

# House Amendment 1557

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1 1 Amend House File 876 as follows:  
1 2 #1. By striking everything after the enacting  
1 3 clause and inserting the following:  
1 4 <Section 1. NEW SECTION. 225C.8A STATE CASES ==  
1 5 MINIMUM STANDARDS.  
1 6 If a person receiving services or other support  
1 7 provided under chapter 222, 230, or 249A has no legal  
1 8 settlement or the legal settlement is unknown so that  
1 9 the person is deemed to be a state case, the state's  
1 10 responsibility is limited to the cost of services or  
1 11 other support under the minimum standards required to  
1 12 be available to persons covered by a county management  
1 13 plan in accordance with the rules adopted by the  
1 14 commission pursuant to section 331.439A. However, a  
1 15 person receiving services or other support as a state  
1 16 case as of June 30, 2006, shall remain eligible for  
1 17 the services or other support available to the person  
1 18 on that date and the state shall continue to be  
1 19 responsible for the cost.  
1 20 Sec. 2. Section 331.439, Code 2005, is amended by  
1 21 adding the following new subsection:  
1 22 NEW SUBSECTION. 9. The county management plan  
1 23 shall designate at least one hospital licensed under  
1 24 chapter 135B that the county has contracted with to  
1 25 provide services covered under the plan. If the  
1 26 designated hospital does not have a bed available to  
1 27 provide the services, the county is responsible for  
1 28 the cost of covered services provided at an alternate  
1 29 hospital licensed under chapter 135B.  
1 30 Sec. 3. NEW SECTION. 331.439A COUNTY MANAGEMENT  
1 31 PLANS == MINIMUM STANDARDS.  
1 32 The county management plan approved in accordance  
1 33 with section 331.439 shall comply with the minimum  
1 34 standards for the services and other support required  
1 35 to be available to persons covered by the plan in  
1 36 accordance with administrative rules adopted by the  
1 37 state commission to implement this section. The rules  
1 38 shall address processes for managing utilization and  
1 39 access to services and other support, including but  
1 40 not limited to the usage of fiscal management  
1 41 practices if state or county funding is insufficient  
1 42 to pay the costs of the services and other support  
1 43 required to be available. The initial minimum  
1 44 standards shall require the provision of the services  
1 45 provided to persons covered by the plan under the  
1 46 medical assistance program for which the county is  
1 47 responsible for the nonfederal share and the  
1 48 availability of the following services and other  
1 49 support, based upon an individual having the specified  
1 50 primary diagnosis:  
2 1 1. For persons with mental illness:  
2 2 a. Payment of costs associated with commitment  
2 3 proceedings that are a county responsibility,  
2 4 including but not limited to costs for diagnostic  
2 5 evaluations, transportation by the sheriff, legal  
2 6 representation, and the patient advocate.  
2 7 b. Inpatient psychiatric evaluation and treatment  
2 8 in a county-designated hospital.  
2 9 c. Inpatient treatment provided at a state mental  
2 10 health institute.  
2 11 d. Outpatient treatment.  
2 12 2. For persons with chronic mental illness:  
2 13 a. Case management or service coordination that is  
2 14 funded under the medical assistance program.  
2 15 b. Payment of costs associated with commitment  
2 16 proceedings that are a county responsibility,  
2 17 including but not limited to costs for diagnostic  
2 18 evaluations, transportation by the sheriff, legal  
2 19 representation, and the patient advocate.  
2 20 c. Inpatient psychiatric evaluation and treatment  
2 21 in a county-designated hospital.  
2 22 d. Inpatient treatment provided at a state mental  
2 23 health institute.  
2 24 e. Outpatient treatment.

2 25 3. For persons with mental retardation:  
2 26 a. Case management or service coordination that is  
2 27 funded through the medical assistance program.  
2 28 b. Payment of costs associated with commitment  
2 29 proceedings that are a county responsibility,  
2 30 including but not limited to costs for diagnostic  
2 31 evaluations, transportation by the sheriff, and legal  
2 32 representation.  
2 33 c. Employment-related services, including but not  
2 34 limited to adult day care, sheltered workshop, work  
2 35 activity, and supported employment.  
2 36 d. Inpatient behavioral health evaluation and  
2 37 treatment in a county-designated hospital.  
2 38 e. Inpatient treatment provided at a state  
2 39 resource center.  
2 40 f. Outpatient treatment, including but not limited  
2 41 to partial hospitalization and day treatment.  
2 42 g. Residential services covered under the medical  
2 43 assistance program.  
2 44 4. For persons with a developmental disability  
2 45 other than mental retardation:  
2 46 a. Case management funded through the medical  
2 47 assistance program.  
2 48 b. Payment of costs associated with commitment  
2 49 proceedings that are a county responsibility,  
2 50 including but not limited to costs for diagnostic  
3 1 evaluations, transportation by the sheriff, and legal  
3 2 representation.  
3 3 c. Inpatient treatment provided at a state  
3 4 resource center.  
3 5 5. For persons with brain injury, services under  
3 6 the medical assistance program home and community=  
3 7 based services brain injury waiver that are received  
3 8 while utilizing an approved waiver opening and are a  
3 9 county responsibility under section 249A.26.  
3 10 Sec. 4. PSYCHOACTIVE MEDICATION PILOT PROJECT.  
3 11 The department of human services shall issue a request  
3 12 for proposals during the fiscal year beginning July 1,  
3 13 2005, for a pilot project based out of a community  
3 14 mental health center for providing no or low cost  
3 15 psychoactive medications to low-income persons who are  
3 16 in need of treatment with the medications.  
3 17 Sec. 5. STATE CASES == FISCAL YEAR 2005=2006. If  
3 18 the costs of the services provided to a person with  
3 19 mental retardation receiving services as a state case  
3 20 can be covered under a medical assistance program home  
3 21 and community-based waiver or other medical assistance  
3 22 program provision, the department of human services  
3 23 may transfer moneys to cover the nonfederal share of  
3 24 such costs from the appropriation made for the fiscal  
3 25 year beginning July 1, 2005, for state cases to the  
3 26 appropriation made for the medical assistance program.  
3 27 The department shall act expeditiously to obtain  
3 28 federal approval for additional waiver slots to cover  
3 29 the state cases beginning at the earliest possible  
3 30 time in the fiscal year, if such approval is  
3 31 necessary.  
3 32 Sec. 6. SERVICES FOR PERSONS WITH BRAIN INJURY ==  
3 33 LEGISLATIVE INTENT.  
3 34 1. The general assembly intends to enact  
3 35 legislation in the 2006 regular legislative session  
3 36 authorizing coverage under county management plans of  
3 37 additional services and other support for persons with  
3 38 brain injury, based upon the information provided  
3 39 pursuant to this section. The general assembly  
3 40 intends to provide for the availability of cost share  
3 41 with counties for the coverage as part of the allowed  
3 42 growth funding provided by the state for county mental  
3 43 health, mental retardation, and developmental  
3 44 disabilities services commencing in the fiscal year  
3 45 beginning July 1, 2006.  
3 46 2. For the purposes of developing options under  
3 47 subsection 3, "individual with brain injury" means an  
3 48 individual resident of this state who has a diagnosis  
3 49 of brain injury and is described by all of the  
3 50 following:  
4 1 a. The individual is age twenty-two through sixty=  
4 2 four years.  
4 3 b. The individual would be eligible under the  
4 4 income, resource, and other eligibility requirements  
4 5 for the medical assistance program home and community=

4 6 based waiver for persons with brain injury except the  
4 7 individual does not have sufficient deficits under the  
4 8 waiver's functional assessment requirements to qualify  
4 9 but the individual could achieve a higher level of  
4 10 functioning or maintain the current level of  
4 11 functioning with support from the services available  
4 12 under the waiver.

4 13 c. The individual meets statewide functional  
4 14 assessment eligibility requirements to be determined  
4 15 pursuant to this section.

4 16 3. It is the intent of the general assembly to  
4 17 enact a directive during the 2006 regular legislative  
4 18 session for the mental health, mental retardation,  
4 19 developmental disabilities, and brain injury  
4 20 commission to adopt functional assessment eligibility  
4 21 requirements in rule that may be used to complete the  
4 22 definition in subsection 2 and to identify parameters  
4 23 for the eligibility requirements in the statutory  
4 24 directive. The department of human services shall  
4 25 provide for the department's contractor for medical  
4 26 assistance eligibility determination to identify  
4 27 options that may be used for the functional assessment  
4 28 eligibility requirements. A work group consisting of  
4 29 representatives of the department of management,  
4 30 department of human services, and the legislative  
4 31 services agency shall develop cost projections for the  
4 32 options in consultation with representatives of the  
4 33 Iowa state association of counties and service  
4 34 providers. The work group may provide for the options  
4 35 to be reviewed and revised by the contractor based  
4 36 upon the cost projections. In addition, proposals may  
4 37 be provided by the work group for revising the  
4 38 definition in subsection 2 if necessary to develop  
4 39 improved options. In addition to the functional  
4 40 assessment eligibility requirements, the work group  
4 41 shall also identify options for a minimum set of  
4 42 services and other support that may be made available  
4 43 to persons with brain injury. The options shall be  
4 44 designed in a manner so that the state and county  
4 45 funding designated for provision of services to  
4 46 persons with brain injury is not exceeded.

4 47 4. The work group shall submit a report of the  
4 48 options developed pursuant to subsection 3 along with  
4 49 any findings and recommendations to the governor,  
4 50 general assembly, and the commission on or before  
5 1 December 16, 2005.

5 2 Sec. 7. EFFECTIVE AND APPLICABILITY DATE. The  
5 3 sections of this Act enacting sections 225C.8A and  
5 4 331.439A take effect July 1, 2006. The mental health,  
5 5 mental retardation, developmental disabilities, and  
5 6 brain injury commission shall act in advance of that  
5 7 effective date by adopting rules to implement the  
5 8 provisions that take effect July 1, 2006.>

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