



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 DISABILITIES, BRAIN INJURY COMMISSION

ANNUAL REPORT

January 17, 2006

The Honorable Governor Thomas J. 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. Thomson
Chief Clerk of the House
State Capitol Building
Des Moines, Iowa 50319

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HOUSE OF REPRESENTATIVES

INTRODUCTION

This is the annual report of MHRDDBI Commission activities in calendar year 2005 and MHRDDBI Commission legislative proposals for 2006, as required by Iowa Code chapter 225C.6(1)(h). The Commission's six-month system design progress report required by Iowa Code 225C.6A and the FY08 Allowed Growth Factor Adjustment Recommendation required by Iowa Code 331.439(17)(3)(b) have been submitted separately.

There were several changes in the membership and leadership of the Commission in 2006. Carl Smith was elected Chair. Legislative leadership appointed the following legislators to serve as ex-officio members:

- Senator Jack Hatch
- Senator Maggie Tinsman
- Representative Danny Carroll
- Representative Lisa Heddens

The Governor appointed these individuals to replace members leaving the Commission:

- Jan Heikes, Central Point of Coordination Administrator for Allamakee and Winneshiek Counties
- John Willey, Jackson County Supervisor
- Rick Hecht, Sac County Supervisor

ACTIVITIES OF THE COMMISSION

The Commission held twelve regular monthly meetings and three special meetings in 2005 to discharge its duties as set out in Iowa Code sections 225C.6; 229.24; 249A.12; 331.424A(1); 331.438; 331.439; 331.440; and 426B. The Commission:

1. Supported legislation providing parity insurance coverage for individuals with mental health treatment needs. This legislation was enacted.
2. Supported legislation creating a Medicaid waiver for children with serious emotional disturbance (SED) to eliminate the necessity for parents to relinquish custody to the child welfare courts to obtain mental and behavioral health services for the children. This legislation was enacted.
3. Held a September retreat for legislative and voting members to plan the Adult Disabilities System Redesign legislative proposal package for 2006. Four proposals were formulated. They are listed below in the "Recommended Changes in the Law" section.
4. Directed the work of the Children with Disabilities System Design Oversight Committee. The Oversight Committee held workshops on "How to Access the System" in the spring. Parents, health care providers, day care providers, educators, state agency personnel, and parent advocates attended and contributed system improvement ideas. The Oversight Committee drafted a model system design based on this input and earlier input. The model system design was presented to interested individuals in ten "Community Conversations" across the state in June and July as the Commission sought further input on the draft design. Workgroups to develop an action plan implementing the system were launched in November and December 2005. The Commission expects to report details of the system design and action plan in 2006.
5. Accredited *sixty-nine* agencies providing services to Iowans with mental health needs and Iowans with developmental disabilities.
6. Recommended an allowed growth factor increase for FY 2008 of nine percent based on the costs of new consumers, service cost inflation, and investments for economy and efficiency, as the Code requires.

ANNUAL REPORT: RECOMMENDED CHANGES IN LAW

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

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).

The Commission is working with the Department of Human Services to introduce legislation on these proposals in the 2006 legislative session. One-page summaries highlighting these proposals, and an executive summary of them, are enclosed with this report. The Commission looks forward to these proposals becoming law, for the benefit of all Iowa citizens that are served by this important system of care.

Respectfully,



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

CS/bff

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:

- *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.

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.

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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:

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- *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 is 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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