, subsection 2, paragraph b, Code 2015, is amended to read as follows:

b. The per diem costs billed to each ~~county mental health and disability services region~~ shall not exceed the per diem costs billed to the county in the fiscal year beginning July 1, 1996. However, the per diem costs billed to a county may be adjusted ~~in~~ for a fiscal year to reflect increased costs to the extent of the percentage increase in the ~~total of county fixed budgets pursuant to the allowed growth factor adjustment authorized statewide per capita expenditure target amount, if any per capita growth amount is authorized by the general assembly for that fiscal year in accordance with section 331.439~~ [331.424A](#).

Sec. 18. Section 222.92, subsection 3, paragraph a, Code 2015, is amended to read as follows:

a. Moneys received by the state from billings to counties ~~and regional administrators for the counties~~.

Sec. 19. Section 225.1, Code 2015, is amended to read as follows:

**225.1 Establishment — definitions.**

1. ~~There shall be established a~~ The state psychiatric hospital; ~~is established~~. The hospital shall be especially designed, kept, and administered for the care, observation, and treatment of those persons who are afflicted with abnormal mental conditions.

2. For the purposes of [this chapter](#), unless the context otherwise requires:

a. "Mental health and disability services region" means a mental health and disability services region approved in accordance with [section 331.389](#).

b. "Regional administrator" means the administrator of a mental health and disability services region, as defined in [section 331.388](#).

Sec. 20. Section 225.10, unnumbered paragraph 1, Code 2015, is amended to read as follows:

Persons suffering from mental diseases may be admitted to the state psychiatric hospital as voluntary public patients if a physician authorized to practice medicine or osteopathic medicine in the state of Iowa files information with the ~~board of supervisors~~ regional

administrator of the person's county of residence ~~or the board's designee~~, stating all of the following:

Sec. 21. Section 225.11, Code 2015, is amended to read as follows:

**225.11 Initiating commitment procedures.**

When a court finds upon completion of a hearing held pursuant to [section 229.12](#) that the contention that a respondent is seriously mentally impaired has been sustained by clear and convincing evidence, and the application filed under [section 229.6](#) also contends or the court otherwise concludes that it would be appropriate to refer the respondent to the state psychiatric hospital for a complete psychiatric evaluation and appropriate treatment pursuant to [section 229.13](#), the judge may order that a financial investigation be made in the manner prescribed by [section 225.13](#). If the costs of a respondent's evaluation or treatment are payable in whole or in part by a county, an order under [this section](#) shall be for referral of the respondent through the ~~central point of coordination process~~ regional administrator for the respondent's county of residence for an evaluation and referral of the respondent to an appropriate placement or service, which may include the state psychiatric hospital for additional evaluation or treatment. ~~For purposes of this chapter, "central point of coordination process" means the same as defined in [section 331.440](#).~~

Sec. 22. Section 225.12, Code 2015, is amended to read as follows:

**225.12 Voluntary public patient — physician's report.**

A physician filing information under [section 225.10](#) shall include a written report to the ~~county board of supervisors or the board's designee~~ regional administrator for the county of residence of the person named in the information, giving a history of the case as will be likely to aid in the observation, treatment, and hospital care of the person ~~named in the information~~ and describing the history in detail.

Sec. 23. Section 225.13, Code 2015, is amended to read as follows:

**225.13 Financial condition.**

~~The county board of supervisors or the board's designee~~ regional administrator of the county of residence of a person being admitted to the state psychiatric hospital is responsible for investigating the financial condition of ~~a person being admitted to the state psychiatric hospital~~ the person and of those legally responsible for the person's support.

Sec. 24. Section 225.15, Code 2015, is amended to read as follows:

**225.15 Examination and treatment.**

1. When a respondent arrives at the state psychiatric hospital, the admitting physician shall examine the respondent and determine whether or not, in the physician's judgment, the respondent is a fit subject for observation, treatment, and hospital care. If, upon examination, the physician decides that the respondent should be admitted to the hospital, the respondent shall be provided a proper bed in the hospital. The physician who has charge of the respondent shall proceed with observation, medical treatment, and hospital care as in the physician's judgment are proper and necessary, in compliance with [sections 229.13 to 229.16](#). After the respondent's admission, the observation, medical treatment, and hospital care of the respondent may be provided by a mental health professional, as defined in [section 228.1](#), who is licensed as a physician, advanced registered nurse practitioner, or physician assistant.

2. A proper and competent nurse shall also be assigned to look after and care for the respondent during observation, treatment, and care. Observation, treatment, and hospital care under [this section](#) which are payable in whole or in part by a county shall only be provided as determined through the ~~central point of coordination process~~ regional administrator of the respondent's county of residence.

Sec. 25. Section 225.16, subsection 1, Code 2015, is amended to read as follows:

1. If the ~~county board of supervisors or the board's designee~~ regional administrator for a person's county of residence finds from the physician's information which was filed under the provisions of [section 225.10](#) that it would be appropriate for the person to be admitted to the state psychiatric hospital, and the report of the ~~county board of supervisors or the board's~~

~~designee regional administrator~~ made pursuant to [section 225.13](#) shows that the person and those who are legally responsible for the person are not able to pay the expenses incurred at the hospital, or are able to pay only a part of the expenses, the person shall be considered to be a voluntary public patient and the ~~board of supervisors~~ regional administrator shall direct that the person shall be sent to the state psychiatric hospital at the state university of Iowa for observation, treatment, and hospital care.

Sec. 26. Section 225.17, subsection 2, Code 2015, is amended to read as follows:

2. When the respondent arrives at the hospital, the respondent shall receive the same treatment as is provided for committed public patients in [section 225.15](#), in compliance with [sections 229.13 to 229.16](#). However, observation, treatment, and hospital care under [this section](#) of a respondent whose expenses are payable in whole or in part by a county shall only be provided as determined through the ~~central point of coordination process~~ regional administrator of the respondent's county of residence.

Sec. 27. Section 225.18, Code 2015, is amended to read as follows:

**225.18 Attendants.**

The ~~county board of supervisors or the board's designee~~ regional administrator may appoint ~~a person an attendant~~ to accompany the committed public patient or the voluntary public patient or the committed private patient from the place where the patient may be to the state psychiatric hospital, or to accompany the patient from the hospital to a place as may be designated by the ~~county~~ regional administrator. If a patient is moved pursuant to [this section](#), at least one attendant shall be of the same gender as the patient.

Sec. 28. Section 225.19, Code 2015, is amended to read as follows:

**225.19 Compensation for attendant.**

An individual appointed by the ~~county board of supervisors or the board's designee~~ regional administrator in accordance with [section 225.18](#) to accompany a person to or from the hospital or to make an investigation and report on any question involved in the matter shall receive three dollars per day for the time actually spent in making the investigation and actual necessary expenses incurred in making the investigation or trip. [This section](#) does not apply to an appointee who receives fixed compensation or a salary.

Sec. 29. Section 225.21, Code 2015, is amended to read as follows:

**225.21 Compensation claims — filing — approval.**

The person making claim to compensation under [section 225.19](#) shall file the claim in the office of the ~~county auditor~~ regional administrator for the person's county of residence. The claim is subject to review and approval by the ~~board of supervisors or the board's designee~~ regional administrator for the county.

Sec. 30. Section 225.24, Code 2015, is amended to read as follows:

**225.24 Collection of preliminary expense.**

Unless a committed private patient or those legally responsible for the patient's support offer to settle the amount of the claims, the ~~county auditor of~~ regional administrator for the person's county of residence shall collect, by action if necessary, the amount of all claims for per diem and expenses that have been approved by the ~~county board of supervisors or the board's designee~~ regional administrator for the county and paid by the ~~county~~ regional administrator as provided under [section 225.21](#). Any amount collected shall be credited to the ~~county treasury~~ mental health and disabilities services fund created in accordance with [section 331.424A](#).

Sec. 31. Section 225.27, Code 2015, is amended to read as follows:

**225.27 Discharge — transfer.**

The state psychiatric hospital may, at any time, discharge any patient as recovered, as improved, or as not likely to be benefited by further treatment. If the patient being so discharged was involuntarily hospitalized, the hospital shall notify the committing judge or court of the discharge as required by [section 229.14](#) or [section 229.16](#), whichever is applicable, and the applicable regional administrator. Upon receiving the notification, the

court shall issue an order confirming the patient's discharge from the hospital or from care and custody, as the case may be, and shall terminate the proceedings pursuant to which the order was issued. The court or judge shall, if necessary, appoint a person to accompany the discharged patient from the state psychiatric hospital to such place as the hospital or the court may designate, or authorize the hospital to appoint such attendant.

Sec. 32. Section 225C.2, subsection 2, Code 2015, is amended by striking the subsection.

Sec. 33. Section 225C.5, subsection 1, paragraph f, Code 2015, is amended to read as follows:

*f.* Two members shall be staff members of regional administrators of the central point of coordination process established in accordance with [section 331.440](#) selected from nominees submitted by the community services affiliate of the Iowa state association of counties.

Sec. 34. Section 225C.6, subsection 1, paragraph i, subparagraph (1), Code 2015, is amended to read as follows:

(1) The extent to which services to persons with disabilities are actually available to persons in each county and mental health and disability services region in the state and the quality of those services.

Sec. 35. Section 225C.6, subsection 1, paragraph m, Code 2015, is amended to read as follows:

*m.* Identify disability services outcomes and indicators to support the ability of eligible persons with a disability to live, learn, work, and recreate in communities of the persons' choice. The identification duty includes but is not limited to responsibility for identifying, collecting, and analyzing data as necessary to issue reports on outcomes and indicators at the county, region, and state levels.

Sec. 36. Section 225C.13, subsection 1, Code 2015, is amended to read as follows:

1. The administrator assigned, in accordance with [section 218.1](#), to control the state mental health institutes and the state resource centers may enter into agreements under which a facility or portion of a facility administered by the administrator is leased to a department or division of state government, a county or group of counties, a mental health and disability services region, or a private nonprofit corporation organized under [chapter 504](#). A lease executed under [this section](#) shall require that the lessee use the leased premises to deliver either disability services or other services normally delivered by the lessee.

Sec. 37. Section 225C.14, Code 2015, is amended to read as follows:

**225C.14 Preliminary diagnostic evaluation.**

1. Except in cases of medical emergency, a person shall be admitted to a state mental health institute as an inpatient only after a preliminary diagnostic evaluation performed through the ~~central point of coordination process~~ regional administrator of the person's county of residence has confirmed that the admission is appropriate to the person's mental health needs, and that no suitable alternative method of providing the needed services in a less restrictive setting or in or nearer to the person's home community is currently available. If provided for through the ~~central point of coordination process~~ regional administrator, the evaluation may be performed by a community mental health center or by an alternative diagnostic facility. The policy established by [this section](#) shall be implemented in the manner and to the extent prescribed by [sections 225C.15](#), [225C.16](#) and [225C.17](#).

2. As used in [this section](#) and [sections 225C.15](#), [225C.16](#) and [225C.17](#), the term "medical emergency" means a situation in which a prospective patient is received at a state mental health institute in a condition which, in the opinion of the chief medical officer, or that officer's physician designee, requires the immediate admission of the person notwithstanding the policy stated in [subsection 1](#).

Sec. 38. Section 225C.15, Code 2015, is amended to read as follows:

**225C.15 County implementation of evaluations.**



The ~~board of supervisors of regional administrator~~ for a county shall, ~~no later than July 1, 1982,~~ require that the policy stated in [section 225C.14](#) be followed with respect to admission of persons from that county to a state mental health institute. A community mental health center which is supported, directly or in affiliation with other counties, by that county may perform the preliminary diagnostic evaluations for that county, unless the performance of the evaluations is not covered by the agreement entered into by the ~~county regional administrator~~ and the center, and the center's director certifies to the ~~board of supervisors regional administrator~~ that the center does not have the capacity to perform the evaluations, in which case the ~~board of supervisors regional administrator~~ shall proceed under [section 225C.17](#).

Sec. 39. Section 225C.16, Code 2015, is amended to read as follows:

**225C.16 Referrals for evaluation.**

1. The chief medical officer of a state mental health institute, or that officer's physician designee, shall advise a person residing in that county who applies for voluntary admission, or a person applying for the voluntary admission of another person who resides in that county, in accordance with [section 229.41](#), that the ~~board of supervisors regional administrator for the county~~ has implemented the policy stated in [section 225C.14](#), and shall advise that a preliminary diagnostic evaluation of the prospective patient be sought, if that has not already been done. [This subsection](#) does not apply when voluntary admission is sought in accordance with [section 229.41](#) under circumstances which, in the opinion of the chief medical officer or that officer's physician designee, constitute a medical emergency.

2. The clerk of the district court in that county shall refer a person applying for authorization for voluntary admission, or for authorization for voluntary admission of another person, in accordance with [section 229.42](#), to the ~~appropriate entity designated through the central point of coordination process regional administrator~~ of the person's county of residence under [section 225C.14](#) for the preliminary diagnostic evaluation unless the applicant furnishes a written statement from the appropriate entity which indicates that the evaluation has been performed and that the person's admission to a state mental health institute is appropriate. [This subsection](#) does not apply when authorization for voluntary admission is sought under circumstances which, in the opinion of the chief medical officer or that officer's physician designee, constitute a medical emergency.

3. Judges of the district court in that county or the judicial hospitalization referee appointed for that county shall so far as possible arrange for the entity designated through the ~~central point of coordination process regional administrator~~ under [section 225C.14](#) to perform a prehearing examination of a respondent required under [section 229.8, subsection 3, paragraph "b"](#).

4. The chief medical officer of a state mental health institute shall promptly submit to the appropriate entity designated through the ~~central point of coordination process regional administrator~~ under [section 225C.14](#) a report of the voluntary admission of a patient under the medical emergency ~~clauses provisions~~ of [subsections 1 and 2](#). The report shall explain the nature of the emergency which necessitated the admission of the patient without a preliminary diagnostic evaluation by the designated entity.

Sec. 40. Section 225C.17, Code 2015, is amended to read as follows:

**225C.17 Alternative diagnostic facility.**

If a county is not served by a community mental health center having the capacity to perform the required preliminary diagnostic evaluations, the ~~board of supervisors regional administrator for the county~~ shall arrange for the evaluations to be performed by an alternative diagnostic facility for the period until the county is served by a community mental health center with the capacity to provide that service. An alternative diagnostic facility may be the outpatient service of a state mental health institute or any other mental health facility or service able to furnish the requisite professional skills to properly perform a preliminary diagnostic evaluation of a person whose admission to a state mental health institute is being sought or considered on either a voluntary or an involuntary basis.

Sec. 41. Section 225C.19, subsection 3, paragraphs a, b, and c, Code 2015, are amended to read as follows:

a. Standards for accrediting or approving emergency mental health crisis services providers. Such providers may include but are not limited to a community mental health center designated under [chapter 230A](#), ~~a provider approved in a waiver adopted by the commission to provide services to a county in lieu of a community mental health center~~, a unit of the department or other state agency, a county, a mental health and disability services region, or any other public or private provider who meets the accreditation or approval standards for an emergency mental health crisis services provider.

b. Identification by the division of geographic regions, groupings of mental health and disability services regions, service areas, or other means of distributing and organizing the emergency mental health crisis services system to ensure statewide availability of the services.

c. Coordination of emergency mental health crisis services with all of the following:

(1) The district and juvenile courts.

(2) Law enforcement.

(3) Judicial district departments of correctional services.

(4) ~~County central point of coordination processes~~ Mental health and disability services regions.

(5) Other mental health, substance abuse, and co-occurring mental illness and substance abuse services available through the state and counties to serve both children and adults.

Sec. 42. Section 225C.20, Code 2015, is amended to read as follows:

**225C.20 Responsibilities of ~~counties~~ mental health and disabilities services regions for individual case management services.**

Individual case management services funded under medical assistance shall be provided by the department except when a county or a consortium of counties contracts with the department to provide the services. ~~A county or consortium of counties~~ regional administrator may contract for one or more counties of the region to be the provider at any time and the department shall agree to the contract so long as the contract meets the standards for case management adopted by the department. ~~The county or consortium of counties~~ regional administrator may subcontract for the provision of case management services so long as the subcontract meets the same standards. ~~A county board of supervisors~~ regional administrator may change the provider of individual case management services at any time. If the current or proposed contract is with the department, the ~~county board of supervisors~~ regional administrator shall provide written notification of a change at least ninety days before the date the change will take effect.

Sec. 43. Section 225C.54, subsection 1, Code 2015, is amended to read as follows:

1. The mental health services system for children and youth shall be initially implemented by the division commencing with the fiscal year beginning July 1, 2008. The division shall begin implementation by utilizing a competitive bidding process to allocate state block grants to develop services through existing community mental health centers, ~~providers approved in a waiver adopted by the commission to provide services to a county in lieu of a community mental health center~~, designated under [chapter 230A](#) and other local service partners. The implementation shall be limited to the extent of the appropriations provided for the children's system.

Sec. 44. Section 226.1, Code 2015, is amended by adding the following new subsection:

**NEW SUBSECTION.** 4. For the purposes of [this chapter](#), unless the context otherwise requires:

a. "Administrator" means the person assigned by the director of human services to control the state mental health institutes.

b. "Department" means the department of human services.

c. "Mental health and disability services region" means a mental health and disability services region formed in accordance with [section 331.389](#).

d. “Regional administrator” means the regional administrator of a mental health and disability services region, as defined in [section 331.388](#).

Sec. 45. Section 226.9C, subsection 2, paragraphs a and c, Code 2015, are amended to read as follows:

a. ~~A county may split the~~ The charges payable by a county may be split between the county’s mental health and disabilities services fund created pursuant to [section 331.424A](#) and the county’s budget for ~~substance abuse~~ substance-related disorder expenditures.

c. (1) Prior to an individual’s admission for dual diagnosis treatment, the individual shall have been prescreened. The person performing the prescreening shall be either the mental health professional, as defined in [section 228.1](#), who is contracting with the ~~county central point of coordination process~~ regional administrator for the county’s mental health and disability services region to provide the prescreening or a mental health professional with the requisite qualifications. A mental health professional with the requisite qualifications shall meet all of the following qualifications: is a mental health professional as defined in [section 228.1](#), is an alcohol and drug counselor certified by the nongovernmental Iowa board of substance abuse certification, and is employed by or providing services for a facility, as defined in [section 125.2](#).

(2) Prior to an individual’s admission for dual diagnosis treatment, the individual shall have been screened through a county’s ~~central point of coordination process implemented pursuant to~~ [section 331.440](#) regional administrator to determine the appropriateness of the treatment.

Sec. 46. Section 226.32, Code 2015, is amended to read as follows:

**226.32 Overcrowded conditions.**

The administrator shall order the discharge or removal from the hospital of incurable and harmless patients whenever it is necessary to make room for recent cases. If a patient who is to be so discharged entered the hospital voluntarily, the administrator shall notify the ~~auditor of regional administrator~~ regional administrator for the county interested at least ten days in advance of the day of actual discharge.

Sec. 47. Section 226.34, subsection 2, Code 2015, is amended to read as follows:

2. If a patient in a mental health institute dies from any cause, the superintendent of the institute shall within three days of the date of death, send by certified mail a written notice of death to all of the following:

- a. The decedent’s nearest relative.
- b. The clerk of the district court of the county from which the patient was committed.
- c. The sheriff of the county from which the patient was committed.
- d. The regional administrator for the county from which the patient was committed.

Sec. 48. Section 227.1, Code 2015, is amended to read as follows:

**227.1 Supervision Definitions — supervision.**

1. For the purposes of [this chapter](#), unless the context otherwise requires:

a. “Administrator” means the person assigned by the director of human services in the appropriate division of the department to administer mental health and disability services.

b. “Department” means the department of human services.

c. “Mental health and disability services region” means a mental health and disability services region formed in accordance with [section 331.389](#).

d. “Regional administrator” means the regional administrator of a mental health and disability services region, as defined in [section 331.388](#).

2. ~~All~~ The regulatory requirements for county and private institutions wherein where persons with mental illness or an intellectual disability are ~~kept~~ admitted, committed, or placed shall be under the supervision of the administrator.

Sec. 49. Section 227.2, subsection 1, unnumbered paragraph 1, Code 2015, is amended to read as follows:

The director of inspections and appeals shall make, or cause to be made, at least one licensure inspection each year of every county care facility. Either the administrator of the

division or the director of the department of inspections and appeals, in cooperation with each other, upon receipt of a complaint or for good cause, may make, or cause to be made, a review of a county care facility or of any other private or county institution where persons with mental illness or an intellectual disability reside. A licensure inspection or a review shall be made by a competent and disinterested person who is acquainted with and interested in the care of persons with mental illness and persons with an intellectual disability. The objective of a licensure inspection or a review shall be an evaluation of the programming and treatment provided by the facility. After each licensure inspection of a county care facility, the person who made the inspection shall consult with the ~~county authorities~~ regional administrator for the county in which the facility is located on plans and practices that will improve the care given patients ~~and~~. The person shall also make recommendations to the administrator of the division and the director of public health for coordinating and improving the relationships between the administrators of county care facilities, the administrator of the division, the director of public health, the superintendents of state mental health institutes and resource centers, community mental health centers, mental health and disability services regions, and other cooperating agencies, to cause improved and more satisfactory care of patients. A written report of each licensure inspection of a county care facility under [this section](#) shall be filed by the person with the administrator of the division and the director of public health and shall include:

Sec. 50. Section 227.2, subsection 1, paragraph f, Code 2015, is amended to read as follows:

f. The recommendations given to and received from ~~county authorities~~ the regional administrator on methods and practices that will improve the conditions under which the county care facility is operated.

Sec. 51. Section 227.2, subsection 2, Code 2015, is amended to read as follows:

2. A copy of the written report prescribed by [subsection 1](#) shall be furnished to the county board of supervisors, to the ~~county mental health and intellectual disability coordinating board or to its advisory board if the county board of supervisors constitutes ex officio the coordinating board~~ regional administrator for the county, to the administrator of the county care facility inspected and to its certified volunteer long-term care ombudsman, and to the department on aging.

Sec. 52. Section 227.4, Code 2015, is amended to read as follows:

**227.4 Standards for care of persons with mental illness or an intellectual disability in county care facilities.**

The administrator, in cooperation with the department of inspections and appeals, shall recommend and the mental health and disability services commission created in [section 225C.5](#) shall adopt, ~~or amend and adopt~~, standards for the care of and services to persons with mental illness or an intellectual disability residing in county care facilities. The standards shall be enforced by the department of inspections and appeals as a part of the licensure inspection conducted pursuant to [chapter 135C](#). The objective of the standards is to ensure that persons with mental illness or an intellectual disability who are residents of county care facilities are not only adequately fed, clothed, and housed, but are also offered reasonable opportunities for productive work and recreational activities suited to their physical and mental abilities and offering both a constructive outlet for their energies and, if possible, therapeutic benefit. When recommending standards under [this section](#), the administrator shall designate an advisory committee representing administrators of county care facilities, ~~county mental health and developmental disabilities regional planning councils~~ regional administrators, mental health and disability services region governing boards, and county care facility certified volunteer long-term care ombudsmen to assist in the establishment of standards.

Sec. 53. Section 227.10, Code 2015, is amended to read as follows:

**227.10 Transfers from county or private institutions.**

Patients who have been admitted at public expense to any institution to which [this chapter](#) is applicable may be involuntarily transferred to the proper state hospital for

persons with mental illness in the manner prescribed by [sections 229.6 to 229.13](#). The application required by [section 229.6](#) may be filed by the administrator of the division or the administrator's designee, or by the administrator of the institution where the patient is then being maintained or treated. If the patient was admitted to that institution involuntarily, the administrator of the division may arrange and complete the transfer, and shall report it as required of a chief medical officer under [section 229.15, subsection 5](#). The transfer shall be made at ~~county~~ the mental health and disabilities services region's expense, and the expense recovered, as provided in [section 227.7](#). However, transfer under [this section](#) of a patient whose expenses are payable in whole or in part by a ~~county~~ the mental health and disabilities services region is subject to an authorization for the transfer through the ~~central point of coordination process~~ regional administrator for the patient's county of residence.<sup>1</sup>

Sec. 54. Section 227.11, Code 2015, is amended to read as follows:

**227.11 Transfers from state hospitals.**

A ~~regional administrator for the county~~ chargeable with the expense of a patient in a state hospital for persons with mental illness shall transfer the patient to a county or private institution for persons with mental illness that is in compliance with the applicable rules when the administrator of the division or the administrator's designee orders the transfer on a finding that the patient is suffering from ~~chronic mental illness or from senility~~ a serious mental illness and will receive equal benefit by being so transferred. A ~~county mental health and disability services region~~ shall transfer to ~~its~~ a county care facility any patient in a state hospital for persons with mental illness upon request of the superintendent of the state hospital in which the patient is confined pursuant to the superintendent's authority under [section 229.15, subsection 5](#), and approval by the ~~board of supervisors of regional administrator for the county of the patient's residence~~. In no case shall a patient be thus transferred except upon compliance with [section 229.14A](#) or without the written consent of a relative, friend, or guardian if such relative, friend, or guardian pays the expense of the care of such patient in a state hospital. Patients transferred to a public or private facility under [this section](#) may subsequently be placed on convalescent or limited leave or transferred to a different facility for continued full-time custody, care, and treatment when, in the opinion of the attending physician or the chief medical officer of the hospital from which the patient was so transferred, the best interest of the patient would be served by such leave or transfer. For any patient who is involuntarily committed, any transfer made under [this section](#) is subject to the placement hearing requirements of [section 229.14A](#).

Sec. 55. Section 227.12, Code 2015, is amended to read as follows:

**227.12 Difference of opinion.**

When a difference of opinion exists between the administrator of the division and the authorities in charge of any private or county hospital in regard to the ~~removal transfer~~ of a patient ~~or patients~~ as herein provided in [sections 227.10 and 227.11](#), the matter shall be submitted to the district court of the county in which such hospital is situated and shall be summarily tried as an equitable action, and the judgment of the district court shall be final.

Sec. 56. Section 227.14, Code 2015, is amended to read as follows:

**227.14 Caring for persons with mental illness from other counties.**

~~Boards of supervisors of counties having no~~ The regional administrator for a county that does not have proper facilities for caring for persons with mental illness may, with the consent of the administrator of the division, provide for such care at the expense of the ~~county mental health and disabilities~~<sup>2</sup> services region in any convenient and proper county or private institution for persons with mental illness which is willing to receive ~~them~~ the persons.

Sec. 57. Section 229.1, subsection 3, Code 2015, is amended by striking the subsection.

<sup>1</sup> See chapter 138, §27 herein

<sup>2</sup> See chapter 138, §28 herein

Sec. 58. Section 229.1, Code 2015, is amended by adding the following new subsections:  
NEW SUBSECTION. 8A. “Mental health and disability services region” means a mental health and disability services region formed in accordance with [section 331.389](#).

NEW SUBSECTION. 14A. “Regional administrator” means the regional administrator of a mental health and disability services region, as defined in [section 331.388](#).

Sec. 59. Section 229.1B, Code 2015, is amended to read as follows:

**229.1B Central point of coordination process Regional administrator.**

Notwithstanding any provision of [this chapter](#) to the contrary, any person whose hospitalization expenses are payable in whole or in part by a county mental health and disabilities<sup>3</sup> services region shall be subject to all administrative requirements of the central point of coordination process regional administrator for the county.

Sec. 60. Section 229.2, subsection 1, paragraph b, subparagraph (3), Code 2015, is amended to read as follows:

(3) As soon as is practicable after the filing of a petition for juvenile court approval of the admission of the minor, the juvenile court shall determine whether the minor has an attorney to represent the minor in the hospitalization proceeding, and if not, the court shall assign to the minor an attorney. If the minor is financially unable to pay for an attorney, the attorney shall be compensated by the county mental health and disabilities<sup>4</sup> services region at an hourly rate to be established by the county board of supervisors regional administrator for the county in which the proceeding is held in substantially the same manner as provided in [section 815.7](#).

Sec. 61. Section 229.8, subsection 1, Code 2015, is amended to read as follows:

1. Determine whether the respondent has an attorney who is able and willing to represent the respondent in the hospitalization proceeding, and if not, whether the respondent is financially able to employ an attorney and capable of meaningfully assisting in selecting one. In accordance with those determinations, the court shall if necessary allow the respondent to select, or shall assign to the respondent, an attorney. If the respondent is financially unable to pay an attorney, the attorney shall be compensated by the county mental health and disabilities<sup>5</sup> services region at an hourly rate to be established by the county board of supervisors regional administrator for the county in which the proceeding is held in substantially the same manner as provided in [section 815.7](#).

Sec. 62. Section 229.10, subsection 1, paragraph a, Code 2015, is amended to read as follows:

a. An examination of the respondent shall be conducted by one or more licensed physicians, as required by the court’s order, within a reasonable time. If the respondent is detained pursuant to [section 229.11, subsection 1, paragraph “b”](#), the examination shall be conducted within twenty-four hours. If the respondent is detained pursuant to [section 229.11, subsection 1, paragraph “a” or “c”](#), the examination shall be conducted within forty-eight hours. If the respondent so desires, the respondent shall be entitled to a separate examination by a licensed physician of the respondent’s own choice. The reasonable cost of the examinations shall, if the respondent lacks sufficient funds to pay the cost, be paid by the regional administrator from county mental health and disabilities<sup>6</sup> services region funds upon order of the court.

Sec. 63. Section 229.11, subsection 1, unnumbered paragraph 1, Code 2015, is amended to read as follows:

If the applicant requests that the respondent be taken into immediate custody and the judge, upon reviewing the application and accompanying documentation, finds probable cause to believe that the respondent has a serious mental impairment and is likely to injure the respondent or other persons if allowed to remain at liberty, the judge may enter a

<sup>3</sup> See chapter 138, §29 herein

<sup>4</sup> See chapter 138, §30 herein

<sup>5</sup> See chapter 138, §31 herein

<sup>6</sup> See chapter 138, §32 herein

written order directing that the respondent be taken into immediate custody by the sheriff or the sheriff's deputy and be detained until the hospitalization hearing. The hospitalization hearing shall be held no more than five days after the date of the order, except that if the fifth day after the date of the order is a Saturday, Sunday, or a holiday, the hearing may be held on the next succeeding business day. If the expenses of a respondent are payable in whole or in part by a county mental health and disabilities<sup>7</sup> services region, for a placement in accordance with paragraph "a", the judge shall give notice of the placement to the central point of coordination process regional administrator for the county in which the court is located, and for a placement in accordance with paragraph "b" or "c", the judge shall order the placement in a hospital or facility designated through the central point of coordination process regional administrator. The judge may order the respondent detained for the period of time until the hearing is held, and no longer, in accordance with paragraph "a", if possible, and if not then in accordance with paragraph "b", or, only if neither of these alternatives is available, in accordance with paragraph "c". Detention may be:

Sec. 64. Section 229.13, subsection 1, paragraph a, Code 2015, is amended to read as follows:

a. The court shall order a respondent whose expenses are payable in whole or in part by a county mental health and disabilities<sup>8</sup> services region placed under the care of an appropriate hospital or facility designated through the central point of coordination process county's regional administrator on an inpatient or outpatient basis.

Sec. 65. Section 229.14, subsection 2, paragraph a, Code 2015, is amended to read as follows:

a. For a respondent whose expenses are payable in whole or in part by a county mental health and disabilities<sup>9</sup> services region, placement as designated through the central point of coordination process county's regional administrator in the care of an appropriate hospital or facility on an inpatient or outpatient basis, or other appropriate treatment, or in an appropriate alternative placement.

Sec. 66. Section 229.14A, subsections 7 and 9, Code 2015, are amended to read as follows:

7. If a respondent's expenses are payable in whole or in part by a county mental health and disabilities<sup>10</sup> services region through the central point of coordination process county's regional administrator, notice of a placement hearing shall be provided to the county attorney and the county's central point of coordination process regional administrator. At the hearing, the county may present evidence regarding appropriate placement.

9. A placement made pursuant to an order entered under [section 229.13](#) or [229.14](#) or [this section](#) shall be considered to be authorized through the central point of coordination process county's regional administrator.

Sec. 67. Section 229.24, subsection 3, unnumbered paragraph 1, Code 2015, is amended to read as follows:

If all or part of the costs associated with hospitalization of an individual under [this chapter](#) are chargeable to a county of residence, the clerk of the district court shall provide to the regional administrator for the county of residence and to the regional administrator for the county in which the hospitalization order is entered the following information pertaining to the individual which would be confidential under [subsection 1](#):

Sec. 68. Section 229.42, subsection 1, Code 2015, is amended to read as follows:

1. If a person wishing to make application for voluntary admission to a mental hospital established by [chapter 226](#) is unable to pay the costs of hospitalization or those responsible for the person are unable to pay the costs, application for authorization of voluntary admission must be made through a central point of coordination process regional administrator before application for admission is made to the hospital. The person's county

<sup>7</sup> See chapter 138, §33 herein

<sup>8</sup> See chapter 138, §34 herein

<sup>9</sup> See chapter 138, §35 herein

<sup>10</sup> See chapter 138, §36 herein

of residence shall be determined through the ~~central point of coordination process~~ regional administrator and if the admission is approved through the ~~central point of coordination process~~ regional administrator, the person's admission to a mental health hospital shall be authorized as a voluntary case. The authorization shall be issued on forms provided by the department of human services' administrator. The costs of the hospitalization shall be paid by the county of residence through the regional administrator to the department of human services and credited to the general fund of the state, provided that the mental health hospital rendering the services has certified to the county auditor of the county of residence and the regional administrator the amount chargeable to the county mental health and disabilities services region and has sent a duplicate statement of the charges to the department of human services. A county mental health and disabilities services region shall not be billed for the cost of a patient unless the patient's admission is authorized through the ~~central point of coordination process~~ regional administrator. The mental health institute and the county regional administrator shall work together to locate appropriate alternative placements and services, and to educate patients and family members of patients regarding such alternatives.<sup>11</sup>

Sec. 69. Section 230.1, subsection 3, Code 2015, is amended to read as follows:

3. A mental health and disabilities<sup>12</sup> services region or county of residence is not liable for costs and expenses associated with a person with mental illness unless the costs and expenses are for services and other support authorized for the person through the ~~central point of coordination process~~ county's regional administrator. For the purposes of [this chapter](#), "~~central point of coordination process~~" "regional administrator" means the same as defined in section ~~331.440~~ [331.388](#).

Sec. 70. Section 230.3, Code 2015, is amended to read as follows:

**230.3 Certification of residence.**

If a person's county of residence is determined by the county's ~~central point of coordination process~~ regional administrator to be in another county of this state, the county regional administrator making the determination shall certify the determination to the superintendent of the hospital to which the person is admitted or committed. The certification shall be accompanied by a copy of the evidence supporting the determination. Upon receiving the certification, the superintendent shall charge the expenses already incurred and unadjusted, and all future expenses of the person, to the regional administrator of the county determined to be the county of residence.

Sec. 71. Section 230.20, subsection 2, paragraph b, Code 2015, is amended to read as follows:

b. The per diem costs billed to each county mental health and disabilities services region shall not exceed the per diem costs billed to the county in the fiscal year beginning July 1, 1996. However, the per diem costs billed to a county mental health and disabilities services region may be adjusted annually to reflect increased costs, to the extent of the percentage increase in the ~~total of county fixed budgets pursuant to the allowed growth factor adjustment~~ statewide per capita expenditure target amount, if any per capita growth amount is authorized by the general assembly for the fiscal year in accordance with section ~~331.439~~ [426B.3](#).<sup>13</sup>

Sec. 72. Section 232.2, subsection 4, paragraph f, subparagraph (3), Code 2015, is amended to read as follows:

(3) The transition plan shall be developed and reviewed by the department in collaboration with a child-centered transition team. The transition team shall be comprised of the child's caseworker and persons selected by the child, persons who have knowledge of services available to the child, and any person who may reasonably be expected to be a service provider for the child when the child becomes an adult or to become responsible for the costs of services at that time. If the child is reasonably likely to need or be eligible for

<sup>11</sup> See chapter 138, §37 herein

<sup>12</sup> See chapter 138, §38 herein

<sup>13</sup> See chapter 138, §39 herein



adult services, the transition team membership shall include representatives from the adult services system. The adult services system representatives may include but are not limited to the administrator of county general relief under [chapter 251](#) or [252](#) or of the ~~central point of coordination process implemented under [section 331.440](#)~~ regional administrator of the county mental health and disability services region, as defined in [section 331.388](#). The membership of the transition team and the meeting dates for the team shall be documented in the transition plan.

Sec. 73. Section 235.7, subsection 2, Code 2015, is amended to read as follows:

2. *Membership.* The department may authorize the governance boards of decategorization of child welfare and juvenile justice funding projects established under [section 232.188](#) to appoint the transition committee membership and may utilize the boundaries of decategorization projects to establish the service areas for transition committees. The committee membership may include but is not limited to department of human services staff involved with foster care, child welfare, and adult services, juvenile court services staff, staff involved with county general relief under [chapter 251](#) or [252](#), or of the ~~central point of coordination process implemented under [section 331.440](#)~~ a regional administrator of the county mental health and disability services region, as defined in [section 331.388](#), in the area, school district and area education agency staff involved with special education, and a child's court appointed special advocate, guardian ad litem, service providers, and other persons knowledgeable about the child.

Sec. 74. Section 235A.15, subsection 2, paragraph c, subparagraph (9), Code 2015, is amended to read as follows:

(9) To the administrator of an agency providing mental health, intellectual disability, or developmental disability services under a ~~county management plan developed pursuant to [section 331.439](#)~~ regional service system management plan implemented in accordance with [section 331.393](#), if the data concerns a person employed by or being considered by the agency for employment.

Sec. 75. Section 235B.6, subsection 2, paragraph c, subparagraph (6), Code 2015, is amended to read as follows:

(6) To the administrator of an agency providing mental health, intellectual disability, or developmental disability services under a ~~county management plan developed pursuant to [section 331.439](#)~~ regional service system management plan implemented in accordance with [section 331.393](#), if the information concerns a person employed by or being considered by the agency for employment.

Sec. 76. Section 426B.2, subsection 2, Code 2015, is amended to read as follows:

2. As used in [this chapter](#), and in ~~[sections 331.438](#) and [331.439](#)~~ [section 331.424A](#), for purposes of population-based funding calculations, "*population*" means the population shown by the latest preceding certified federal census or the latest applicable population estimate issued by the federal government, whichever is most recent and available as of July 1 of the fiscal year preceding the fiscal year to which the funding calculations apply.

Sec. 77. Section 426B.5, subsection 1, Code 2015, is amended by striking the subsection.

Sec. 78. Section 426B.5, subsections 2 and 3, Code 2015, are amended to read as follows:

2. *Risk pool.*

a. For the purposes of this ~~subsection~~ [section](#), unless the context otherwise requires, "*services fund*":

(1) "*Mental health and disability services region*" means a mental health and disability services region formed in accordance with [section 331.389](#).

(2) "*Regional administrator*" means the regional administrator of a mental health and disability services region, as defined in [section 331.388](#).

(3) "*Services fund*" means a county's mental health and disabilities services fund created in [section 331.424A](#).

b. A risk pool is created in the property tax relief fund. The pool shall consist of the moneys credited to the pool by law.

c. A risk pool board is created. The board shall consist of two county supervisors, two county auditors, a member of the mental health and disability services commission who is not a member of a county board of supervisors, a member of the county finance committee created in [chapter 333A](#) who is not an elected official, a representative of a provider of mental health or developmental disabilities services selected from nominees submitted by the Iowa association of community providers, and two ~~central point of coordination process staff members of regional administrators of county mental health and disability services~~<sup>14</sup>, all appointed by the governor, and one member appointed by the director of human services. All members appointed by the governor shall be subject to confirmation by the senate. Members shall serve for three-year terms. A vacancy shall be filled in the same manner as the original appointment. Expenses and other costs of the risk pool board members representing counties shall be paid by the county of origin. Expenses and other costs of risk pool board members who do not represent counties shall be paid from a source determined by the governor. Staff assistance to the board shall be provided by the department of human services and counties. Actuarial expenses and other direct administrative costs shall be charged to the pool.

d. A ~~county regional administrator~~ must apply to the risk pool board for assistance from the risk pool on or before October 31. The purpose of the assistance shall be to provide financial support for services provided by one or more of the counties comprising the regional administrator's mental health and disability services region. The risk pool board shall make its final decisions on or before December 15 regarding acceptance or rejection of the applications for assistance and the total amount accepted shall be considered obligated.

e. Basic eligibility for risk pool assistance requires that a county mental health and disability services region meet all of the following conditions:

(1) The county mental health and disability services region is in compliance with the regional service system management plan requirements of section 331.439 ~~331.393~~.

(2) The county counties comprising the mental health and disability services region each levied the maximum amount allowed for the county's services fund under [section 331.424A](#) for the fiscal year of application for risk pool assistance.

(3) In the fiscal year that commenced two years prior to the fiscal year of application, the county's ending balance, under generally accepted accounting principles, of the mental health and disability services region's combined services fund ending balance under generally accepted accounting principles funds was equal to or less than twenty percent of the county's actual gross expenditures of the counties comprising the mental health and disability services region for that fiscal year.

f. The board shall review the fiscal year-end financial records for all counties mental health and disability services regions that are granted risk pool assistance. If the board determines a county's mental health and disability services region's actual need for risk pool assistance was less than the amount of risk pool assistance granted to the county mental health and disability services region, the county mental health and disability services region shall refund the difference between the amount of assistance granted and the actual need. The county mental health and disability services region shall submit the refund within thirty days of receiving notice from the board. Refunds shall be credited to the risk pool. The mental health and disability services commission shall adopt rules pursuant to [chapter 17A](#) providing criteria for the purposes of this lettered paragraph and as necessary to implement the other provisions of [this subsection](#).

g. The board shall determine application requirements to ensure prudent use of risk pool assistance. The board may accept or reject an application for assistance in whole or in part. The decision of the board is final.

h. The total amount of risk pool assistance shall be limited to the amount available in the risk pool for a fiscal year. Any unobligated balance in the risk pool at the close of a fiscal year shall remain in the risk pool for distribution in the succeeding fiscal year.

<sup>14</sup> See chapter 138, §41 herein

i. Risk pool assistance shall only be made available to address one or more of the following circumstances:

- (1) Continuing support for mandated services.
- (2) Avoiding the need for reduction or elimination of critical services when the reduction or elimination places consumers' health or safety at risk.
- (3) Avoiding the need for reduction or elimination of a mobile crisis team or other critical emergency services when the reduction or elimination places the public's health or safety at risk.
- (4) Avoiding the need for reduction or elimination of the services or other support provided to entire disability populations.
- (5) Avoiding the need for reduction or elimination of services or other support that maintain consumers in a community setting, creating a risk that the consumers would be placed in more restrictive, higher cost settings.

j. Subject to the amount available and obligated from the risk pool for a fiscal year, the department of human services shall annually calculate the amount of moneys due to eligible ~~counties~~ mental health and disability services regions in accordance with the board's decisions and that amount is appropriated from the risk pool to the department for payment of the moneys due. The department shall authorize the issuance of warrants payable to the ~~county treasurer~~ mental health and disability services regions for the amounts due and the warrants shall be issued on or before January 1.

k. On or before March 1 and September 1 of each fiscal year, the department of human services shall provide the risk pool board with a report of the financial condition of each funding source administered by the board. The report shall include but is not limited to an itemization of the funding source's balances, types and amount of revenues credited, and payees and payment amounts for the expenditures made from the funding source during the reporting period.

l. If the board has made its decisions but has determined that there are otherwise qualifying requests for risk pool assistance that are beyond the amount available in the risk pool fund for a fiscal year, the board shall compile a list of such requests and the supporting information for the requests. The list and information shall be submitted to the mental health and disability services commission, the department of human services, and the general assembly.

### 3. *Incentive pool.*

a. An incentive pool is created in the property tax relief fund. The incentive pool shall consist of the moneys credited to the incentive pool by law.

b. Moneys available in the incentive pool for a fiscal year shall be distributed to those ~~counties~~ mental health and disability services regions that either meet or show progress toward meeting the purposes and intent described in section ~~331.439, subsection 1,~~ 225C.1, paragraph "e". The moneys received by a ~~county~~ region from the incentive pool shall be used to build community capacity to support individuals covered by the ~~county's~~ region's regional service system management plan approved under section ~~331.439,~~ 331.393 in meeting such purposes.

Sec. 79. REPEAL. Section 226.47, Code 2015, is repealed.

Approved April 24, 2015