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SENATE FILE **2248**
BY COMMITTEE ON HUMAN
RESOURCES

(SUCCESSOR TO SSB 3155)

Passed Senate, Date _____ Passed House, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act addressing redesign of the system for services and other
2 support provided for persons with mental illness, mental
3 retardation or other developmental disabilities, or brain
4 injury.

5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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SF 2248
HUMAN RESOURCES

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DIVISION I

COMMISSION -- SINGLE ENTRY POINT PROCESS NAME CHANGES

Section 1. Section 135C.23, subsection 2, unnumbered paragraph 2, Code 2003, is amended to read as follows:

This section does not prohibit the admission of a patient with a history of dangerous or disturbing behavior to an intermediate care facility for persons with mental illness, intermediate care facility for persons with mental retardation, nursing facility, or county care facility when the intermediate care facility for persons with mental illness, intermediate care facility for persons with mental retardation, nursing facility, or county care facility has a program which has received prior approval from the department to properly care for and manage the patient. An intermediate care facility for persons with mental illness, intermediate care facility for persons with mental retardation, nursing facility, or county care facility is required to transfer or discharge a resident with dangerous or disturbing behavior when the intermediate care facility for persons with mental illness, intermediate care facility for persons with mental retardation, nursing facility, or county care facility cannot control the resident's dangerous or disturbing behavior. The department, in coordination with the state mental health, and developmental disabilities, and brain injury commission created in section 225C.5, shall adopt rules pursuant to chapter 17A for programs to be required in intermediate care facilities for persons with mental illness, intermediate care facilities for persons with mental retardation, nursing facilities, and county care facilities that admit patients or have residents with histories of dangerous or disturbing behavior.

Sec. 2. Section 154D.2, subsection 1, paragraph b, Code 2003, is amended to read as follows:

b. Has at least two years of supervised clinical experience or its equivalent as approved by the board in

1 consultation with the mental health, and developmental
2 disabilities, and brain injury commission created in section
3 225C.5.

4 Sec. 3. Section 154D.2, subsection 2, paragraph b, Code
5 2003, is amended to read as follows:

6 b. Has at least two years of clinical experience,
7 supervised by a licensee, in assessing mental health needs and
8 problems and in providing appropriate mental health services
9 as approved by the board of behavioral science examiners in
10 consultation with the mental health, and developmental
11 disabilities, and brain injury commission created in section
12 225C.5.

13 Sec. 4. Section 225C.2, subsection 2, Code 2003, is
14 amended to read as follows:

15 2. "Commission" means the mental health, and developmental
16 disabilities, and brain injury commission.

17 Sec. 5. Section 225C.5, subsection 1, unnumbered paragraph
18 1, Code Supplement 2003, is amended to read as follows:

19 A mental health, and developmental disabilities, and brain
20 injury commission is created as the state policy-making body
21 for the provision of services to persons with mental illness,
22 mental retardation or other developmental disabilities, or
23 brain injury. The commission shall consist of sixteen voting
24 members appointed to three-year staggered terms by the
25 governor and subject to confirmation by the senate.
26 Commission members shall be appointed on the basis of interest
27 and experience in the fields of mental health, mental
28 retardation or other developmental disabilities, and brain
29 injury, in a manner so as to ensure adequate representation
30 from persons with disabilities and individuals knowledgeable
31 concerning disability services. The department shall provide
32 staff support to the commission, and the commission may
33 utilize staff support and other assistance provided to the
34 commission by other persons. The commission shall meet at
35 least four times per year. Members of the commission shall

1 include the following persons who, at the time of appointment
2 to the commission, are active members of the indicated groups:

3 Sec. 6. Section 225C.7, subsection 3, Code 2003, is
4 amended to read as follows:

5 3. If a county has not established or is not affiliated
6 with a community mental health center under chapter 230A, the
7 county shall expend a portion of the money received under this
8 appropriation to contract with a community mental health
9 center to provide mental health services to the county's
10 residents. If such a contractual relationship is unworkable
11 or undesirable, the ~~mental-health-and-developmental~~
12 ~~disabilities~~ commission may waive the expenditure requirement.
13 However, if the commission waives the requirement, the
14 commission shall address the specific concerns of the county
15 and shall attempt to facilitate the provision of mental health
16 services to the county's residents through an affiliation
17 agreement or other means.

18 Sec. 7. Section 227.4, Code 2003, is amended to read as
19 follows:

20 227.4 STANDARDS FOR CARE OF PERSONS WITH MENTAL ILLNESS OR
21 ~~MENTAL-RETARDATION~~ DEVELOPMENTAL DISABILITIES IN COUNTY CARE
22 FACILITIES.

23 The administrator, in cooperation with the department of
24 inspections and appeals, shall recommend, and the mental
25 health, and developmental disabilities, and brain injury
26 commission created in section 225C.5 shall adopt standards for
27 the care of and services to persons with mental illness or
28 ~~mental-retardation~~ developmental disabilities residing in
29 county care facilities. The standards shall be enforced by
30 the department of inspections and appeals as a part of the
31 licensure inspection conducted pursuant to chapter 135C. The
32 objective of the standards is to ensure that persons with
33 mental illness or ~~mental-retardation~~ developmental
34 disabilities who are residents of county care facilities are
35 not only adequately fed, clothed, and housed, but are also

1 offered reasonable opportunities for productive work and
2 recreational activities suited to their physical and mental
3 abilities and offering both a constructive outlet for their
4 energies and, if possible, therapeutic benefit. When
5 recommending standards under this section, the administrator
6 shall designate an advisory committee representing
7 administrators of county care facilities, county mental health
8 and developmental disabilities regional planning councils, and
9 county care facility resident advocate committees to assist in
10 the establishment of standards.

11 Sec. 8. Section 229.24, subsection 3, unnumbered paragraph
12 1, Code 2003, is amended to read as follows:

13 If all or part of the costs associated with hospitalization
14 of an individual under this chapter are chargeable to a county
15 of legal settlement, the clerk of the district court shall
16 provide to the county of legal settlement and to the county in
17 which the hospitalization order is entered, in a form
18 prescribed by the mental health, and developmental
19 disabilities, and brain injury commission, the following
20 information pertaining to the individual which would be
21 confidential under subsection 1:

22 Sec. 9. Section 230A.2, Code 2003, is amended to read as
23 follows:

24 230A.2 SERVICES OFFERED.

25 A community mental health center established or operating
26 as authorized by section 230A.1 may offer to residents of the
27 county or counties it serves any or all of the mental health
28 services defined by the mental health, and developmental
29 disabilities, and brain injury commission in the state mental
30 health plan.

31 Sec. 10. Section 230A.16, unnumbered paragraph 1, Code
32 2003, is amended to read as follows:

33 The administrator of the division of mental health and
34 developmental disabilities of the department of human services
35 shall recommend and the mental health, and developmental

1 disabilities, and brain injury commission shall adopt
2 standards for community mental health centers and
3 comprehensive community mental health programs, with the
4 overall objective of ensuring that each center and each
5 affiliate providing services under contract with a center
6 furnishes high quality mental health services within a
7 framework of accountability to the community it serves. The
8 standards shall be in substantial conformity with those of the
9 psychiatric committee of the joint commission on accreditation
10 of health care organizations and other recognized national
11 standards for evaluation of psychiatric facilities unless in
12 the judgment of the administrator of the division of mental
13 health and developmental disabilities, with approval of the
14 mental health, and developmental disabilities, and brain
15 injury commission, there are sound reasons for departing from
16 the standards. When recommending standards under this
17 section, the administrator of the division shall designate an
18 advisory committee representing boards of directors and
19 professional staff of community mental health centers to
20 assist in the formulation or revision of standards. At least
21 a simple majority of the members of the advisory committee
22 shall be lay representatives of community mental health center
23 boards of directors. At least one member of the advisory
24 committee shall be a member of a county board of supervisors.
25 The standards recommended under this section shall include
26 requirements that each community mental health center
27 established or operating as authorized by section 230A.1
28 shall:

29 Sec. 11. Section 230A.17, Code 2003, is amended to read as
30 follows:

31 230A.17 REVIEW AND EVALUATION.

32 The administrator of the division of mental health and
33 developmental disabilities of the department of human services
34 may review and evaluate any community mental health center
35 upon the recommendation of the mental health, and

1 developmental disabilities, and brain injury commission, and
2 shall do so upon the written request of the center's board of
3 directors, its chief medical or administrative officer, or the
4 board of supervisors of any county from which the center
5 receives public funds. The cost of the review shall be paid
6 by the division.

7 Sec. 12. Section 230A.18, Code 2003, is amended to read as
8 follows:

9 230A.18 REPORT OF REVIEW AND EVALUATION.

10 Upon completion of a review made pursuant to section
11 230A.17, the review shall be submitted to the board of
12 directors and chief medical or administrative officer of the
13 center. If the review concludes that the center fails to meet
14 any of the standards established pursuant to section 230A.16,
15 subsection 1, and that the response of the center to this
16 finding is unsatisfactory, these conclusions shall be reported
17 to the mental health, and developmental disabilities, and
18 brain injury commission which may forward the conclusions to
19 the board of directors of the center and request an
20 appropriate response within thirty days. If no response is
21 received within thirty days, or if the response is
22 unsatisfactory, the commission may call this fact to the
23 attention of the board of supervisors of the county or
24 counties served by the center, and in doing so shall indicate
25 what corrective steps have been recommended to the center's
26 board of directors.

27 Sec. 13. Section 231.44, subsection 2, Code Supplement
28 2003, is amended to read as follows:

29 2. The responsibilities of the resident advocate committee
30 are in accordance with the rules adopted by the commission
31 pursuant to chapter 17A. When adopting the rules, the
32 commission shall consider the needs of residents of elder
33 group homes as defined in section 231B.1 and each category of
34 licensed health care facility as defined in section 135C.1,
35 subsection 6, and the services each facility may render. The

1 commission shall coordinate the development of rules with the
2 mental health, and developmental disabilities, and brain
3 injury commission created in section 225C.5 to the extent the
4 rules would apply to a facility primarily serving persons with
5 mental illness, mental retardation, or a other developmental
6 disability, or brain injury. The commission shall coordinate
7 the development of appropriate rules with other state
8 agencies.

9 Sec. 14. Section 249A.4, subsection 15, Code Supplement
10 2003, is amended to read as follows:

11 15. Establish appropriate reimbursement rates for
12 community mental health centers that are accredited by the
13 mental health, and developmental disabilities, and brain
14 injury commission. ~~The reimbursement rates shall be phased in~~
15 ~~over the three-year period beginning July 1, 1998, and ending~~
16 ~~June 30, 2001.~~

17 Sec. 15. Section 249A.12, subsection 5, paragraph a,
18 unnumbered paragraph 1, Code Supplement 2003, is amended to
19 read as follows:

20 The mental health, and developmental disabilities, and
21 brain injury commission shall recommend to the department the
22 actions necessary to assist in the transition of individuals
23 being served in an intermediate care facility for persons with
24 mental retardation, who are appropriate for the transition, to
25 services funded under a medical assistance waiver for home and
26 community-based services for persons with mental retardation
27 in a manner which maximizes the use of existing public and
28 private facilities. The actions may include but are not
29 limited to submitting any of the following or a combination of
30 any of the following as a request for a revision of the
31 medical assistance waiver for home and community-based
32 services for persons with mental retardation in effect as of
33 June 30, 1996:

34 Sec. 16. Section 249A.12, subsection 5, paragraph b, Code
35 Supplement 2003, is amended to read as follows:

1 b. In implementing the provisions of this subsection, the
2 mental health, and developmental disabilities, and brain
3 injury commission shall consult with other states. The waiver
4 revision request or other action necessary to assist in the
5 transition of service provision from intermediate care
6 facilities for persons with mental retardation to alternative
7 programs shall be implemented by the department in a manner
8 that can appropriately meet the needs of individuals at an
9 overall lower cost to counties, the federal government, and
10 the state. In addition, the department shall take into
11 consideration significant federal changes to the medical
12 assistance program in formulating the department's actions
13 under this subsection. The department shall consult with the
14 mental health, and developmental disabilities, and brain
15 injury commission in adopting rules for oversight of
16 facilities converted pursuant to this subsection. A
17 transition approach described in paragraph "a" may be modified
18 as necessary to obtain federal waiver approval.

19 Sec. 17. Section 249A.31, subsection 1, Code 2003, is
20 amended to read as follows:

21 1. Providers of individual case management services for
22 persons with mental retardation, a developmental disability,
23 or chronic mental illness in accordance with standards adopted
24 by the mental health, and developmental disabilities, and
25 brain injury commission pursuant to section 225C.6.

26 Sec. 18. Section 331.424A, subsection 1, Code Supplement
27 2003, is amended to read as follows:

28 1. For the purposes of this chapter, unless the context
29 otherwise requires, "services fund" means the county mental
30 health, mental retardation, and developmental disabilities
31 services fund created in subsection 2. The county finance
32 committee created in section 333A.2 shall consult with the
33 ~~mental health and developmental disabilities~~ state commission
34 in adopting rules and prescribing forms for administering the
35 services fund.

1 Sec. 19. Section 331.438, subsection 1, paragraph c, Code
2 2003, is amended to read as follows:

3 c. "Qualified mental health, mental retardation, and
4 developmental disabilities services" means the services
5 specified on forms issued by the county finance committee
6 following consultation with the ~~mental-health-and~~
7 ~~developmental-disabilities~~ state commission.

8 Sec. 20. Section 331.438, subsection 1, Code 2003, is
9 amended by adding the following new paragraph:

10 NEW PARAGRAPH. cc. "State commission" means the mental
11 health, developmental disabilities, and brain injury
12 commission created in section 225C.5.

13 Sec. 21. Section 331.438, subsection 4, paragraph a, Code
14 2003, is amended to read as follows:

15 a. The ~~mental-health-and-developmental-disabilities~~ state
16 commission shall make recommendations and take actions for
17 joint state and county planning, implementing, and funding of
18 mental health, ~~mental-retardation,-and~~ developmental
19 disabilities, and brain injury services, including but not
20 limited to developing and implementing fiscal and
21 accountability controls, establishing management plans, and
22 ensuring that eligible persons have access to appropriate and
23 cost-effective services.

24 Sec. 22. Section 331.438, subsection 4, paragraph b,
25 unnumbered paragraph 1, Code 2003, is amended to read as
26 follows:

27 The ~~mental-health-and-developmental-disabilities~~ state
28 commission shall do all of the following:

29 Sec. 23. Section 331.438, subsection 4, paragraph b,
30 subparagraphs (6) and (9), Code 2003, are amended to read as
31 follows:

32 (6) Consider provisions and adopt rules for counties to
33 implement a single central point of ~~accountability~~
34 coordination to plan, budget, and monitor county expenditures
35 for the service system. The provisions shall provide options

1 for counties to implement the ~~single~~ central point of
2 coordination in collaboration with other counties.

3 (9) Adopt rules for the county ~~single-entry~~ central point
4 of coordination and clinical assessment processes required
5 under section 331.440 and other rules necessary for the
6 implementation of county management plans and expenditure
7 reports required for state payment pursuant to section
8 331.439.

9 Sec. 24. Section 331.439, subsection 1, unnumbered
10 paragraph 1, Code 2003, is amended to read as follows:

11 The state payment to eligible counties under this section
12 shall be made as provided in sections 331.438 and 426B.2. A
13 county is eligible for the state payment, as defined in
14 section 331.438, for the a fiscal year beginning ~~July-17-1996~~
15 ~~and-for-subsequent-fiscal-years~~ if the director of human
16 services, in consultation with the ~~mental-health-and~~
17 ~~developmental-disabilities~~ state commission, determines for a
18 specific fiscal year that all of the following conditions are
19 met:

20 Sec. 25. Section 331.439, subsection 1, paragraph b,
21 unnumbered paragraph 1, Code 2003, is amended to read as
22 follows:

23 The county developed and implemented a county management
24 plan for the county's mental health, mental retardation, and
25 developmental disabilities services in accordance with the
26 provisions of this paragraph "b". The plan shall comply with
27 the administrative rules adopted for this purpose by the
28 ~~mental-health-and-developmental-disabilities~~ state commission
29 and is subject to the approval of the director of human
30 services in consultation with the commission. The plan shall
31 include a description of the county's service management
32 provision for mental health, mental retardation, and
33 developmental disabilities services. For mental retardation
34 and developmental disabilities service management, the plan
35 shall describe the county's development and implementation of

1 a managed system of cost-effective individualized services and
2 shall comply with the provisions of paragraph "d". The goal
3 of this part of the plan shall be to assist the individuals
4 served to be as independent, productive, and integrated into
5 the community as possible. The service management provisions
6 for mental health shall comply with the provisions of
7 paragraph "c". A county is subject to all of the following
8 provisions in regard to the county's management plan and
9 planning process:

10 Sec. 26. Section 331.439, subsection 1, paragraph b,
11 subparagraph (1), Code 2003, is amended to read as follows:

12 (1) The county shall have in effect an approved policies
13 and procedures manual for the county's services fund. The
14 county management plan shall be defined in the manual. The
15 manual submitted by the county as part of the county's
16 management plan for the fiscal year beginning July 1, 2000, as
17 approved by the director of human services, shall remain in
18 effect, subject to amendment. An amendment to the manual
19 shall be submitted to the department of human services at
20 least forty-five days prior to the date of implementation.
21 Prior to implementation of any amendment to the manual, the
22 amendment must be approved by the director of human services
23 in consultation with the ~~mental-health-and-developmental~~
24 disabilities state commission.

25 Sec. 27. Section 331.439, subsection 1, paragraph c,
26 subparagraph (2), unnumbered paragraph 1, Code 2003, is
27 amended to read as follows:

28 A managed care system for mental health proposed by a
29 county shall include but is not limited to all of the
30 following elements which shall be specified in administrative
31 rules adopted by the ~~mental-health-and-developmental~~
32 disabilities state commission:

33 Sec. 28. Section 331.439, subsection 1, paragraph d, Code
34 2003, is amended to read as follows:

35 d. For mental retardation and developmental disabilities

1 services management, the county must either develop and
2 implement a managed system of care which addresses a full
3 array of appropriate services and cost-effective delivery of
4 services or contract with a state-approved managed care
5 contractor or contractors. Any system or contract implemented
6 under this paragraph shall incorporate a ~~single-entry~~ central
7 point of coordination and clinical assessment process
8 developed in accordance with the provisions of section
9 331.440. The elements of the county managed system of care
10 shall be specified in rules developed by the department of
11 human services in consultation with and adopted by the ~~mental~~
12 ~~health-and-developmental-disabilities~~ state commission.

13 Sec. 29. Section 331.439, subsection 3, paragraph b, Code
14 2003, is amended to read as follows:

15 b. Based upon information contained in county management
16 plans and budgets and proposals made by representatives of
17 counties, the ~~mental-health-and-developmental-disabilities~~
18 state commission shall recommend an allowed growth factor
19 adjustment to the governor by November 15 for the fiscal year
20 which commences two years from the beginning date of the
21 fiscal year in progress at the time the recommendation is
22 made. The allowed growth factor adjustment shall address
23 costs associated with new consumers of service, service cost
24 inflation, and investments for economy and efficiency. In
25 developing the service cost inflation recommendation, the
26 state commission shall consider the cost trends indicated by
27 the gross expenditure amount reported in the expenditure
28 reports submitted by counties pursuant to subsection 1,
29 paragraph "a". The governor shall consider the state
30 commission's recommendation in developing the governor's
31 recommendation for an allowed growth factor adjustment for
32 such fiscal year. The governor's recommendation shall be
33 submitted at the time the governor's proposed budget for the
34 succeeding fiscal year is submitted in accordance with chapter
35 8.

1 Sec. 30. Section 331.440, Code 2003, is amended to read as
2 follows:

3 331.440 MENTAL HEALTH, MENTAL RETARDATION, AND
4 DEVELOPMENTAL DISABILITIES SERVICES -- SINGLE-ENTRY CENTRAL
5 POINT OF COORDINATION PROCESS.

6 1. a. For the purposes of this section, unless the
7 context otherwise requires, "single-entry central point of
8 coordination process" means a single-entry central point of
9 coordination process established by a county or consortium of
10 counties for the delivery of mental health, mental
11 retardation, and developmental disabilities services which are
12 paid for in whole or in part by county funds. The single
13 entry central point of coordination process may include but is
14 not limited to reviewing a person's eligibility for services,
15 determining the appropriateness of the type, level, and
16 duration of services, and performing periodic review of the
17 person's continuing eligibility and need for services. Any
18 recommendations developed concerning a person's plan of
19 services shall be consistent with the person's unique
20 strengths, circumstances, priorities, concerns, abilities, and
21 capabilities. For those services funded under the medical
22 assistance program, the single-entry central point of
23 coordination process shall be used to assure that the person
24 is aware of the appropriate service options available to the
25 person.

26 b. The single-entry central point of coordination process
27 may include a clinical assessment process to identify a
28 person's service needs and to make recommendations regarding
29 the person's plan for services. The clinical assessment
30 process shall utilize qualified mental health professionals
31 and qualified mental retardation professionals.

32 c. The single-entry central point of coordination and
33 clinical assessment process shall include provision for the
34 county's participation in a management information system
35 developed in accordance with rules adopted pursuant to

1 subsection 3.

2 2. The department of human services shall seek federal
3 approval as necessary for the single-entry central point of
4 coordination and clinical assessment processes to be eligible
5 for federal financial participation under the medical
6 assistance program. A county may implement the single-entry
7 central point of coordination process as part of a consortium
8 of counties and may implement the process beginning with the
9 fiscal year ending June 30, 1995.

10 3. An application for services may be made through the
11 single-entry central point of coordination process of a
12 person's county of residence. However, if a person who is
13 subject to a single-entry central point of coordination
14 process has legal settlement in another county or the costs of
15 services or other support provided to the person are the
16 financial responsibility of the state, an authorization
17 through the single-entry central point of coordination process
18 shall be coordinated with the person's county of legal
19 settlement or with the state, as applicable. The county of
20 residence and county of legal settlement of a person subject
21 to a single-entry central point of coordination process may
22 mutually agree that the single-entry central point of
23 coordination process functions shall be performed by the
24 single-entry central point of coordination process of the
25 person's county of legal settlement.

26 4. ~~The mental-health-and-developmental-disabilities state~~
27 ~~commission shall consider the recommendations of county~~
28 ~~representatives in adopting rules outlining standards and~~
29 ~~requirements for implementation of the single-entry central~~
30 ~~point of coordination and clinical assessment processes on the~~
31 ~~date required by subsection 2. The rules shall permit~~
32 ~~counties options in implementing the process based upon a~~
33 ~~county's consumer population and available service delivery~~
34 ~~system.~~

35 Sec. 31. Section 426B.4, Code 2003, is amended to read as

1 follows:

2 426B.4 RULES.

3 The mental health, and developmental disabilities, and
4 brain injury commission shall consult with county
5 representatives and the director of human services in
6 prescribing forms and adopting rules pursuant to chapter 17A
7 to administer this chapter.

8 Sec. 32. Section 426B.5, subsection 2, paragraph c, Code
9 Supplement 2003, is amended to read as follows:

10 c. A risk pool board is created. The board shall consist
11 of two county supervisors, two county auditors, a member of
12 the mental health, and developmental disabilities, and brain
13 injury commission who is not a member of a county board of
14 supervisors, a member of the county finance committee created
15 in chapter 333A who is not an elected official, a
16 representative of a provider of mental health or developmental
17 disabilities services selected from nominees submitted by the
18 Iowa association of community providers, and two ~~single-entry~~
19 central point of coordination process administrators, all
20 appointed by the governor, and one member appointed by the
21 director of human services. All members appointed by the
22 governor shall be subject to confirmation by the senate.
23 Members shall serve for three-year terms. A vacancy shall be
24 filled in the same manner as the original appointment.
25 Expenses and other costs of the risk pool board members
26 representing counties shall be paid by the county of origin.
27 Expenses and other costs of risk pool board members who do not
28 represent counties shall be paid from a source determined by
29 the governor. Staff assistance to the board shall be provided
30 by the department of human services and counties. Actuarial
31 expenses and other direct administrative costs shall be
32 charged to the pool.

33 Sec. 33. SINGLE ENTRY POINT PROCESS AND COMMISSION
34 TERMINOLOGY CHANGES -- CODE EDITOR'S DIRECTIVE.

35 1. Sections 218.99, 222.2, 222.13, 222.13A, 222.28,

1 222.59, 222.60, 222.61, 222.62, 222.64, 222.73, 225.11,
2 225.15, 225.17, 225C.2, 225C.14, 225C.16, 227.10, 229.1,
3 229.1B, 229.11, 229.13, 229.14, 229.14A, 229.42, 230.1,
4 230A.13, 249A.26, 331.439, and 331.440A, Code 2003, and
5 sections 225C.5, 232.2, and 235.7, Code Supplement 2003, are
6 amended by striking the term "single entry point process" and
7 inserting in lieu thereof the term "central point of
8 coordination process".

9 2. In addition to the name change for the single entry
10 point process, this division of this Act changes the name of
11 the mental health and developmental disabilities commission to
12 the mental health, developmental disabilities, and brain
13 injury commission. The Code editor shall correct any
14 references to the term "single entry point process" or the
15 term "mental health and developmental disabilities commission"
16 anywhere else in the Iowa Code, in any bills awaiting
17 codification, and in any bills enacted by the Eightieth
18 General Assembly, 2004 Regular Session or any extraordinary
19 session.

20 DIVISION II

21 REDESIGN IMPLEMENTATION

22 Sec. 34. NEW SECTION. 225C.6A MENTAL HEALTH,
23 DEVELOPMENTAL DISABILITY, AND BRAIN INJURY SERVICE SYSTEM
24 REDESIGN IMPLEMENTATION.

25 1. PURPOSE. It is the intent of the general assembly to
26 implement a redesign of the mental health, developmental
27 disability, and brain injury service system over a period of
28 years in order to transition to a coordinated system for
29 Iowans with mental illness, mental retardation or other
30 developmental disabilities, or brain injury.

31 2. INITIAL ACTIVITIES. For the fiscal years beginning
32 July 1, 2004, and July 1, 2005, the commission shall do the
33 following:

34 a. Identify sources of revenue to support statewide
35 delivery of core disability services to eligible disability

1 populations.

2 b. Further develop adult disability services system
3 redesign proposals and propose a redesign of the children's
4 disability service system. The redesign of the children's
5 system shall address issues associated with an individual's
6 transition between the two systems.

7 c. Plan, collect, and analyze data as necessary to issue
8 cost estimates for serving additional populations and
9 providing core disability services statewide.

10 d. With consumer input, identify and propose standardized
11 functional assessment tools and processes for use in the
12 eligibility determination process when eligibility for a
13 particular disability population group is implemented. The
14 tools and processes shall be integrated with those utilized
15 for the medical assistance program under chapter 249A. For
16 the initial diagnostic criteria, the commission shall consider
17 identifying a qualifying functional assessment score and any
18 of the following diagnoses: mental illness, chronic mental
19 illness, mental retardation, developmental disability, or
20 brain injury.

21 e. Propose case rates for disability services.

22 f. Work with county representatives and other qualified
23 persons to develop an implementation plan for replacing the
24 county of legal settlement approach to determining service
25 system funding responsibilities with an approach based upon
26 residency. The plan shall address a statewide standard for
27 proof of residency, identify a plan for establishing a data
28 system for identifying residency of eligible individuals,
29 address transition issues for individuals who began residing
30 in a county due to a court order or criminal sentence or to
31 obtain services in that county, recommend an approach for
32 contesting a residency determination, and address other
33 implementation issues. In addition, the commission shall
34 propose an alternative means for the resolution of disputes
35 under the legal settlement approach that would expedite and

1 improve the legal settlement determination process.

2 Sec. 35. OTHER REDESIGN ACTIVITIES.

3 1. The department of human services and the mental health,
4 developmental disabilities, and brain injury commission shall
5 report on the actions taken and proposals made to implement
6 the provisions of section 225C.6A, as enacted by this Act, in
7 the commission's annual report to the governor and general
8 assembly submitted pursuant to section 225C.6 for
9 consideration by the general assemblies meeting in 2005, 2006,
10 and 2007. In addition, the department and commission shall
11 submit a progress report to the governor and general assembly
12 in July 2004, July 2005, and July 2006, on the implementation
13 of the provisions. Any proposal shall include data needed to
14 address the proposal, including the potential impact on
15 counties bordering other states.

16 2. Subject to funding availability, the department and
17 commission shall address all of the following state-level
18 adult disability service system redesign activities during the
19 fiscal year beginning July 1, 2004, and ending June 30, 2005:

20 a. Propose a new disability services information
21 technology system.

22 b. Improve state administration of disability services by
23 consolidating disability services into a new departmental
24 division or other appropriate strategy.

25 c. Improve the interfaces between departmental
26 administrative units and other state agencies directly or
27 indirectly involved with persons with mental illness,
28 developmental disabilities, or brain injury.

29 d. Solicit and incorporate input regarding the service
30 system and service system funding from persons receiving
31 services, service coordination providers, and county central
32 point of coordination process administrators.

33 e. Provide information to the public regarding the service
34 system.

35

EXPLANATION

1 This bill addresses redesign of the system for services and
2 other support provided for persons with mental illness, mental
3 retardation or other developmental disabilities, or brain
4 injury (MI/MR/DD/BI). The bill is organized into divisions.

5 Division I changes the name of the mental health and
6 developmental disabilities commission to the mental health,
7 developmental disabilities, and brain injury commission
8 throughout the Code. The commission is part of the department
9 of human services (DHS). The division also changes the term
10 "single entry point process" to "central point of coordination
11 process". This process is used by counties to manage county
12 services to persons with MI/DD/BI. The division includes a
13 directive to the Code editor to make the terminology changes
14 in other enactments.

15 Division II provides legislative intent for implementation
16 of system redesign over a period of years. New Code section
17 225C.6A states the purpose of the system redesign and directs
18 the commission to perform various redesign activities in
19 fiscal years 2004-2005 and 2005-2006. An uncodified section
20 includes other implementation activities for the commission
21 and the department of human services and includes semiannual
22 reporting requirements.

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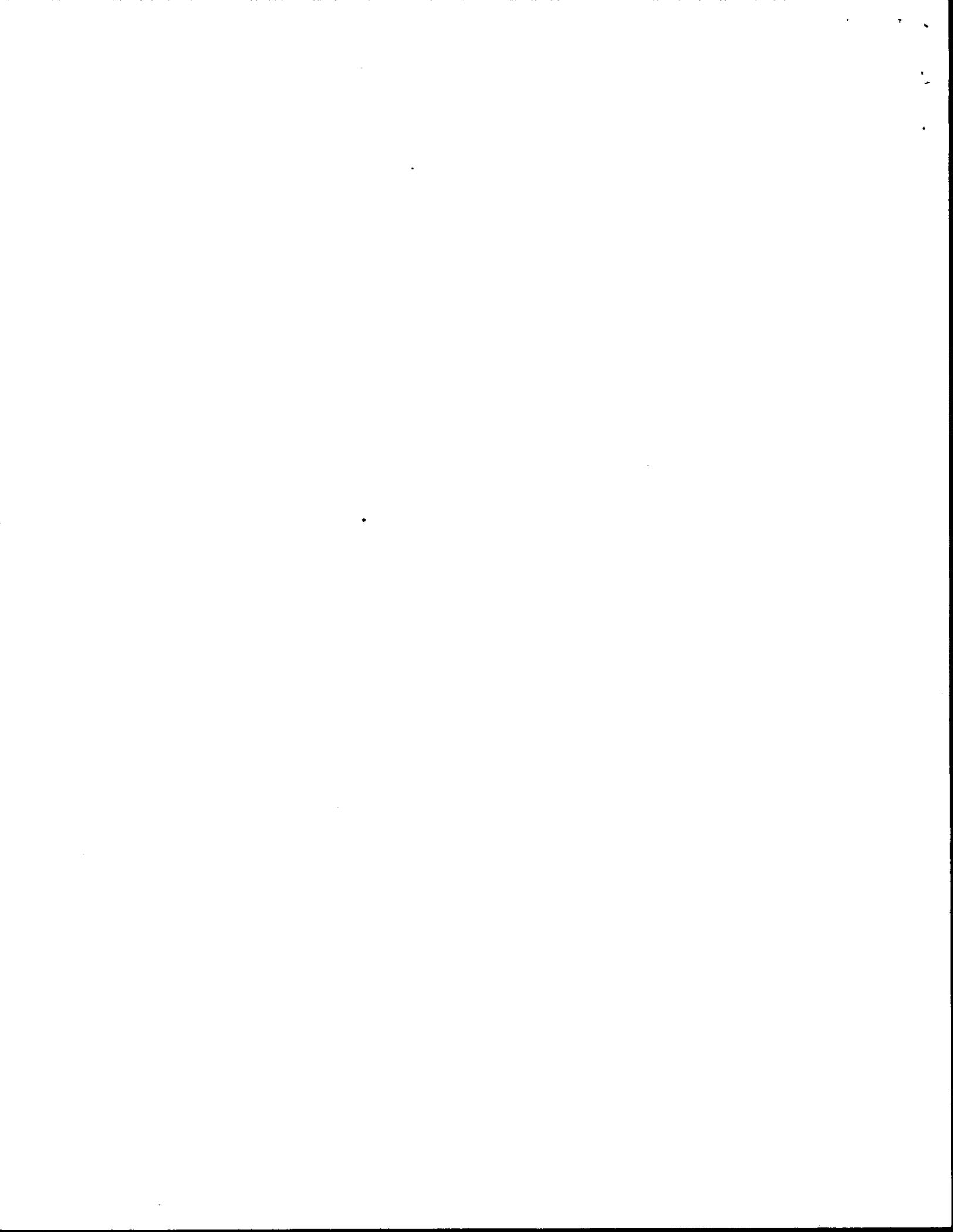
SENATE FILE 2248

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- 1 Amend Senate File 2248 as follows:
- 2 1. Page 1, line 24, by inserting before the word
3 "developmental" the following: "mental retardation".
- 4 2. Page 2, line 1, by inserting before the word
5 "developmental" the following: "mental retardation".
- 6 3. Page 2, line 10, by inserting before the word
7 "developmental" the following: "mental retardation".
- 8 4. Page 2, line 15, by inserting before the word
9 "developmental" the following: "mental retardation".
- 10 5. Page 2, line 19, by inserting before the word
11 "developmental" the following: "mental retardation".
- 12 6. Page 3, line 25, by inserting before the word
13 "developmental" the following: "mental retardation".
- 14 7. Page 4, line 18, by inserting before the word
15 "developmental" the following: "mental retardation".
- 16 8. Page 4, line 28, by inserting before the word
17 "developmental" the following: "mental retardation".
- 18 9. Page 4, line 35, by inserting before the word
19 "developmental" the following: "mental retardation".
- 20 10. Page 5, line 14, by inserting before the word
21 "developmental" the following: "mental retardation".
- 22 11. Page 6, line 1, by inserting before the word
23 "developmental" the following: "mental retardation".
- 24 12. Page 6, line 17, by inserting before the word
25 "developmental" the following: "mental retardation".
- 26 13. Page 7, line 2, by inserting before the word
27 "developmental" the following: "mental retardation".
- 28 14. Page 7, line 13, by inserting before the word
29 "developmental" the following: "mental retardation".
- 30 15. Page 7, line 20, by inserting before the word
31 "developmental" the following: "mental retardation".
- 32 16. Page 8, line 2, by inserting before the word
33 "developmental" the following: "mental retardation".
- 34 17. Page 8, line 14, by inserting before the word
35 "developmental" the following: "mental retardation".
- 36 18. Page 8, line 24, by inserting before the word
37 "developmental" the following: "mental retardation".
- 38 19. Page 9, line 11, by inserting before the word
39 "developmental" the following: "mental retardation".
- 40 20. Page 9, line 18, by striking the words
41 "~~mental retardation, and~~" and inserting the following:
42 "mental retardation, and or other".
- 43 21. Page 15, line 3, by inserting before the word
44 "developmental" the following: "mental retardation".
- 45 22. Page 15, line 12, by inserting before the
46 word "developmental" the following: "mental
47 retardation".
- 48 23. Page 16, line 12, by inserting before the
49 word "developmental" the following: "mental
50 retardation".

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1 24. Page 16, line 17, by inserting after the word
2 "codification," the following: "in this Act,".

3 25. By striking page 16, line 20, through page
4 18, line 34, and inserting the following:

5 "DIVISION II

6 LEGAL SETTLEMENT DISPUTE RESOLUTION

7 Sec. 34. NEW SECTION. 225C.6A MENTAL HEALTH,
8 DEVELOPMENTAL DISABILITY, AND BRAIN INJURY SERVICE
9 SYSTEM REDESIGN IMPLEMENTATION.

10 1. PURPOSE. It is the intent of the general
11 assembly to implement a redesign of the mental health,
12 developmental disability, and brain injury service
13 system over a period of years in order to transition
14 to a coordinated system for Iowans with mental
15 illness, mental retardation or other developmental
16 disabilities, or brain injury. Because of the
17 significance of the redesign to the persons who may be
18 affected by it and the degree of uncertainty regarding
19 the extent of funding changes necessary for
20 implementation, the department and the commission
21 shall not implement a redesign provision through
22 rulemaking or other means unless specific statutory
23 authority provides for the provision's implementation.

24 2. INITIAL ACTIVITIES. For the fiscal years
25 beginning July 1, 2004, and July 1, 2005, the
26 commission shall do the following:

27 a. Identify sources of revenue to support
28 statewide delivery of core disability services to
29 eligible disability populations.

30 b. Further develop adult disability services
31 system redesign proposals and propose a redesign of
32 the children's disability service system. The
33 redesign of the children's system shall address issues
34 associated with an individual's transition between the
35 two systems.

36 c. Plan, collect, and analyze data as necessary to
37 issue cost estimates for serving additional
38 populations and providing core disability services
39 statewide.

40 d. With consumer input, identify and propose
41 standardized functional assessment tools and processes
42 for use in the eligibility determination process when
43 eligibility for a particular disability population
44 group is implemented. The tools and processes shall
45 be integrated with those utilized for the medical
46 assistance program under chapter 249A. For the
47 initial diagnostic criteria, the commission shall
48 consider identifying a qualifying functional
49 assessment score and any of the following diagnoses:
50 mental illness, chronic mental illness, mental

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1 retardation, developmental disability, or brain
2 injury.

3 e. The commission shall adopt a multiyear plan for
4 developing and providing the data, cost projections,
5 revenue requirements, and other information needed to
6 support decision making concerning redesign
7 provisions. The information shall be provided as part
8 of the commission's regular reports to the governor
9 and general assembly or more often as determined to be
10 appropriate by the commission.

11 f. Propose case rates for disability services.

12 g. Work with county representatives and other
13 qualified persons to develop an implementation plan
14 for replacing the county of legal settlement approach
15 to determining service system funding responsibilities
16 with an approach based upon residency. The plan shall
17 address a statewide standard for proof of residency,
18 outline a plan for establishing a data system for
19 identifying residency of eligible individuals, address
20 residency issues for individuals who began residing in
21 a county due to a court order or criminal sentence or
22 to obtain services in that county, recommend an
23 approach for contesting a residency determination, and
24 address other implementation issues.

25 Sec. 35. OTHER REDESIGN ACTIVITIES.

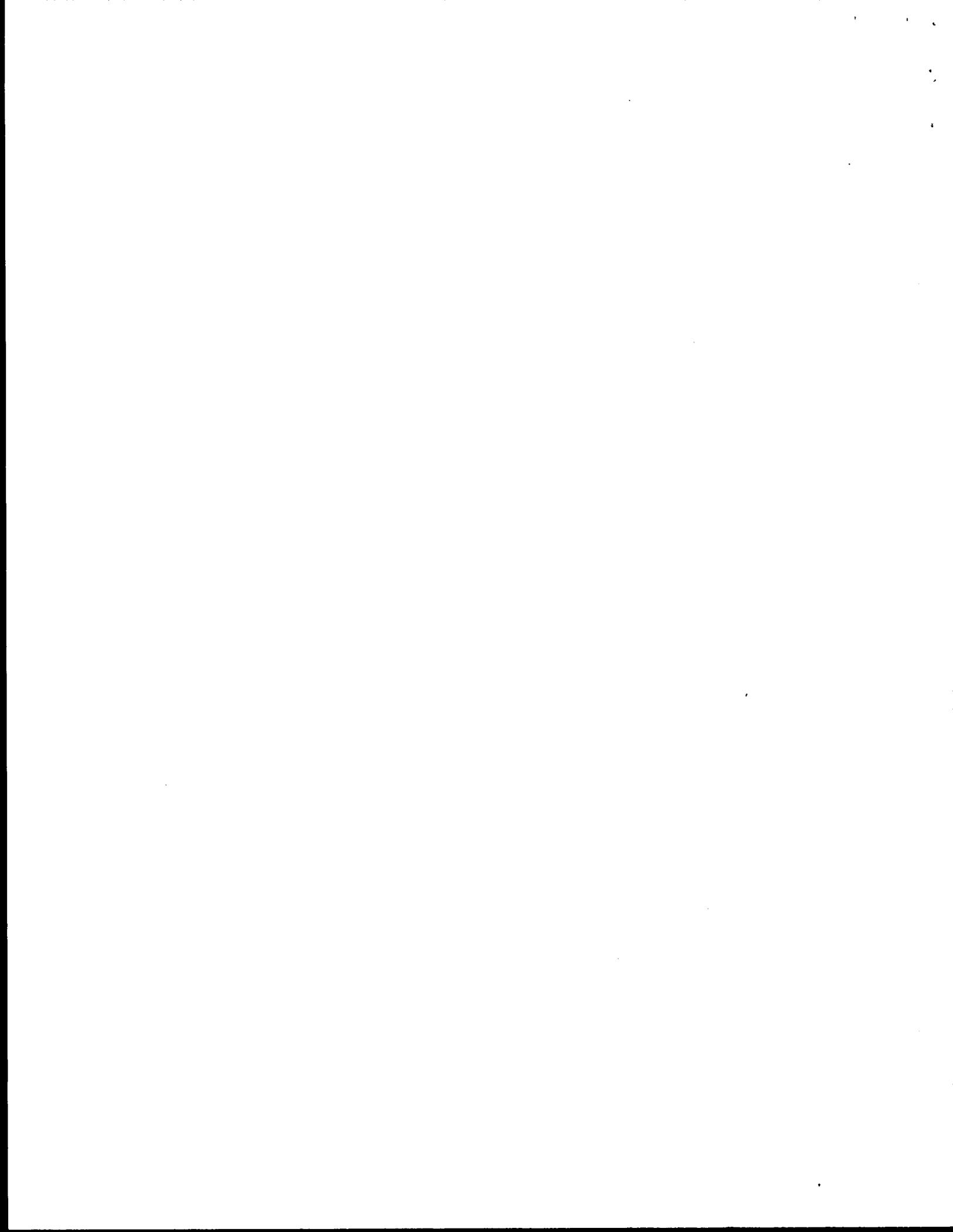
26 1. The department of human services and the mental
27 health, developmental disabilities, and brain injury
28 commission shall report on the actions taken and
29 proposals made to implement the provisions of section
30 225C.6A, as enacted by this Act, in the commission's
31 annual report to the governor and general assembly
32 submitted pursuant to section 225C.6 for consideration
33 by the general assemblies meeting in 2005, 2006, and
34 2007. In addition, the department and commission
35 shall submit a progress report to the governor and
36 general assembly in July 2004, July 2005, and July
37 2006, on the implementation of the provisions. Any
38 proposal shall include data needed to address the
39 proposal, including the potential impact on counties
40 bordering other states.

41 2. Subject to funding availability, the department
42 and commission shall address all of the following
43 state-level adult disability service system redesign
44 activities during the fiscal year beginning July 1,
45 2004, and ending June 30, 2005:

46 a. Propose a new disability services information
47 technology system.

48 b. Improve state administration of disability
49 services by consolidating disability services into a
50 new departmental division or other appropriate

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1 strategy.

2 c. Improve the interfaces between departmental
3 administrative units and other state agencies directly
4 or indirectly involved with persons with mental
5 illness, developmental disabilities, or brain injury.

6 d. Solicit and incorporate input regarding the
7 service system and service system funding from persons
8 receiving services, service providers, and county
9 central point of coordination process administrators.

10 e. Provide information to the public regarding the
11 service system.

DIVISION III

LEGAL SETTLEMENT DISPUTE RESOLUTION

14 Sec. 36. NEW SECTION. 225C.8 LEGAL SETTLEMENT
15 DISPUTE RESOLUTION.

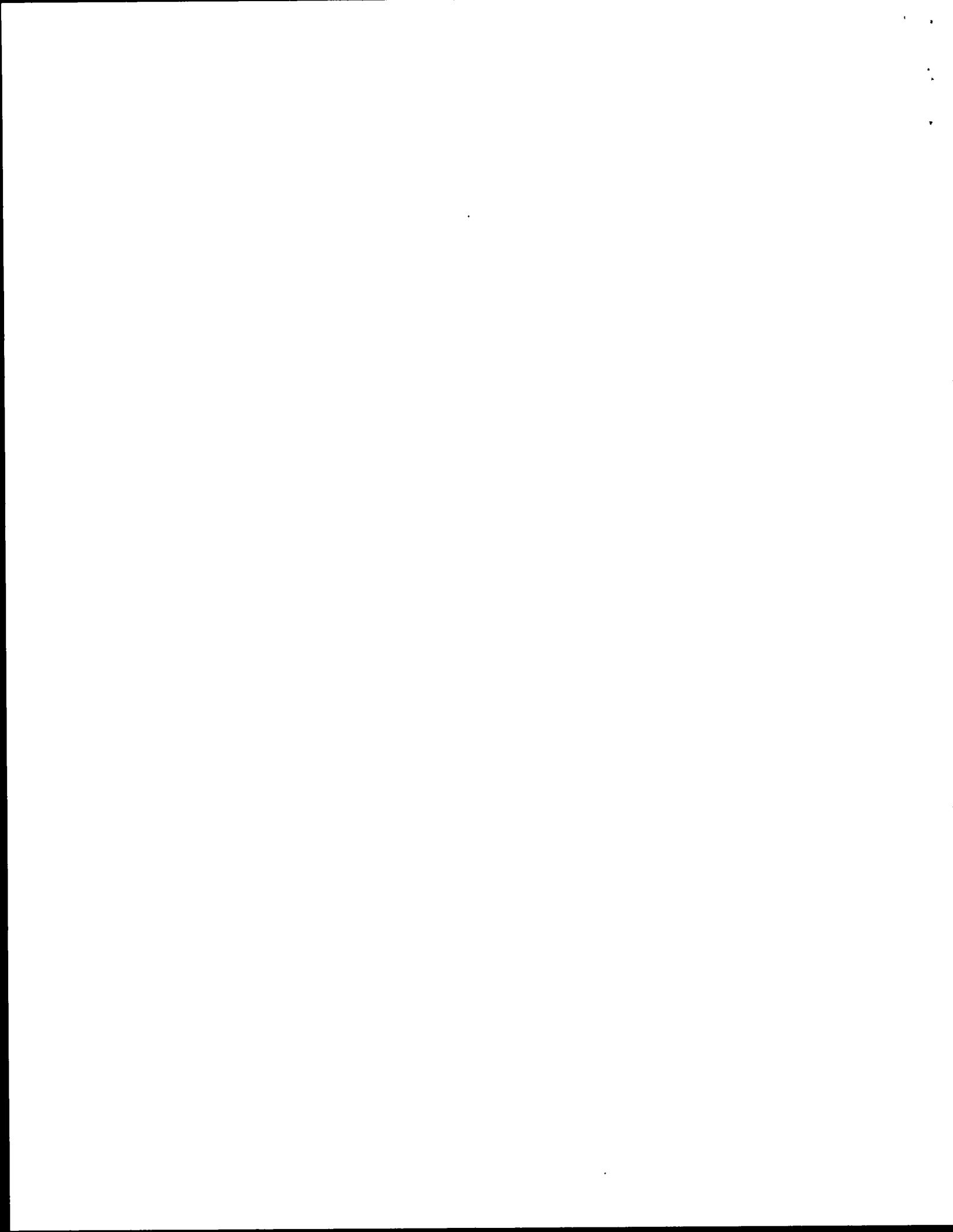
16 1. a. The dispute resolution process implemented
17 in accordance with this section applies to legal
18 settlement disputes and is not applicable to disputes
19 involving persons committed to a state facility
20 pursuant to chapter 812 or rule of criminal procedure
21 2.22, Iowa court rules, or to disputes of service
22 authorization decisions made through the county single
23 entry point process.

24 b. If a county receives a billing for services
25 provided to a person under chapter 222, 230, or 249A,
26 or objects to a legal settlement determination
27 certified by the department or another county and
28 asserts either that the person has legal settlement in
29 another county or that the person has no legal
30 settlement or the legal settlement is unknown so that
31 the person is deemed to be a state case, the person's
32 legal settlement status shall be determined as
33 provided in this section. The county shall notify the
34 department of the county's assertion within one
35 hundred twenty days of receiving the billing. If the
36 county asserts that the person has legal settlement in
37 another county, that county shall be notified at the
38 same time as the department. If the department
39 disputes a legal settlement determination
40 certification made by a county, the department shall
41 notify the affected counties of the department's
42 assertion.

43 2. The department or the county that received the
44 notification, as applicable, shall respond to the
45 party that provided the notification within forty-five
46 days of receiving the notification. If the parties
47 cannot agree to a settlement as to the person's legal
48 settlement status within ninety days of the date of
49 notification, on motion of any of the parties, the
50 matter shall be referred to the department of

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1 inspections and appeals for a contested case hearing
2 under chapter 17A before an administrative law judge
3 assigned in accordance with section 10A.801 to
4 determine the person's legal settlement status.

5 3. a. The administrative law judge's
6 determination of the person's legal settlement status
7 is a final agency action, notwithstanding contrary
8 provisions of section 17A.15. The party that does not
9 prevail in the determination or subsequent judicial
10 review is liable for costs associated with the
11 proceeding, including reimbursement of the department
12 of inspections and appeals' actual costs associated
13 with the administrative proceeding. Judicial review
14 of the determination may be sought in accordance with
15 section 17A.19.

16 b. If following the determination of a person's
17 legal settlement status in accordance with this
18 section, additional evidence becomes available that
19 merits a change in that determination, the parties
20 affected may change the determination by mutual
21 agreement. Otherwise, a party may move that the
22 matter be reconsidered.

23 4. Unless a petition is filed for judicial review,
24 the administrative law judge's determination of the
25 person's legal settlement status shall result in one
26 of the following:

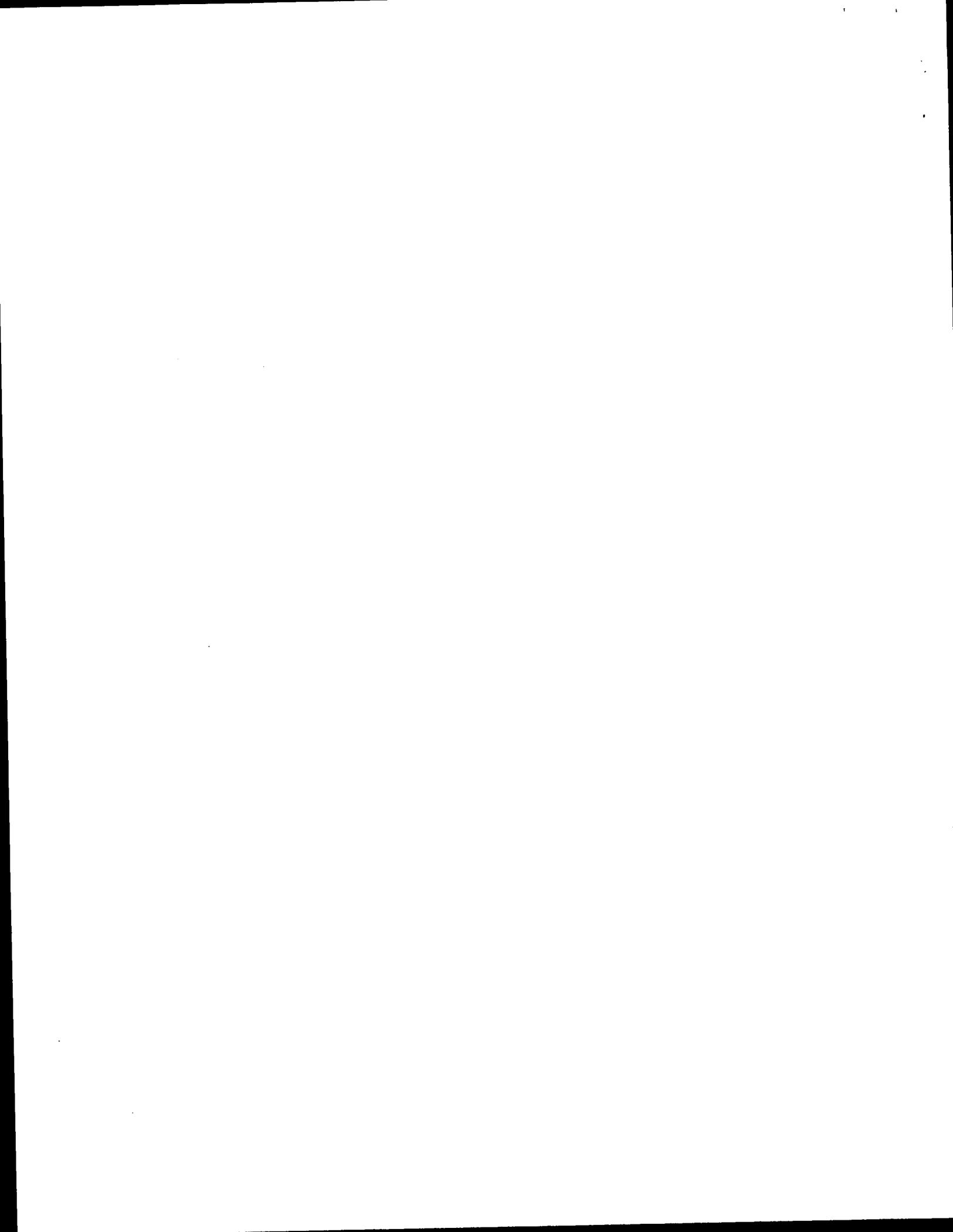
27 a. If a county is determined to be the person's
28 county of legal settlement, the county shall pay the
29 amounts due and shall reimburse any other amounts paid
30 for services provided under chapter 222, 230, or 249A
31 by the county or the department on the person's behalf
32 prior to issuance of the decision. The payment or
33 reimbursement shall be remitted within forty-five days
34 of the date the decision was issued. After the forty-
35 five-day period, a penalty may be applied as
36 authorized under section 222.68, 222.75, or 230.22.

37 b. If it is determined that the person has no
38 legal settlement or the legal settlement is unknown so
39 that the person is deemed to be a state case, the
40 department shall credit the county for any payment
41 made on behalf of the person by the county prior to
42 issuance of the decision. The credit shall be applied
43 by the department on a county billing no later than
44 the end of the quarter immediately following the date
45 of the decision's issuance.

46 Sec. 37. Section 222.61, unnumbered paragraph 1,
47 Code 2003, is amended to read as follows:

48 When a county receives an application on behalf of
49 any person for admission to a resource center or a
50 special unit or when ~~any~~ a court issues an order

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1 committing any person to a resource center or a
2 special unit, the board of supervisors shall utilize
3 the single entry point process to determine ~~or the~~
4 ~~court shall determine and enter as a matter of record~~
5 ~~whether~~ certify that the legal settlement of the
6 person is in one of the following:

7 Sec. 38. Section 222.62, Code 2003, is amended to
8 read as follows:

9 222.62 SETTLEMENT IN ANOTHER COUNTY.

10 ~~Whenever~~ When the board of supervisors ~~utilizes a~~
11 ~~determines through the single entry point process to~~
12 ~~determine or the court determines~~ that the legal
13 settlement of the person is other than in the county
14 in which the application is received ~~or the court is~~
15 ~~located, the board or court shall, as soon as~~
16 ~~determination is made, certify such finding the~~
17 determination shall be certified to the superintendent
18 of the resource center or the special unit where the
19 person is a patient. The certification shall be
20 accompanied by a copy of the evidence supporting the
21 determination. The superintendent shall charge the
22 expenses already incurred and unadjusted, and all
23 future expenses of the patient, to the county ~~so~~
24 ~~certified until the patient's to be the county of~~
25 ~~legal settlement shall be otherwise determined as~~
26 ~~provided by this chapter.~~

27 Sec. 39. Section 222.63, Code 2003, is amended to
28 read as follows:

29 222.63 FINDING OF SETTLEMENT -- OBJECTION.

30 ~~Said finding of~~ A board of supervisors'
31 certification utilizing the single entry point process
32 that a person's legal settlement is in another county
33 shall also be certified sent by the board of
34 supervisors or the court to the county auditor of the
35 county of legal settlement. The certification shall
36 be accompanied by a copy of the evidence supporting
37 the determination. Such The auditor of the county of
38 legal settlement shall lay such notification before
39 submit the certification to the board of supervisors
40 of the auditor's county ~~whereupon~~ and it shall be
41 conclusively presumed that the patient has a legal
42 settlement in ~~said~~ that county unless the that county
43 ~~shall, within six months, in writing filed with the~~
44 ~~board of supervisors or the court giving such notice,~~
45 ~~dispute said legal settlement~~ disputes the
46 determination of legal settlement as provided in
47 section 225C.8.

48 Sec. 40. Section 222.64, Code 2003, is amended to
49 read as follows:

50 222.64 FOREIGN STATE OR COUNTRY OR UNKNOWN LEGAL

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1 SETTLEMENT.
2 If the legal settlement of the person is ~~found~~
3 determined by the board of supervisors through ~~a~~ the
4 single entry point process ~~or the court~~ to be in a
5 foreign state or country or is ~~found~~ determined to be
6 unknown, the board of supervisors ~~or the court~~ shall
7 ~~immediately notify~~ certify the determination to the
8 ~~administrator of the finding and shall furnish the~~
9 ~~administrator with a copy of the evidence taken on the~~
10 ~~question of legal settlement.~~ The certification shall
11 be accompanied by a copy of the evidence supporting
12 the determination. The care of the person shall be as
13 arranged by the board of supervisors or by an order as
14 the court may enter. Application for admission or
15 order of commitment may be made pending investigation
16 by the administrator.

SENATE CLIP SHEET

APRIL 6, 2004

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1 center or a special unit as a patient whose legal
2 settlement is supposedly outside the state or is
3 unknown and the administrator ~~finds~~ determines that
4 the legal settlement of the patient was at the time of
5 admission or commitment in a county of this state, the
6 administrator shall certify the determination and
7 charge all legal costs and expenses pertaining to the
8 admission or commitment and support of the patient to
9 the county of such legal settlement. The
10 certification shall be sent to the county of legal
11 settlement. The certification shall be accompanied by
12 a copy of the evidence supporting the determination.
13 If the person's legal settlement status has been
14 determined in accordance with section 225C.8, the
15 legal costs and expenses shall be charged to the
16 county or as a state case in accordance with that
17 determination. The costs and expenses shall be
18 collected as provided by law in other cases.

19 Sec. 43. Section 222.70, Code 2003, is amended by
20 striking the section and inserting in lieu thereof the
21 following:

22 222.70 LEGAL SETTLEMENT DISPUTES.

23 If a dispute arises between counties or between the
24 department and a county as to the legal settlement of
25 a person admitted or committed to a resource center, a
26 special unit, or a community-based service, the
27 dispute shall be resolved as provided in section
28 225C.8.

29 Sec. 44. Section 230.2, unnumbered paragraph 1,
30 Code 2003, is amended to read as follows:

31 The If a person's legal settlement status is
32 disputed, legal settlement shall be determined in
33 accordance with section 225C.8. Otherwise, the
34 district court shall may, when a the person is ordered
35 placed in a hospital for psychiatric examination and

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1 shall be accompanied by a copy of the evidence
2 supporting the determination. Upon receiving the
3 certification, the superintendent shall charge the
4 expenses already incurred and unadjusted, and all
5 future expenses of ~~such patient,~~ the person to the
6 county ~~so certified until said determined to be the~~
7 county of legal settlement shall be otherwise
8 determined as hereinafter provided.

9 Sec. 46. Section 230.4, Code 2003, is amended to
10 read as follows:

11 230.4 CERTIFICATION TO DEBTOR COUNTY.

12 ~~Said finding~~ A determination of a person's legal
13 settlement made in accordance with section 230.2 or
14 230.3 shall also be certified sent by the court or the
15 county to the county auditor of the county of ~~such~~
16 legal settlement. The certification shall be
17 accompanied by a copy of the evidence supporting the
18 determination. ~~Such~~ The auditor shall ~~lay such~~
19 notification before provide the certification to the
20 board of supervisors of the auditor's county, and it
21 shall be conclusively presumed that ~~such~~ the person
22 has a legal settlement in ~~said~~ the notified county
23 unless ~~said~~ that county shall within sixty days give
24 notice in writing to the court that the county
25 disputes the finding of legal settlement as provided
26 in section 225C.8.

27 Sec. 47. Section 230.5, Code 2003, is amended to
28 read as follows:

29 230.5 NONRESIDENTS.

30 If ~~such~~ a person's legal settlement is found by the
31 court determined in accordance with section 230.2 or
32 230.3 to be in ~~some~~ a foreign state or country, or is
33 unknown, the court or the county shall immediately
34 notify the certify the determination to the
35 administrator of the finding and furnish the
36 administrator with a copy of the evidence taken on the
37 question of legal settlement, and shall in its. The
38 certification shall be accompanied by a copy of the
39 evidence supporting the determination. A court order
40 issued pursuant to section 229.13 shall direct that
41 the patient be hospitalized at the appropriate state
42 hospital for persons with mental illness.

43 Sec. 48. Section 230.6, Code 2003, is amended to
44 read as follows:

45 230.6 DETERMINATION INVESTIGATION BY
46 ADMINISTRATOR.

47 The administrator shall immediately investigate the
48 legal settlement of ~~said~~ a patient and proceed as
49 follows:

50 1. If the administrator ~~finds that the decision of~~

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1 ~~the court as to~~ concurrs with a certified determination
2 of legal settlement is correct concerning the patient,
3 the administrator shall cause ~~said the patient~~ either
4 to be transferred to a state hospital for persons with
5 mental illness at the expense of the state, or to be
6 transferred, with approval of the court as required by
7 chapter 229 to the place of foreign settlement.

8 2. If the administrator ~~finds that the decision of~~
9 ~~the court is not correct~~ disputes a certified legal
10 settlement determination, the administrator shall
11 order ~~said the patient~~ to be maintained at a state
12 hospital for persons with mental illness at the
13 expense of the state, ~~and shall at once inform the~~
14 ~~court of such finding and request that the court's~~
15 ~~order be modified accordingly~~ until the dispute is
16 resolved.

17 3. If the administrator disputes a legal
18 settlement determination, the administrator shall
19 utilize the procedure provided in section 225C.8 to
20 resolve the dispute. A determination of the person's
21 legal settlement status made pursuant to section
22 225C.8 is conclusive.

23 Sec. 49. Section 230.9, Code 2003, is amended to
24 read as follows:

25 230.9 SUBSEQUENT DISCOVERY OF RESIDENCE.

26 If, after a ~~patient~~ person has been received ~~into~~
27 by a state hospital for persons with mental illness as
28 a state case patient whose legal settlement is
29 supposed to be outside this state or unknown, the
30 administrator ~~finds~~ determines that the legal
31 settlement of ~~said patient~~ the person was, at the time
32 of admission or commitment, in a county of this state,
33 ~~said the administrator shall~~ certify the determination
34 and charge all legal costs and expenses pertaining to
35 the admission or commitment and support of ~~said~~
36 ~~patient the person~~ to the county of such legal
37 settlement, and the same. The certification shall be
38 sent to the county of legal settlement. The
39 certification shall be accompanied by a copy of the
40 evidence supporting the determination. The costs and
41 expenses shall be collected as provided by law in
42 other cases. If the person's legal settlement status
43 has been determined in accordance with section 225C.8,
44 the legal costs and expenses shall be charged to the
45 county or as a state case in accordance with that
46 determination.

47 Sec. 50. Section 230.12, Code 2003, is amended by
48 striking the section and inserting in lieu thereof the
49 following:

50 230.12 LEGAL SETTLEMENT DISPUTES.

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1 If a dispute arises between different counties or
2 between the administrator and a county as to the legal
3 settlement of a person admitted or committed to a
4 state hospital for persons with mental illness, the
5 dispute shall be resolved as provided in section
6 225C.8.

7 Sec. 51. Section 232.141, subsection 8, Code 2003,
8 is amended to read as follows:

9 8. This subsection applies only to placements in a
10 juvenile shelter care home which is publicly owned,
11 operated as a county or multicounty shelter care home,
12 organized under a chapter 28E agreement, or operated
13 by a private juvenile shelter care home. If the
14 actual and allowable costs of a child's shelter care
15 placement exceed the amount the department is
16 authorized to pay in accordance with law and
17 administrative rule, the unpaid costs may be recovered
18 from the child's county of legal settlement. However,
19 the maximum amount of the unpaid costs which may be
20 recovered under this subsection is limited to the
21 difference between the amount the department is
22 authorized to pay and the statewide average of the
23 actual and allowable rates in effect in May of the
24 preceding fiscal year for reimbursement of juvenile
25 shelter care homes. In no case shall the home be
26 reimbursed for more than the home's actual and
27 allowable costs. The unpaid costs are payable
28 pursuant to filing of verified claims against the
29 county of legal settlement. A detailed statement of
30 the facts upon which a claim is based shall accompany
31 the claim. Any dispute between counties arising from
32 filings of claims pursuant to this subsection shall be
33 settled in the manner provided to determine legal
34 settlement in section ~~230.12~~ 225C.8.

35 Sec. 52. Section 249A.26, Code 2003, is amended by
36 adding the following new subsection:

37 NEW SUBSECTION. 5. If a dispute arises between
38 different counties or between the department and a
39 county as to the legal settlement of a person who
40 receives medical assistance for which the nonfederal
41 share is payable in whole or in part by a county of
42 legal settlement, and cannot be resolved by the
43 parties, the dispute shall be resolved as provided in
44 section 225C.8.

45 Sec. 53. Section 252.23, Code 2003, is amended to
46 read as follows:

47 252.23 TRIAL.

48 If the alleged settlement is disputed, then, within
49 thirty days after notice as provided in section
50 252.22, a copy of the notices sent and received shall

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1 be filed in the office of the clerk of the district
2 court of the county against which claim is made, and a
3 cause docketed without other pleadings, and tried as
4 an ordinary action, in which the county granting the
5 assistance shall be plaintiff, and the other
6 defendant, and the burden of proof shall be upon the
7 county granting the assistance. However, a legal
8 settlement dispute initiated under chapter 222, 230,
9 or 249A shall be resolved as provided in section
10 225C.8.

11 Sec. 54. APPLICABILITY.

12 1. The timeframes specified in section 225C.8, as
13 enacted by this division of this Act, are applicable
14 to legal settlement disputes involving billings for
15 services provided on or after July 1, 2004.

16 2. For legal settlement disputes involving
17 billings for services provided prior to July 1, 2004,
18 unless the county disputed the billing prior to July
19 1, 2004, the person's legal settlement shall be deemed
20 to be in the county that was billed for services
21 provided to the person. However, if a county disputed
22 the billing for a service provided prior to July 1,
23 2004, and the matter cannot be resolved with the
24 department of human services or with the other county,
25 in lieu of the forty-five-day period specified in
26 section 225C.8, subsection 2, a party may move for the
27 matter to be resolved in the manner provided in
28 section 225C.8, at any time prior to January 1, 2005.
29 If a party has not made such a motion, effective
30 January 1, 2005, the matter shall be closed and the
31 person's legal settlement shall be in the county that
32 was billed for services provided to the person.

33 Sec. 55. Sections 222.71, 222.72, 230.13, and
34 230.14, Code 2003, are repealed."

By KEN VEENSTRA

S-5268 FILED APRIL 5, 2004

ADOPTED

Veenstra
Tinsman
Hatch

Succeeded By
(S.) / HF 2248 SSB# 3155
Human Resources

SENATE FILE _____
BY (PROPOSED COMMITTEE ON
HUMAN RESOURCES BILL
BY CHAIRPERSON VEENSTRA)

Passed Senate, Date _____ Passed House, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act addressing redesign of the system for services and other
2 support provided for persons with mental illness, mental
3 retardation or other developmental disabilities, or brain
4 injury.

5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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DIVISION I

COMMISSION -- SINGLE ENTRY POINT PROCESS NAME CHANGES

Section 1. Section 135C.23, subsection 2, unnumbered paragraph 2, Code 2003, is amended to read as follows:

This section does not prohibit the admission of a patient with a history of dangerous or disturbing behavior to an intermediate care facility for persons with mental illness, intermediate care facility for persons with mental retardation, nursing facility, or county care facility when the intermediate care facility for persons with mental illness, intermediate care facility for persons with mental retardation, nursing facility, or county care facility has a program which has received prior approval from the department to properly care for and manage the patient. An intermediate care facility for persons with mental illness, intermediate care facility for persons with mental retardation, nursing facility, or county care facility is required to transfer or discharge a resident with dangerous or disturbing behavior when the intermediate care facility for persons with mental illness, intermediate care facility for persons with mental retardation, nursing facility, or county care facility cannot control the resident's dangerous or disturbing behavior. The department, in coordination with the state mental health, and developmental disabilities, and brain injury commission created in section 225C.5, shall adopt rules pursuant to chapter 17A for programs to be required in intermediate care facilities for persons with mental illness, intermediate care facilities for persons with mental retardation, nursing facilities, and county care facilities that admit patients or have residents with histories of dangerous or disturbing behavior.

Sec. 2. Section 154D.2, subsection 1, paragraph b, Code 2003, is amended to read as follows:

b. Has at least two years of supervised clinical experience or its equivalent as approved by the board in

1 consultation with the mental health, and developmental
2 disabilities, and brain injury commission created in section
3 225C.5.

4 Sec. 3. Section 154D.2, subsection 2, paragraph b, Code
5 2003, is amended to read as follows:

6 b. Has at least two years of clinical experience,
7 supervised by a licensee, in assessing mental health needs and
8 problems and in providing appropriate mental health services
9 as approved by the board of behavioral science examiners in
10 consultation with the mental health, and developmental
11 disabilities, and brain injury commission created in section
12 225C.5.

13 Sec. 4. Section 225C.2, subsection 2, Code 2003, is
14 amended to read as follows:

15 2. "Commission" means the mental health, and developmental
16 disabilities, and brain injury commission.

17 Sec. 5. Section 225C.5, subsection 1, unnumbered paragraph
18 1, Code Supplement 2003, is amended to read as follows:

19 A mental health, and developmental disabilities, and brain
20 injury commission is created as the state policy-making body
21 for the provision of services to persons with mental illness,
22 mental retardation or other developmental disabilities, or
23 brain injury. The commission shall consist of sixteen voting
24 members appointed to three-year staggered terms by the
25 governor and subject to confirmation by the senate.
26 Commission members shall be appointed on the basis of interest
27 and experience in the fields of mental health, mental
28 retardation or other developmental disabilities, and brain
29 injury, in a manner so as to ensure adequate representation
30 from persons with disabilities and individuals knowledgeable
31 concerning disability services. The department shall provide
32 staff support to the commission, and the commission may
33 utilize staff support and other assistance provided to the
34 commission by other persons. The commission shall meet at
35 least four times per year. Members of the commission shall

1 include the following persons who, at the time of appointment
2 to the commission, are active members of the indicated groups:

3 Sec. 6. Section 225C.7, subsection 3, Code 2003, is
4 amended to read as follows:

5 3. If a county has not established or is not affiliated
6 with a community mental health center under chapter 230A, the
7 county shall expend a portion of the money received under this
8 appropriation to contract with a community mental health
9 center to provide mental health services to the county's
10 residents. If such a contractual relationship is unworkable
11 or undesirable, the ~~mental-health-and-developmental~~
12 ~~disabilities~~ commission may waive the expenditure requirement.
13 However, if the commission waives the requirement, the
14 commission shall address the specific concerns of the county
15 and shall attempt to facilitate the provision of mental health
16 services to the county's residents through an affiliation
17 agreement or other means.

18 Sec. 7. Section 227.4, Code 2003, is amended to read as
19 follows:

20 227.4 STANDARDS FOR CARE OF PERSONS WITH MENTAL ILLNESS OR
21 ~~MENTAL-RETARDATION~~ DEVELOPMENTAL DISABILITIES IN COUNTY CARE
22 FACILITIES.

23 The administrator, in cooperation with the department of
24 inspections and appeals, shall recommend, and the mental
25 health, and developmental disabilities, and brain injury
26 commission created in section 225C.5 shall adopt standards for
27 the care of and services to persons with mental illness or
28 ~~mental-retardation~~ developmental disabilities residing in
29 county care facilities. The standards shall be enforced by
30 the department of inspections and appeals as a part of the
31 licensure inspection conducted pursuant to chapter 135C. The
32 objective of the standards is to ensure that persons with
33 mental illness or ~~mental-retardation~~ developmental
34 disabilities who are residents of county care facilities are
35 not only adequately fed, clothed, and housed, but are also

1 offered reasonable opportunities for productive work and
 2 recreational activities suited to their physical and mental
 3 abilities and offering both a constructive outlet for their
 4 energies and, if possible, therapeutic benefit. When
 5 recommending standards under this section, the administrator
 6 shall designate an advisory committee representing
 7 administrators of county care facilities, county mental health
 8 and developmental disabilities regional planning councils, and
 9 county care facility resident advocate committees to assist in
 10 the establishment of standards.

11 Sec. 8. Section 229.24, subsection 3, unnumbered paragraph
 12 1, Code 2003, is amended to read as follows:

13 If all or part of the costs associated with hospitalization
 14 of an individual under this chapter are chargeable to a county
 15 of legal settlement, the clerk of the district court shall
 16 provide to the county of legal settlement and to the county in
 17 which the hospitalization order is entered, in a form
 18 prescribed by the mental health, and developmental
 19 disabilities, and brain injury commission, the following
 20 information pertaining to the individual which would be
 21 confidential under subsection 1:

22 Sec. 9. Section 230A.2, Code 2003, is amended to read as
 23 follows:

24 230A.2 SERVICES OFFERED.

25 A community mental health center established or operating
 26 as authorized by section 230A.1 may offer to residents of the
 27 county or counties it serves any or all of the mental health
 28 services defined by the mental health, and developmental
 29 disabilities, and brain injury commission in the state mental
 30 health plan.

31 Sec. 10. Section 230A.16, unnumbered paragraph 1, Code
 32 2003, is amended to read as follows:

33 The administrator of the division of mental health and
 34 developmental disabilities of the department of human services
 35 shall recommend and the mental health, and developmental

1 disabilities, and brain injury commission shall adopt
2 standards for community mental health centers and
3 comprehensive community mental health programs, with the
4 overall objective of ensuring that each center and each
5 affiliate providing services under contract with a center
6 furnishes high quality mental health services within a
7 framework of accountability to the community it serves. The
8 standards shall be in substantial conformity with those of the
9 psychiatric committee of the joint commission on accreditation
10 of health care organizations and other recognized national
11 standards for evaluation of psychiatric facilities unless in
12 the judgment of the administrator of the division of mental
13 health and developmental disabilities, with approval of the
14 mental health, and developmental disabilities, and brain
15 injury commission, there are sound reasons for departing from
16 the standards. When recommending standards under this
17 section, the administrator of the division shall designate an
18 advisory committee representing boards of directors and
19 professional staff of community mental health centers to
20 assist in the formulation or revision of standards. At least
21 a simple majority of the members of the advisory committee
22 shall be lay representatives of community mental health center
23 boards of directors. At least one member of the advisory
24 committee shall be a member of a county board of supervisors.
25 The standards recommended under this section shall include
26 requirements that each community mental health center
27 established or operating as authorized by section 230A.1
28 shall:

29 Sec. 11. Section 230A.17, Code 2003, is amended to read as
30 follows:

31 230A.17 REVIEW AND EVALUATION.

32 The administrator of the division of mental health and
33 developmental disabilities of the department of human services
34 may review and evaluate any community mental health center
35 upon the recommendation of the mental health, and

1 developmental disabilities, and brain injury commission, and
2 shall do so upon the written request of the center's board of
3 directors, its chief medical or administrative officer, or the
4 board of supervisors of any county from which the center
5 receives public funds. The cost of the review shall be paid
6 by the division.

7 Sec. 12. Section 230A.18, Code 2003, is amended to read as
8 follows:

9 230A.18 REPORT OF REVIEW AND EVALUATION.

10 Upon completion of a review made pursuant to section
11 230A.17, the review shall be submitted to the board of
12 directors and chief medical or administrative officer of the
13 center. If the review concludes that the center fails to meet
14 any of the standards established pursuant to section 230A.16,
15 subsection 1, and that the response of the center to this
16 finding is unsatisfactory, these conclusions shall be reported
17 to the mental health, and developmental disabilities, and
18 brain injury commission which may forward the conclusions to
19 the board of directors of the center and request an
20 appropriate response within thirty days. If no response is
21 received within thirty days, or if the response is
22 unsatisfactory, the commission may call this fact to the
23 attention of the board of supervisors of the county or
24 counties served by the center, and in doing so shall indicate
25 what corrective steps have been recommended to the center's
26 board of directors.

27 Sec. 13. Section 231.44, subsection 2, Code Supplement
28 2003, is amended to read as follows:

29 2. The responsibilities of the resident advocate committee
30 are in accordance with the rules adopted by the commission
31 pursuant to chapter 17A. When adopting the rules, the
32 commission shall consider the needs of residents of elder
33 group homes as defined in section 231B.1 and each category of
34 licensed health care facility as defined in section 135C.1,
35 subsection 6, and the services each facility may render. The

1 commission shall coordinate the development of rules with the
2 mental health, and developmental disabilities, and brain
3 injury commission created in section 225C.5 to the extent the
4 rules would apply to a facility primarily serving persons with
5 mental illness, mental retardation, or a other developmental
6 disability, or brain injury. The commission shall coordinate
7 the development of appropriate rules with other state
8 agencies.

9 Sec. 14. Section 249A.4, subsection 15, Code Supplement
10 2003, is amended to read as follows:

11 15. Establish appropriate reimbursement rates for
12 community mental health centers that are accredited by the
13 mental health, and developmental disabilities, and brain
14 injury commission. ~~The reimbursement rates shall be phased in~~
15 ~~over the three-year period beginning July 17, 1998, and ending~~
16 ~~June 30, 2001.~~

17 Sec. 15. Section 249A.12, subsection 5, paragraph a,
18 unnumbered paragraph 1, Code Supplement 2003, is amended to
19 read as follows:

20 The mental health, and developmental disabilities, and
21 brain injury commission shall recommend to the department the
22 actions necessary to assist in the transition of individuals
23 being served in an intermediate care facility for persons with
24 mental retardation, who are appropriate for the transition, to
25 services funded under a medical assistance waiver for home and
26 community-based services for persons with mental retardation
27 in a manner which maximizes the use of existing public and
28 private facilities. The actions may include but are not
29 limited to submitting any of the following or a combination of
30 any of the following as a request for a revision of the
31 medical assistance waiver for home and community-based
32 services for persons with mental retardation in effect as of
33 June 30, 1996:

34 Sec. 16. Section 249A.12, subsection 5, paragraph b, Code
35 Supplement 2003, is amended to read as follows:

1 b. In implementing the provisions of this subsection, the
2 mental health, and developmental disabilities, and brain
3 injury commission shall consult with other states. The waiver
4 revision request or other action necessary to assist in the
5 transition of service provision from intermediate care
6 facilities for persons with mental retardation to alternative
7 programs shall be implemented by the department in a manner
8 that can appropriately meet the needs of individuals at an
9 overall lower cost to counties, the federal government, and
10 the state. In addition, the department shall take into
11 consideration significant federal changes to the medical
12 assistance program in formulating the department's actions
13 under this subsection. The department shall consult with the
14 mental health, and developmental disabilities, and brain
15 injury commission in adopting rules for oversight of
16 facilities converted pursuant to this subsection. A
17 transition approach described in paragraph "a" may be modified
18 as necessary to obtain federal waiver approval.

19 Sec. 17. Section 249A.31, subsection 1, Code 2003, is
20 amended to read as follows:

21 1. Providers of individual case management services for
22 persons with mental retardation, a developmental disability,
23 or chronic mental illness in accordance with standards adopted
24 by the mental health, and developmental disabilities, and
25 brain injury commission pursuant to section 225C.6.

26 Sec. 18. Section 331.424A, subsection 1, Code Supplement
27 2003, is amended to read as follows:

28 1. For the purposes of this chapter, unless the context
29 otherwise requires, "services fund" means the county mental
30 health, mental retardation, and developmental disabilities
31 services fund created in subsection 2. The county finance
32 committee created in section 333A.2 shall consult with the
33 ~~mental health and developmental disabilities~~ state commission
34 in adopting rules and prescribing forms for administering the
35 services fund.

1 Sec. 19. Section 331.438, subsection 1, paragraph c, Code
2 2003, is amended to read as follows:

3 c. "Qualified mental health, mental retardation, and
4 developmental disabilities services" means the services
5 specified on forms issued by the county finance committee
6 following consultation with the ~~mental-health-and~~
7 ~~developmental-disabilities~~ state commission.

8 Sec. 20. Section 331.438, subsection 1, Code 2003, is
9 amended by adding the following new paragraph:

10 NEW PARAGRAPH. cc. "State commission" means the mental
11 health, developmental disabilities, and brain injury
12 commission created in section 225C.5.

13 Sec. 21. Section 331.438, subsection 4, paragraph a, Code
14 2003, is amended to read as follows:

15 a. The ~~mental-health-and-developmental-disabilities~~ state
16 commission shall make recommendations and take actions for
17 joint state and county planning, implementing, and funding of
18 mental health, ~~mental-retardation,~~ and developmental
19 disabilities, and brain injury services, including but not
20 limited to developing and implementing fiscal and
21 accountability controls, establishing management plans, and
22 ensuring that eligible persons have access to appropriate and
23 cost-effective services.

24 Sec. 22. Section 331.438, subsection 4, paragraph b,
25 unnumbered paragraph 1, Code 2003, is amended to read as
26 follows:

27 The ~~mental-health-and-developmental-disabilities~~ state
28 commission shall do all of the following:

29 Sec. 23. Section 331.438, subsection 4, paragraph b,
30 subparagraphs (6) and (9), Code 2003, are amended to read as
31 follows:

32 (6) Consider provisions and adopt rules for counties to
33 implement a single central point of ~~accountability~~
34 coordination to plan, budget, and monitor county expenditures
35 for the service system. The provisions shall provide options

1 for counties to implement the ~~single~~ central point of
2 coordination in collaboration with other counties.

3 (9) Adopt rules for the county single-entry central point
4 of coordination and clinical assessment processes required
5 under section 331.440 and other rules necessary for the
6 implementation of county management plans and expenditure
7 reports required for state payment pursuant to section
8 331.439.

9 Sec. 24. Section 331.439, subsection 1, unnumbered
10 paragraph 1, Code 2003, is amended to read as follows:

11 The state payment to eligible counties under this section
12 shall be made as provided in sections 331.438 and 426B.2. A
13 county is eligible for the state payment, as defined in
14 section 331.438, for the a fiscal year beginning ~~July 17, 1996,~~
15 ~~and for subsequent fiscal years~~ if the director of human
16 services, in consultation with the ~~mental health and~~
17 ~~developmental disabilities~~ state commission, determines for a
18 specific fiscal year that all of the following conditions are
19 met:

20 Sec. 25. Section 331.439, subsection 1, paragraph b,
21 unnumbered paragraph 1, Code 2003, is amended to read as
22 follows:

23 The county developed and implemented a county management
24 plan for the county's mental health, mental retardation, and
25 developmental disabilities services in accordance with the
26 provisions of this paragraph "b". The plan shall comply with
27 the administrative rules adopted for this purpose by the
28 ~~mental health and developmental disabilities~~ state commission
29 and is subject to the approval of the director of human
30 services in consultation with the commission. The plan shall
31 include a description of the county's service management
32 provision for mental health, mental retardation, and
33 developmental disabilities services. For mental retardation
34 and developmental disabilities service management, the plan
35 shall describe the county's development and implementation of

1 a managed system of cost-effective individualized services and
2 shall comply with the provisions of paragraph "d". The goal
3 of this part of the plan shall be to assist the individuals
4 served to be as independent, productive, and integrated into
5 the community as possible. The service management provisions
6 for mental health shall comply with the provisions of
7 paragraph "c". A county is subject to all of the following
8 provisions in regard to the county's management plan and
9 planning process:

10 Sec. 26. Section 331.439, subsection 1, paragraph b,
11 subparagraph (1), Code 2003, is amended to read as follows:

12 (1) The county shall have in effect an approved policies
13 and procedures manual for the county's services fund. The
14 county management plan shall be defined in the manual. The
15 manual submitted by the county as part of the county's
16 management plan for the fiscal year beginning July 1, 2000, as
17 approved by the director of human services, shall remain in
18 effect, subject to amendment. An amendment to the manual
19 shall be submitted to the department of human services at
20 least forty-five days prior to the date of implementation.
21 Prior to implementation of any amendment to the manual, the
22 amendment must be approved by the director of human services
23 in consultation with the ~~mental-health-and-developmental~~
24 disabilities state commission.

25 Sec. 27. Section 331.439, subsection 1, paragraph c,
26 subparagraph (2), unnumbered paragraph 1, Code 2003, is
27 amended to read as follows:

28 A managed care system for mental health proposed by a
29 county shall include but is not limited to all of the
30 following elements which shall be specified in administrative
31 rules adopted by the ~~mental-health-and-developmental~~
32 disabilities state commission:

33 Sec. 28. Section 331.439, subsection 1, paragraph d, Code
34 2003, is amended to read as follows:

35 d. For mental retardation and developmental disabilities

1 services management, the county must either develop and
 2 implement a managed system of care which addresses a full
 3 array of appropriate services and cost-effective delivery of
 4 services or contract with a state-approved managed care
 5 contractor or contractors. Any system or contract implemented
 6 under this paragraph shall incorporate a single-entry central
 7 point of coordination and clinical assessment process
 8 developed in accordance with the provisions of section
 9 331.440. The elements of the county managed system of care
 10 shall be specified in rules developed by the department of
 11 human services in consultation with and adopted by the ~~mental~~
 12 ~~health-and-developmental-disabilities~~ state commission.

13 Sec. 29. Section 331.439, subsection 3, paragraph b, Code
 14 2003, is amended to read as follows:

15 b. Based upon information contained in county management
 16 plans and budgets and proposals made by representatives of
 17 counties, the ~~mental-health-and-developmental-disabilities~~
 18 state commission shall recommend an allowed growth factor
 19 adjustment to the governor by November 15 for the fiscal year
 20 which commences two years from the beginning date of the
 21 fiscal year in progress at the time the recommendation is
 22 made. The allowed growth factor adjustment shall address
 23 costs associated with new consumers of service, service cost
 24 inflation, and investments for economy and efficiency. In
 25 developing the service cost inflation recommendation, the
 26 state commission shall consider the cost trends indicated by
 27 the gross expenditure amount reported in the expenditure
 28 reports submitted by counties pursuant to subsection 1,
 29 paragraph "a". The governor shall consider the state
 30 commission's recommendation in developing the governor's
 31 recommendation for an allowed growth factor adjustment for
 32 such fiscal year. The governor's recommendation shall be
 33 submitted at the time the governor's proposed budget for the
 34 succeeding fiscal year is submitted in accordance with chapter
 35 8.

1 Sec. 30. Section 331.440, Code 2003, is amended to read as
2 follows:

3 331.440 MENTAL HEALTH, MENTAL RETARDATION, AND
4 DEVELOPMENTAL DISABILITIES SERVICES -- ~~SINGLE-ENTRY~~ CENTRAL
5 POINT OF COORDINATION PROCESS.

6 1. a. For the purposes of this section, unless the
7 context otherwise requires, "~~single-entry~~ "central point of
8 coordination process" means a ~~single-entry~~ central point of
9 coordination process established by a county or consortium of
10 counties for the delivery of mental health, mental
11 retardation, and developmental disabilities services which are
12 paid for in whole or in part by county funds. The ~~single~~
13 entry central point of coordination process may include but is
14 not limited to reviewing a person's eligibility for services,
15 determining the appropriateness of the type, level, and
16 duration of services, and performing periodic review of the
17 person's continuing eligibility and need for services. Any
18 recommendations developed concerning a person's plan of
19 services shall be consistent with the person's unique
20 strengths, circumstances, priorities, concerns, abilities, and
21 capabilities. For those services funded under the medical
22 assistance program, the ~~single-entry~~ central point of
23 coordination process shall be used to assure that the person
24 is aware of the appropriate service options available to the
25 person.

26 b. The ~~single-entry~~ central point of coordination process
27 may include a clinical assessment process to identify a
28 person's service needs and to make recommendations regarding
29 the person's plan for services. The clinical assessment
30 process shall utilize qualified mental health professionals
31 and qualified mental retardation professionals.

32 c. The ~~single-entry~~ central point of coordination and
33 clinical assessment process shall include provision for the
34 county's participation in a management information system
35 developed in accordance with rules adopted pursuant to

1 subsection 3.

2 2. The department of human services shall seek federal
3 approval as necessary for the single-entry central point of
4 coordination and clinical assessment processes to be eligible
5 for federal financial participation under the medical
6 assistance program. A county may implement the single-entry
7 central point of coordination process as part of a consortium
8 of counties and may implement the process beginning with the
9 fiscal year ending June 30, 1995.

10 3. An application for services may be made through the
11 single-entry central point of coordination process of a
12 person's county of residence. However, if a person who is
13 subject to a single-entry central point of coordination
14 process has legal settlement in another county or the costs of
15 services or other support provided to the person are the
16 financial responsibility of the state, an authorization
17 through the single-entry central point of coordination process
18 shall be coordinated with the person's county of legal
19 settlement or with the state, as applicable. The county of
20 residence and county of legal settlement of a person subject
21 to a single-entry central point of coordination process may
22 mutually agree that the single-entry central point of
23 coordination process functions shall be performed by the
24 single-entry central point of coordination process of the
25 person's county of legal settlement.

26 4. ~~The mental-health-and-developmental-disabilities state~~
27 commission shall consider the recommendations of county
28 representatives in adopting rules outlining standards and
29 requirements for implementation of the single-entry central
30 point of coordination and clinical assessment processes on the
31 date required by subsection 2. The rules shall permit
32 counties options in implementing the process based upon a
33 county's consumer population and available service delivery
34 system.

35 Sec. 31. Section 426B.4, Code 2003, is amended to read as

1 follows:

2 426B.4 RULES.

3 The mental health, and developmental disabilities, and
4 brain injury commission shall consult with county
5 representatives and the director of human services in
6 prescribing forms and adopting rules pursuant to chapter 17A
7 to administer this chapter.

8 Sec. 32. Section 426B.5, subsection 2, paragraph c, Code
9 Supplement 2003, is amended to read as follows:

10 c. A risk pool board is created. The board shall consist
11 of two county supervisors, two county auditors, a member of
12 the mental health, and developmental disabilities, and brain
13 injury commission who is not a member of a county board of
14 supervisors, a member of the county finance committee created
15 in chapter 333A who is not an elected official, a
16 representative of a provider of mental health or developmental
17 disabilities services selected from nominees submitted by the
18 Iowa association of community providers, and two single-entry
19 central point of coordination process administrators, all
20 appointed by the governor, and one member appointed by the
21 director of human services. All members appointed by the
22 governor shall be subject to confirmation by the senate.
23 Members shall serve for three-year terms. A vacancy shall be
24 filled in the same manner as the original appointment.
25 Expenses and other costs of the risk pool board members
26 representing counties shall be paid by the county of origin.
27 Expenses and other costs of risk pool board members who do not
28 represent counties shall be paid from a source determined by
29 the governor. Staff assistance to the board shall be provided
30 by the department of human services and counties. Actuarial
31 expenses and other direct administrative costs shall be
32 charged to the pool.

33 Sec. 33. SINGLE ENTRY POINT PROCESS AND COMMISSION
34 TERMINOLOGY CHANGES -- CODE EDITOR'S DIRECTIVE.

35 1. Sections 218.99, 222.2, 222.13, 222.13A, 222.28,

1 222.59, 222.60, 222.61, 222.62, 222.64, 222.73, 225.11,
 2 225.15, 225.17, 225C.2, 225C.14, 225C.16, 227.10, 229.1,
 3 229.1B, 229.11, 229.13, 229.14, 229.14A, 229.42, 230.1,
 4 230A.13, 249A.26, 331.439, and 331.440A, Code 2003, and
 5 sections 225C.5, 232.2, and 235.7, Code Supplement 2003, are
 6 amended by striking the term "single entry point process" and
 7 inserting in lieu thereof the term "central point of
 8 coordination process".

9 2. In addition to the name change for the single entry
 10 point process, this division of this Act changes the name of
 11 the mental health and developmental disabilities commission to
 12 the mental health, developmental disabilities, and brain
 13 injury commission. The Code editor shall correct any
 14 references to the term "single entry point process" or the
 15 term "mental health and developmental disabilities commission"
 16 anywhere else in the Iowa Code, in any bills awaiting
 17 codification, and in any bills enacted by the Eightieth
 18 General Assembly, 2004 Regular Session or any extraordinary
 19 session.

20 DIVISION II

21 REDESIGN IMPLEMENTATION

22 Sec. 34. NEW SECTION. 225C.6A MENTAL HEALTH,
 23 DEVELOPMENTAL DISABILITY, AND BRAIN INJURY SERVICE SYSTEM
 24 REDESIGN IMPLEMENTATION.

25 1. PURPOSE. It is the intent of the general assembly to
 26 implement a redesign of the mental health, developmental
 27 disability, and brain injury service system over a period of
 28 years in order to transition to a coordinated system for
 29 Iowans with mental illness, mental retardation or other
 30 developmental disabilities, or brain injury.

31 2. INITIAL ACTIVITIES. For the fiscal years beginning
 32 July 1, 2004, and July 1, 2005, the commission shall do the
 33 following:

34 a. Identify sources of revenue to support statewide
 35 delivery of core disability services to eligible disability

1 populations.

2 b. Further develop adult disability services system
3 redesign proposals and propose a redesign of the children's
4 disability service system. The redesign of the children's
5 system shall address issues associated with an individual's
6 transition between the two systems.

7 c. Plan, collect, and analyze data as necessary to issue
8 cost estimates for serving additional populations and
9 providing core disability services statewide.

10 d. With consumer input, identify and propose standardized
11 functional assessment tools and processes for use in the
12 eligibility determination process when eligibility for a
13 particular disability population group is implemented. The
14 tools and processes shall be integrated with those utilized
15 for the medical assistance program under chapter 249A. For
16 the initial diagnostic criteria, the commission shall consider
17 identifying a qualifying functional assessment score and any
18 of the following diagnoses: mental illness, chronic mental
19 illness, mental retardation, developmental disability, or
20 brain injury.

21 e. Propose case rates for disability services.

22 f. Work with county representatives and other qualified
23 persons to develop an implementation plan for replacing the
24 county of legal settlement approach to determining service
25 system funding responsibilities with an approach based upon
26 residency. The plan shall address a statewide standard for
27 proof of residency, identify a plan for establishing a data
28 system for identifying residency of eligible individuals,
29 address transition issues for individuals who began residing
30 in a county due to a court order or criminal sentence or to
31 obtain services in that county, recommend an approach for
32 contesting a residency determination, and address other
33 implementation issues. In addition, the commission shall
34 propose an alternative means for the resolution of disputes
35 under the legal settlement approach that would expedite and

1 improve the legal settlement determination process.

2 Sec. 35. OTHER REDESIGN ACTIVITIES.

3 1. The department of human services and the mental health,
4 developmental disabilities, and brain injury commission shall
5 report on the actions taken and proposals made to implement
6 the provisions of section 225C.6A, as enacted by this Act, in
7 the commission's annual report to the governor and general
8 assembly submitted pursuant to section 225C.6 for
9 consideration by the general assemblies meeting in 2005, 2006,
10 and 2007. In addition, the department and commission shall
11 submit a progress report to the governor and general assembly
12 in July 2004, July 2005, and July 2006, on the implementation
13 of the provisions. Any proposal shall include data needed to
14 address the proposal, including the potential impact on
15 counties bordering other states.

16 2. Subject to funding availability, the department and
17 commission shall address all of the following state-level
18 adult disability service system redesign activities during the
19 fiscal year beginning July 1, 2004, and ending June 30, 2005:

20 a. Propose a new disability services information
21 technology system.

22 b. Improve state administration of disability services by
23 consolidating disability services into a new departmental
24 division or other appropriate strategy.

25 c. Improve the interfaces between departmental
26 administrative units and other state agencies directly or
27 indirectly involved with persons with mental illness,
28 developmental disabilities, or brain injury.

29 d. Solicit and incorporate input regarding the service
30 system and service system funding from persons receiving
31 services, service coordination providers, and county central
32 point of coordination process administrators.

33 e. Provide information to the public regarding the service
34 system.

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EXPLANATION

1 This bill addresses redesign of the system for services and
2 other support provided for persons with mental illness, mental
3 retardation or other developmental disabilities, or brain
4 injury (MI/MR/DD/BI). The bill is organized into divisions.

5 Division I changes the name of the mental health and
6 developmental disabilities commission to the mental health,
7 developmental disabilities, and brain injury commission
8 throughout the Code. The commission is part of the department
9 of human services (DHS). The division also changes the term
10 "single entry point process" to "central point of coordination
11 process". This process is used by counties to manage county
12 services to persons with MI/DD/BI. The division includes a
13 directive to the Code editor to make the terminology changes
14 in other enactments.

15 Division II provides legislative intent for implementation
16 of system redesign over a period of years. New Code section
17 225C.6A states the purpose of the system redesign and directs
18 the commission to perform various redesign activities in
19 fiscal years 2004-2005 and 2005-2006. An uncodified section
20 includes other implementation activities for the commission
21 and the department of human services and includes semiannual
22 reporting requirements.

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