Fields of Opportunities

STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

MENTAL HEALTH, MENTAL RETARDATION, DEVELOPMENTAL DISABILITY AND BRAIN INJURY COMMISSION

SYSTEM REDESIGN PROGRESS REPORT

January 17, 2006

The Honorable Governor Thomas Vilsack
Office of the Governor
State Capitol Building
Des Moines, IA 50319

Michael E. Marshall
Secretary of the Senate
State Capitol Building
Des Moines, Iowa 50319

Margaret A. Thompson
Chief Clerk of the House
State Capitol Building
Des Moines, Iowa 50319

INTRODUCTION

This is the MH/MR/DD/BI Commission's six-month system design progress report, as required by Iowa Code 225C.6A, reporting progress July to December of 2005 on redesigning the adult and child systems of care for persons with disabilities. The report covering the prior six months was filed August 24, 2005.

The annual report of Commission activities in calendar year 2005 by Iowa Code chapter 225C.6(1)(h). and the FY08 Allowed Growth Factor Adjustment Recommendation required by Iowa Code 331.439(17)(3)(b) have been submitted separately.

DESCRIPTION OF THE ADULT REDESIGN EFFORT

Iowa has embarked on a major redesign of its system of services for persons with mental health needs and other disabilities. The MHMRDDBI Commission is leading this redesign. This is the Commission's vision:

People with disabilities should have the opportunity to live, work, learn, and participate fully in their communities to their maximum potential.

The Commission began the redesign of the adult system in January, 2003, and the design of the children's system in October, 2004. Both processes have engaged consumers and key stakeholders in developing, championing, and implementing the redesign. The Commission issued the Adult System Redesign report January 23, 2004. The report recommends that several aspects of the current system for delivering adult disability services be changed to provide better access to services, fund core services to more people statewide, equalize county funding obligations, and distribute funds on a more equitable basis. It is a blueprint for system changes in the coming years.

The General Assembly passed legislation in 2004 that supported the redesign (HF 2537) and set out implementation duties for the Department of Human Services and the Commission. That legislation is now codified as Iowa Code section 225C.6A "Mental health, developmental disability, and brain injury service system redesign implementation".

REDESIGN RESULTS FOR ADULTS WITH MH/MR/DD/BI NEEDS

The Commission has developed four legislative proposals to transform the system of care for adults with disabilities to one that:

- Is consumer and family driven
- Improves service quality and increases positive results, including employment, interpersonal relationships, and community participation
- Reduces system disparities

PROGRESS ON ADULT SYSTEM REDESIGN SINCE JUNE, 2005

The Commission held a retreat in September, 2005, in which they considered how to focus the system redesign effort on these results. Lieutenant Governor Sally Pederson and the four legislative members of the Commission (Senator Jack Hatch, Senator Maggie Tinsman, Representative Danny Carroll, and Representative Lisa Heddens) participated.

As a result, the Commission is offering four legislative proposals in the 2006 legislative session. Here are the proposals:

INDIVIDUALIZED RESULTS BASED SERVICES. Make services consumer and family driven, improve service quality, and increase positive results by requiring that persons with disabilities receive individualized services and by providing financial incentives to counties that improve consumer results.

MENTAL HEALTH WORKFORCE. Improve service quality and increase positive results for consumers by directing the Commission, DHS and DPH to develop strategies to increase access to qualified mental health professionals.

FINANCIAL ELIGIBILITY. Reduce system disparities by establishing minimum eligibility for publicly funded disability services at 150% of poverty, and setting uniform resource guidelines.

COUNTY OF RESIDENCE. Reduce system disparities by providing persons with disability access to services based on their county of residence (i.e., the county they live in).

One-page summaries highlighting these proposals, and an executive summary of them, are enclosed with this report.

DESCRIPTION OF THE SYSTEM DESIGN EFFORT FOR CHILDREN

The Commission has been working on knitting together a statewide system of care focused on children with diagnosed or diagnosable serious emotional disturbance (SED), developmental delays and behavioral needs and their families. This is a broad effort involving families of children with disabilities, private primary health care and day care providers, Iowa Department of Human Services, Iowa Department of Education, Iowa Department of Public Health, and other key constituencies. They appointed an Oversight Committee to direct this work. The Oversight Committee drafted a model system design based on this input and earlier input.

SYSTEM DESIGN BENEFITS FOR CHILDREN

The Committee and the Commission recognized that they are seeking outcomes for children with SED/MR/DD/BI needs that are similar to the outcomes sought by Iowa's Early Care, Health and Education System for all children ages 0-5:

- Healthy Children
- Secure and Nurturing Families
- Children that are Successful in School
- Secure and Nurturing Child Care Environments
- Safe and Supportive Communities

The Committee continues to work on indicators that will allow them to measure progress toward these outcomes for children and their families.

PROGRESS ON SYSTEM DESIGN FOR CHILDREN WITH MH/MR/DD/BI NEEDS SINCE JUNE, 2005

The model for a system of care for children with MH/MR/DD/BI needs includes these components:

- A system that is driven by families of children with disabilities and by youth with disabilities. "Driven" means that families and youth are informed and are part of all decision-making that affects them individually or as a matter of state policy. It also means that the system supports family networking and peer support.
- A "lighthouse locator" system. The "lighthouse locator" is websites and call centers that are promoted and linked in such a way that families and service providers can easily access disability-related information and services. It is also a trained network of real people available in local communities to provide face-to-face information to families, schools, health care providers, employers, and others seeking answers to disability-related questions.
- "System Navigators" to work with families that need more intensive support, training, and mentoring than that available through the lighthouse locator system. System Navigators will also be instrumental community organizers for local disability communities, building local family networks and linking local services.
- "Coordinated Care Planning" for children and families with multiple needs.
- Disseminating, using, and setting standards that incorporate best practice research for service delivery
- Training on the model system for all stakeholders including families of children with disabilities and youth with disabilities

The Oversight Committee, under the direction of the Commission, is now working on an action plan for implementing this model in Iowa. Work on this action plan was launched in late November through

Iowa Communications Network presentations. Two workgroups, with approximately 20 members each, are now meeting regularly to develop the action plans. The workgroups represent all the constituencies affected by this system design.

The Oversight Committee continues to address issues of governance of a transformed system of care, including governance structures, flexible funding, and standards and monitoring.

The Commission anticipates receiving recommended action plans for implementing the model system of care from the Oversight Committee and workgroups by Fall 2006.

NEXT STEPS

The Commission will be working with the legislature in support of its four legislative proposals for adult system design. It will also continue to guide the efforts of the Oversight Committee and workgroups as they recommend action steps for implementing the model system of care for children with disabilities.

The Commission is eager to move forward in implementing these systems of care. It will continue to work with partners in the executive branch, state departments, the legislature, and county governments to obtain revenue that supports implementation.

Respectfully,

Carl Smith
Chair, MH/MR/DD/BI Commission

CS/BF/bf

Enclosure: Summary of Legislative Proposals
CC: Legislative Services Agency
Caucus Staff

EXECUTIVE SUMMARY OF MHMRDDBI COMMISSION 2006 LEGISLATIVE PROPOSALS

COMMISSION VISION: People with disabilities should have the opportunity to live, work, learn, and participate fully in their communities to their maximum potential.

The Commission has developed four legislative proposals to transform the system of care for adults with disabilities to one that:

- *Is consumer and family driven*
- *Improves service quality and increases positive results, including employment, interpersonal relationships, and community participation*
- *Reduces system disparities*

PROPOSALS

INDIVIDUALIZED RESULTS BASED SERVICES. Make services consumer and family driven, improve service quality, and increase positive results by requiring that persons with disabilities receive individualized services and by providing financial incentives to counties that improve consumer results.

MENTAL HEALTH WORKFORCE. Improve service quality and increase positive results for consumers by directing the Commission, DHS and DPH to develop strategies to increase access to qualified mental health professionals.

FINANCIAL ELIGIBILITY. Reduce system disparities by establishing minimum eligibility for publicly funded disability services at 150% of poverty, and setting uniform resource guidelines.

COUNTY OF RESIDENCE. Reduce system disparities by providing persons with disability access to services based on their county of residence (i.e., the county they live in).

These proposals implement recommendations from the Commission's December 2003 MHDD System Redesign Report, and build on the successes of the state-county partnership created under SF69 in 1995, including the following:

- Significant movement of persons from congregate settings to individual residential settings
- Significant increase in the number of persons served
- Reduced reliance on property taxes and increased federal funding through expansion of the HCBS waivers and addition of the adult rehab option to Medicaid
- Development of county management plans

The Commission has developed a one-page explanation of each proposal. Contact Becky Flores at 515-281-4593, bflores1@dhs.state.ia.us, for more information and copies of the specific proposals.

MHMRDDBI COMMISSION 2006 LEGISLATIVE PROPOSAL

INDIVIDUALIZED RESULTS BASED SERVICES

Make services consumer and family driven, improve service quality and increase positive results by requiring that persons with disabilities receive individualized services

CURRENT SITUATION

- Current state mandates focus on processes and services, not on the results consumers need and want such as the ability to live independently or in housing with supports, the ability to work in competitive or supported employment, and the ability to participate in the community.
- The current system often supports unnecessary institutional care, when the optimal system would identify the services and supports that would enable consumers to achieve the result of living in the community.

PROPOSED SOLUTION

- Require that county mental health/developmental disability administrations achieve results by providing individualized, flexible, and cost effective services and supports. Use a portion of the allowed growth funding formula to provide incentives to counties that demonstrate results over time.
- Require that DHS pursue strategies to increase flexibility within Medicaid so that services can be more consumer driven and results oriented.
- Require counties to report results as part of their annual reporting process.
- Require DHS to annually report aggregated results to the Commission and make the results available to each county.

POSITIVE RESULTS

- Consumer needs and results will drive the types and mix of services and supports provided.
- Counties will have the flexibility to provide the individual services and supports needed by consumers to achieve results.

People with disabilities should have the opportunity to live, work, learn, and participate fully in their communities to their maximum potential. Iowa's Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury (MHMRDDBI) Commission has recommended that the state's system of care for adults with disabilities be redesigned to:

MENTAL HEALTH WORKFORCE

Improve service quality and increase positive results for consumers by directing the Commission, DHS and DPH to develop strategies to increase access to qualified mental health professionals.

CURRENT SITUATION. Many Iowa counties lack qualified mental health professionals, especially psychiatrists. Existing psychiatrists are concentrated in only a few geographic locations. Eighty-one of the 99 Iowa counties are designated or awaiting designation as Mental Health Professional Shortage areas (HPSA'S). Even in counties with psychiatrists, not all take publicly funded clients.

PROPOSED SOLUTION. Require the Commission, Department of Public Health, and the Department of Human Services to work with other appropriate agencies (i.e. Department of Education, Department of Corrections, Board of Regents) to develop and implement a strategic plan to expand access to qualified mental health workers across the state, especially for consumers whose services are publicly funded.

Using funding from a federal grant to provide "Targeted Capacity Expansion for Iowa's Mental Health Workforce", these agencies will jointly develop a strategic plan to:

- Provide post-graduate training for physician assistants and other licensed professionals to provide mental health services.
- Provide telehealth partnerships to assist health professionals to provide physical and mental health services.
- Provide community grants to support recruitment and retention of mental health providers.
- Provide an educational loan repayment program for mental health workers agreeing to practice in Iowa under a two-year contract.
- Seek federal or other funding to implement the activities in the strategic plan.

Research shows that access to treatment services, available close to home, improves results by allowing individuals with mental health needs to live, work, and participate in their community.

POSITIVE RESULTS

- Individuals with mental health needs will have more equitable access to the services of qualified mental health professionals, regardless of where they live in the state.
- Individuals with mental health needs will experience improved service quality and increased positive results.

People with disabilities should have the opportunity to live, work, learn, and participate fully in their communities to their maximum potential. Iowa's Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury (MHMRDDBI) Commission has recommended that the state's system of care for adults with disabilities be redesigned to:

- *Make the system consumer and family driven*
- *Increase positive results*
- *Reduce system disparities*

This is one proposal. Contact Becky Flores at 515-281-4593, bflores1@dhs.state.ia.us, for more information and other proposals.

MHMRDDBI COMMISSION 2006 LEGISLATIVE PROPOSAL

FINANCIAL ELIGIBILITY

Reduce system disparities by establishing minimum eligibility for publicly funded disability services at 150% of poverty, and setting uniform resource guidelines

CURRENT SITUATION

- Each county sets its own criteria for financial eligibility for disability services. While 77 counties set their income guidelines at 150% of poverty or higher, 22 counties have a lower income eligibility guideline.
- As a result, individuals with disabilities that have similar income and resources have unequal/disparate access to publicly funded services based on the varying income and resource limits established by counties.

PROPOSED SOLUTION

Reduce disparities by establishing a minimum financial eligibility standard for disability services at 150% of the federal poverty level and by establishing standard resource limits across the counties.

- Set minimum income limit at 150% of the federal poverty level (FPL). Persons with income below 150% of FPL would have services 100% publicly funded.
- Establish resource limits based upon Social Security resource limits, with exemptions for retirement accounts that are in the accumulation stage, burial accounts, medical savings accounts, and assistive technology accounts.
- Allow counties to provide publicly funded services to persons with income and resources that exceed the minimum limits. Counties could require persons with income above 150% to pay a co-pay based on a statewide maximum sliding scale.

POSITIVE RESULT

- Geographic based disparities in access to services would be reduced. Persons with income up to 150% of the federal poverty level and similar resources would have similar access to disability services regardless of the county in which they live.

People with disabilities should have the opportunity to live, work, learn, and participate fully in their communities to their maximum potential. Iowa's Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury (MHMRDDBI) Commission has recommended that the state's system of care for adults with disabilities be redesigned to:

- *Make the system consumer and family driven*
- *Increase positive results*
- *Reduce system disparities*

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COUNTY OF RESIDENCE

Reduce system disparities by providing individuals with disabilities access to services based on their county of residence (i.e., the county they live in)

CURRENT SITUATION.
Individuals with disabilities do not have equal access to the services they need to achieve positive results. This is because different services are available to individuals living in the same county based on legal settlement.

PROPOSED SOLUTION.
Reduce disparities by making the same array of services available to all individuals that live in the county.

- Beginning in FY 07, an individual's county of residence determines eligibility for disability services and authorizes and manages services. Require counties of residence to provide the counties of legal settlement a copy of all authorizations. An individual's county of legal settlement provides funding for the individual's services and supports according to the County Management Plan for the individual's county of residence.
- In FY 2007 and 2008, the state funds individuals in the state payment program according to the County Management Plan for the individual's county of residence, including the same services and service rates.
- Beginning in FY 2009, distribute state funding for individuals in the state payment program to the appropriate county of residence. Costs for services and supports for those individuals become the responsibility of the person's county of residence. The state continues to fund individuals otherwise eligible but with no county of residence.
- Define county of residence to include an individual that is 18 years of age or older, a citizen of the United States or a "qualified alien" as the term in defined in 8 U.S.C. 1641, and living in and has established an ongoing presence in a county in Iowa, and not in any other county or state, with the declared, good faith intention of living in the county for a permanent or indefinite period of time. A homeless person meets this requirement. A person does not lose residency status through temporary absence.

POSITIVE RESULT. Individuals with disabilities throughout a county will have access to the same array of high quality services needed to achieve results.

People with disabilities should have the opportunity to live, work, learn, and participate fully in their communities to their maximum potential. Iowa's Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury (MHMRDDBI) Commission has recommended that the state's system of care for adults with disabilities be redesigned to:

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