

House File 2431 - Introduced

HOUSE FILE 2431
BY COMMITTEE ON HUMAN
RESOURCES

(SUCCESSOR TO HSB 646)

A BILL FOR

1 An Act relating to redesign of publicly funded mental
2 health and disability services by requiring certain core
3 services and addressing other services and providing
4 for establishment of regions, making appropriations, and
5 including effective date and applicability provisions.
6 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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DIVISION I
CORE SERVICES

Section 1. Section 331.439, Code Supplement 2011, is amended by adding the following new subsection:

NEW SUBSECTION. 9A. a. Beginning July 1, 2012, the county management plan for mental health services shall provide that an individual's eligibility for individualized services shall be determined by the level of care utilization system for psychiatric and addiction services, developed by the American association of community psychiatrists, or other standardized functional assessment methodology approved for this purpose by the state commission.

b. Beginning July 1, 2012, the county management plan for intellectual disability services shall provide that an individual's eligibility for individualized services shall be determined by the supports intensity scale, developed by the American association on intellectual and developmental disabilities, or other standardized functional assessment methodology approved for this purpose by the state commission.

c. Beginning July 1, 2012, the county management plan for brain injury services shall provide that an individual's eligibility for individualized services shall be determined in accordance with a standardized functional assessment methodology approved for this purpose by the state commission.

Sec. 2. NEW SECTION. 331.439A **Regional service system management plan.**

1. The mental health and disability services provided by counties operating as a region shall be delivered in accordance with a regional service system management plan approved by the region's governing board and implemented by the regional administrator in accordance with this section. The requirements for a regional service system management plan shall be specified in rule adopted by the state commission. A regional service system management plan is subject to the approval of the regional governing board and the state

1 commission.

2 2. The provisions of a regional service system management
3 plan shall include but are not limited to all of the following:

4 a. An approved policies and procedures manual for the use of
5 county, state, and other funding administered by the region. A
6 service system management plan for each county in the region
7 shall be defined in the manual. Once the regional manual
8 is approved, an amendment to the manual shall be submitted
9 to the department of human services at least forty-five
10 days prior to the date of implementation of the amendment.
11 Prior to implementation of an amendment to the manual, the
12 amendment must be approved by the director of human services in
13 consultation with the state commission.

14 b. For informational purposes, a regional service system
15 management plan review submitted by the regional administrator
16 to the department of human services by December 1 of each year.
17 The annual review shall incorporate an analysis of the data
18 associated with the regional service systems managed during
19 the preceding fiscal year by the region. The annual review
20 shall also identify measurable outcomes and results showing the
21 region's progress in fulfilling the purposes listed in section
22 225C.1 and in achieving the disability services outcomes and
23 indicators identified by the state commission pursuant to
24 section 225C.6.

25 c. For informational purposes, a three-year strategic plan
26 submitted every three years by the regional administrator to
27 the department of human services. The strategic plan shall
28 describe how the region will proceed to attain the plan's
29 goals and objectives, and the measurable outcomes and results
30 necessary for moving the regional services system toward an
31 individualized, community-based focus in accordance with
32 section 225C.1. The initial three-year strategic plan shall be
33 submitted by April 1, 2015, and by April 1 of every third year
34 thereafter.

35 d. The regional administrator's plans to implement the

1 regional service system management plan and other service
2 management functions in a manner that seeks to achieve all of
3 the following purposes identified in section 225C.1 for persons
4 who are covered by the regional plan or are otherwise subject
5 to the regional service system's management functions. The
6 regional plan shall describe how the regional service system
7 will accomplish all of the following purposes:

8 (1) The regional service system seeks to empower persons
9 to exercise their own choices about the amounts and types of
10 services and other support to receive.

11 (2) The regional service system seeks to empower the persons
12 to accept responsibility, exercise choices, and take risks.

13 (3) The regional service system seeks to provide services
14 and other support that are individualized, provided to produce
15 results, flexible, and cost-effective.

16 (4) The regional service system seeks to provide services
17 and other support in a manner which enhances the ability of the
18 persons to live, learn, work, and recreate in communities of
19 their choice.

20 e. Measures to address the needs of individuals who have two
21 or more co-occurring mental health, intellectual disability,
22 brain injury, or substance-related disorders and individuals
23 with specialized needs.

24 3. The region may either directly implement a system
25 of service management and contract with service providers,
26 or contract with a private entity to manage the regional
27 service system, provided all requirements of this section
28 are met by the private entity. The regional service system
29 shall incorporate service management and clinical assessment
30 processes developed in accordance with applicable requirements.

31 4. The regional service system management plan for a region
32 shall include but is not limited to all of the following
33 elements, which shall be specified in administrative rules
34 adopted by the state commission:

35 a. The enrollment and eligibility process.

- 1 *b.* The scope of services included in addition to the core
2 services required by this part of this chapter.
- 3 *c.* The method of plan administration.
- 4 *d.* The process for managing utilization and access to
5 services and other assistance.
- 6 *e.* The quality management and improvement processes.
- 7 *f.* The risk management provisions and fiscal viability of
8 the plan, if the region contracts with a private entity.
- 9 *g.* The access points for services.
- 10 *h.* The requirements for designation of targeted case
11 management providers which shall be designed to provide
12 consumer choice, prohibit a provider from referring consumers
13 to services administered by the provider, and include other
14 provisions to ensure compliance with federal requirements for
15 conflict-free case management.
- 16 *i.* A plan for a systems of care approach in which multiple
17 public and private agencies partner with families and
18 communities to address the multiple needs of the individuals
19 and their families involved with the regional service system.
- 20 *j.* A plan to assure effective crisis prevention, response,
21 and resolution.
- 22 *k.* A plan for provider network formation and management.
- 23 *l.* A plan for provider reimbursement approaches that
24 includes approaches other than fee-for-service and to
25 compensate the providers engaged in a systems of care approach
26 and other nontraditional providers.
- 27 *m.* If the region applies any provider licensing,
28 certification, or accreditation requirements in addition to
29 those required by the state, the procedures for implementing
30 the requirements.
- 31 *n.* Service provider payment provisions.
- 32 *o.* Financial forecasting measures.
- 33 *p.* A process for resolving grievances.
- 34 *q.* Measures for implementing interagency and multisystem
35 collaboration and care coordination.

1 5. A region may provide assistance to service populations
2 with disabilities to which the counties comprising the region
3 have historically provided assistance but who are not included
4 in the service management provisions required under subsection
5 2, subject to the availability of funding.

6 6. If a region determines that the region cannot provide
7 services for the fiscal year in accordance with the regional
8 plan and remain in compliance with applicable budgeting
9 requirements, the region may implement a waiting list for
10 the services. The procedures for establishing and applying
11 a waiting list shall be specified in the regional plan. If
12 a region implements a waiting list for services, the region
13 shall notify the department of human services. The department
14 shall maintain on the department's internet site an up-to-date
15 listing of the regions that have implemented a waiting list and
16 the services affected by each waiting list.

17 7. The director's approval of a regional plan shall not be
18 construed to constitute certification of the respective county
19 budgets or of the region's budget.

20 Sec. 3. NEW SECTION. 331.439B **Financial eligibility**
21 **requirements.**

22 A person must comply with all of the following financial
23 eligibility requirements to be eligible for services under the
24 regional service system:

25 1. The person must have an income equal to or less than
26 one hundred fifty percent of the federal poverty level, as
27 defined by the most recently revised poverty income guidelines
28 published by the United States department of health and
29 human services, to be eligible for disability services
30 public funding. It is the intent of the general assembly to
31 consider increasing this income eligibility provision to two
32 hundred percent of the federal poverty level, contingent upon
33 implementation of the federal Patient Protection and Affordable
34 Care Act beginning in January 2014.

35 2. a. A region or a service provider contracting with

1 the region may apply a copayment requirement for a particular
2 service to a person with an income equal to or less than one
3 hundred fifty percent of the federal poverty level, provided
4 the disability service, uniform copayment standards, and the
5 copayment amounts comply with rules adopted by the state
6 commission.

7 *b.* A person with an income above one hundred fifty percent
8 of the federal poverty level may be eligible subject to a
9 copayment or other cost-sharing arrangement, in accordance with
10 limitations adopted in rule by the state commission.

11 *c.* A provider under the regional service system of a service
12 that is not funded by the medical assistance program under
13 chapter 249A may waive the copayment or other cost-sharing
14 arrangement if the provider is fully able to absorb the cost.

15 3. A person who is eligible for federally funded services
16 and other support must apply for such services and support.

17 4. The person is in compliance with resource limitations
18 identified in rule adopted by the state commission. The
19 limitation shall be derived from the federal supplemental
20 security income program resource limitations. A person with
21 resources above the federal supplemental security income
22 program resource limitations may be eligible subject to
23 limitations adopted in rule by the state commission. If a
24 person does not qualify for federally funded services and other
25 support but meets income, resource, and functional eligibility
26 requirements for regional services, the following types of
27 resources shall be disregarded:

28 *a.* A retirement account that is in the accumulation stage.

29 *b.* A burial, medical savings, or assistive technology
30 account.

31 Sec. 4. NEW SECTION. 331.439C **Diagnosis — functional**
32 **assessment.**

33 1. A person must comply with all of the following
34 requirements to be eligible for mental health services under
35 the regional service system:

1 *a.* The person complies with financial eligibility
2 requirements under section 331.439B.

3 *b.* The person is at least eighteen years of age and is a
4 resident of this state.

5 *c.* The person has had at any time during the preceding
6 twelve-month period a diagnosable mental health, behavioral, or
7 emotional disorder. The diagnosis shall be made in accordance
8 with the criteria provided in the diagnostic and statistical
9 manual of mental disorders, fourth edition text revised,
10 published by the American psychiatric association, and shall
11 not include the manual's "V" codes identifying conditions other
12 than a disease or injury. The diagnosis shall also not include
13 substance-related disorders, dementia, antisocial personality,
14 or developmental disabilities, unless co-occurring with another
15 diagnosable mental illness.

16 *d.* The person's eligibility for individualized services
17 shall be determined by the level of care utilization system for
18 psychiatric and addiction services, developed by the American
19 association of community psychiatrists, or other standardized
20 functional assessment methodology approved for this purpose by
21 the state commission.

22 2. A person must comply with all of the following
23 requirements to be eligible for intellectual disability or
24 other developmental disability services under the regional
25 service system:

26 *a.* The person complies with financial eligibility
27 requirements under section 331.439B.

28 *b.* The person is at least eighteen years of age and is a
29 resident of this state.

30 *c.* The person has a diagnosis of intellectual disability or
31 an intelligence quotient of seventy or less or has a diagnosis
32 of developmental disability other than intellectual disability.

33 *d.* The person's eligibility for individualized services
34 shall be determined by the supports intensity scale, developed
35 by the American association on intellectual and developmental

1 disabilities, or other standardized functional assessment
2 methodology approved for this purpose by the state commission.

3 3. A person must comply with all of the following
4 requirements to be eligible for brain injury services under the
5 regional service system:

6 a. The person complies with financial eligibility
7 requirements under section 331.439B.

8 b. The person is at least eighteen years of age and is a
9 resident of this state.

10 c. The person has a diagnosis of brain injury.

11 d. The person's eligibility for individualized services
12 shall be determined in accordance with a standardized
13 functional assessment methodology approved for this purpose by
14 the state commission.

15 Sec. 5. NEW SECTION. 331.439D **Mental health core services.**

16 1. For the purposes of this section, unless the context
17 otherwise requires:

18 a. "*Crisis stabilization facility*" means an institution,
19 place, building, or agency with restricted means of egress
20 designed to provide accommodation, board, and the services
21 of a mental health professional on a short-term basis of no
22 more than five days to three or more individuals who present
23 in the facility with acute psychiatric needs. The goal of a
24 crisis stabilization facility is to decrease the severity of an
25 individual's condition to allow transition of the individual
26 to a less restrictive facility.

27 b. "*Domain*" means a range of services that can be provided
28 depending upon an individual's service needs.

29 2. Each of the providers of the core services and services
30 provided under a required service domain shall be capable of
31 working with individuals who have co-occurring disabilities or
32 specialized needs. It is the intent of the general assembly
33 that services have adequate reimbursement to ensure the
34 financial viability necessary to achieve desired outcomes and
35 fidelity to accepted service models.

1 3. A regional service system shall provide the following
2 core mental health service domains, subject to the availability
3 of funding:

- 4 a. Acute care and crisis intervention services.
- 5 b. Mental health treatment.
- 6 c. Mental health disorder prevention.
- 7 d. Community living.
- 8 e. Employment.
- 9 f. Recovery supports.
- 10 g. Family supports.
- 11 h. Physical health and primary care services.
- 12 i. Justice system-involved services.

13 4. A regional service system shall provide the following
14 specific core mental health services, subject to the
15 availability of funding:

- 16 a. Peer-run self-help centers.
- 17 b. Psychiatric emergency services to provide a range of
18 crisis intervention and diversion services. The services shall
19 include but are not limited to providing a crisis stabilization
20 facility.
- 21 c. Subacute residential services.
- 22 d. Jail diversion.
- 23 e. Assertive community treatment.
- 24 f. Community support services, supportive community living,
25 and case management.
- 26 g. Health homes.
- 27 h. Supported employment and education.
- 28 i. Family support services.
- 29 j. Transportation.

30 5. A regional service system may provide funding for other
31 appropriate services or other support. In considering whether
32 to provide such funding, a region may consider the following
33 criteria:

- 34 a. Applying a person-centered planning process to identify
35 the need for the services or other support.

1 *b.* The efficacy of the services or other support is
2 substantiated by an evidence base.

3 *c.* A determination that the services or other support
4 provides an effective alternative to existing services that
5 have been shown by the evidence base to be ineffective, to not
6 yield the desired outcome, or to not support the principles
7 outlined in *Olmstead v. L.C.*, 527 U.S. 581 (1999).

8 Sec. 6. NEW SECTION. **331.439E Intellectual disability and**
9 **other developmental disability core services.**

10 1. A regional service system shall provide funding of
11 intellectual disability services that are not funded by the
12 medical assistance program. In addition, to the extent funding
13 is available, a regional service system shall also provide
14 funding of developmental disability services for persons with a
15 developmental disability other than an intellectual disability.
16 In selecting the services eligible for the funding, a region
17 shall consider the following criteria:

18 *a.* Applying a person-centered planning process to identify
19 the need for the services or other support.

20 *b.* The efficacy of the services or other support is
21 substantiated by an evidence base.

22 *c.* A determination that the services or other support
23 provides an effective alternative to existing services that
24 have been shown by the evidence base to be ineffective, to not
25 yield the desired outcome, or to not support the principles
26 outlined in *Olmstead v. L.C.*, 527 U.S. 581 (1999).

27 2. The core services provided by a region shall include all
28 of the services for adults with an intellectual disability or a
29 developmental disability that were mandated by law and covered
30 in the service management plans of the counties comprising the
31 region under section 331.439, Code 2011, as of June 30, 2012,
32 other than those services funded by the medical assistance
33 program under chapter 249A. The provision of the core services
34 is subject to availability of funding. The core services shall
35 include all of the following, unless covered by the medical

- 1 assistance program:
- 2 *a.* Case management.
 - 3 *b.* Homemaker-home health aide services.
 - 4 *c.* Respite care.
 - 5 *d.* Home and vehicle modification.
 - 6 *e.* Supported community living.
 - 7 *f.* Outpatient mental health services.
 - 8 *g.* Evaluation.
 - 9 *h.* Sheltered workshop services.
 - 10 *i.* Work activity services.
 - 11 *j.* Adult day care.
 - 12 *k.* Residential care facility services.
 - 13 *l.* Residential care facility for persons with an
 - 14 intellectual disability services.
 - 15 *m.* Intermediate care facility for persons with an
 - 16 intellectual disability services.
 - 17 *n.* Supported community living.
 - 18 *o.* Inpatient care at a state mental health institute.
 - 19 *p.* Inpatient care at a state resource center.
 - 20 *q.* Inpatient care at a community hospital.
 - 21 *r.* Diagnostic evaluation related to a civil commitment
 - 22 proceeding.
 - 23 *s.* Transportation related to a civil commitment.
 - 24 *t.* Legal representation for commitment.
 - 25 *u.* Mental health advocate.
- 26 3. A region shall transition from and replace the services
- 27 under subsection 2 with services that expand and support
- 28 the community support and integration principles outlined
- 29 in *Olmstead v. L.C.*, 527 U.S. 581 (1999) and the purposes
- 30 identified in section 225C.1.
- 31 4. The core services for persons with an intellectual
- 32 disability or a developmental disability shall include all of
- 33 the following:
- 34 *a.* Efforts to support the availability of best practice
 - 35 health and primary care services in local communities.

1 *b.* Efforts to provide best practice family support services
2 to help families to maintain a family member with a disability
3 at home.

4 Sec. 7. NEW SECTION. 331.440B **Regional service system**
5 **financing.**

6 1. *a.* The financing of a regional mental health and
7 disability service system is limited to a fixed budget amount.
8 The fixed budget amount shall be the amount identified in a
9 regional service system management plan and budget for the
10 fiscal year. The region shall be authorized an allowed growth
11 factor adjustment as established by statute for services
12 addressed by the regional plan. The statute establishing
13 the allowed growth factor adjustment shall establish the
14 adjustment for the fiscal year which commences two years from
15 the beginning date of the fiscal year in progress at the time
16 the statute is enacted.

17 *b.* Based upon information contained in regional plans and
18 budgets and proposals made by representatives of the regions,
19 the state commission shall recommend an allowed growth factor
20 adjustment to the governor by November 15 for the fiscal year
21 which commences two years from the beginning date of the fiscal
22 year in progress at the time the recommendation is made. The
23 allowed growth factor adjustment may address various costs
24 including but not limited to the costs associated with new
25 consumers of services, service cost inflation, and investments
26 for economy and efficiency. In developing the service
27 cost inflation recommendation, the state commission shall
28 consider the cost trends indicated by the regional financial
29 reports. The governor shall consider the state commission's
30 recommendation in developing the governor's recommendation for
31 an allowed growth factor adjustment for such fiscal year. The
32 governor's recommendation shall be submitted to the general
33 assembly at the time the governor's proposed budget for the
34 succeeding fiscal year is submitted in accordance with chapter
35 8.

1 2. A region shall implement its regional service system
2 management plan in a manner so as to provide adequate funding
3 of services for the entire fiscal year by budgeting for
4 ninety-nine percent of the funding anticipated to be available
5 for the regional plan for the fiscal year. A region may expend
6 all of the funding anticipated to be available for the regional
7 plan.

8 Sec. 8. IMPLEMENTATION OF ACT. Section 25B.2, subsection 3,
9 shall not apply to this division of this Act.

10 Sec. 9. CODE EDITOR. The Code editor may codify the Code
11 provisions enacted by this division of this Act as a new part
12 of chapter 331, division III.

13 Sec. 10. APPLICABILITY. The provisions of this division of
14 this Act enacting new Code sections 331.439A through 331.439E,
15 and section 331.440B apply beginning on July 1, 2013.

16 DIVISION II

17 WORKFORCE DEVELOPMENT AND REGULATION

18 Sec. 11. NEW SECTION. **225C.6C Mental health and disability**
19 **services workforce development workgroup.**

20 1. The department of human services shall convene and
21 provide support to a mental health and disability services
22 workforce development workgroup to address issues connected
23 with assuring that an adequate workforce is available in the
24 state to provide mental health and disability services. The
25 workgroup shall report at least annually to the governor
26 and general assembly providing findings, recommendations,
27 and financing information concerning the findings and
28 recommendations.

29 2. The membership of the workgroup shall include all of the
30 following:

31 a. The director of the department of aging or the director's
32 designee.

33 b. The director of the department of corrections or the
34 director's designee.

35 c. The director of the department of education or the

1 director's designee.

2 *d.* The director of human services or the director's
3 designee.

4 *e.* The director of the department of public health or the
5 director's designee.

6 *f.* The director of the department of workforce development
7 or the director's designee.

8 *g.* At least three staff of regional administrators
9 appointed by the community services affiliate of the Iowa state
10 association of counties.

11 *h.* At least three individuals receiving mental health and
12 disability services or involved relatives of such individuals.

13 *i.* At least three providers of mental health and disability
14 services.

15 *j.* A representative of the entity under contract with
16 the department to provide mental health managed care for the
17 medical assistance program.

18 *k.* One or more representatives of the institutions under
19 the control of the state board of regents who are knowledgeable
20 concerning the mental health and disability services workforce.

21 *l.* Other persons identified by the workgroup.

22 3. In addition to the members identified in subsection
23 2, the membership of the workgroup shall include four
24 members of the general assembly serving in a nonvoting, ex
25 officio capacity. One member shall be designated by each
26 of the following: the majority leader of the senate, the
27 minority leader of the senate, the speaker of the house of
28 representatives, and the minority leader of the house of
29 representatives. A legislative member serves for a term as
30 provided in section 69.16B.

31 4. Except as provided in subsection 3 for legislative
32 appointments, the workgroup shall determine its own rules of
33 procedure, membership terms, and operating provisions.

34 5. The workforce development measures considered for
35 recommendation by the workgroup shall include but are not

1 limited to all of the following:

2 *a.* Provide for the college of direct support or comparable
3 internet-based training to be available at no charge to all
4 service providers.

5 *b.* Require every direct support professional to demonstrate
6 a level of competency in core curricula.

7 *c.* Provide financial incentives for those providers who
8 support direct care staff in securing a voluntary certification
9 from the national alliance for direct support professionals or
10 a comparable certification or accreditation body.

11 *d.* Change the rate reimbursement methodologies to allow
12 providers to bill direct care staff development costs as a
13 direct expense rather than as an indirect cost.

14 *e.* Implement regional service system staffing capability
15 to provide positive behavior supports training and to mount a
16 crisis intervention and prevention response that is based on a
17 model successfully tested in this state.

18 *f.* Make technical assistance available to service providers
19 for issues such as crisis intervention, sheltered workshop
20 conversion, and other approaches to modernize services.

21 *g.* Implement co-occurring disability cross training for
22 mental health professionals as well as training for primary
23 care practitioners on intellectual disability and developmental
24 disability behavioral issues.

25 Sec. 12. NEW SECTION. **225C.6D Regional service system —**
26 **outcomes and performance measures committee.**

27 1. The department shall establish an outcomes and
28 performance measures committee to recommend to the department
29 and the commission's specific outcomes and performance measures
30 to be utilized by the regional mental health and disability
31 services system. The membership of the committee shall include
32 regional administrator and departmental staff, individuals
33 receiving mental health and disability services or involved
34 relatives of such individuals, providers of mental health and
35 disability services, a representative of the person under

1 contract with the department to provide mental health managed
2 care for the medical assistance program, a representative
3 of the institutions under the control of the state board of
4 regents who is knowledgeable concerning mental health and
5 disability services, a representative of the department's task
6 force to address the decision in *Olmstead v. L.C.*, 527 U.S. 581
7 (1999), and other stakeholders.

8 2. To the extent possible, the committee shall seek to
9 provide outcome and performance measures recommendations
10 that are consistent across the mental health and disability
11 services populations addressed. The committee shall also
12 evaluate data collection requirements utilized in the regional
13 service system to identify the requirements that could be
14 eliminated or revised due to the administrative burden involved
15 or the low degree of relevance to outcomes or other reporting
16 requirements.

17 Sec. 13. NEW SECTION. 225C.6E Regional service system —
18 regulatory requirements.

19 1. The departments of inspections and appeals, human
20 services, and public health shall comply with the requirements
21 of this section in their efforts to improve the regulatory
22 requirements applied to the regional service system
23 administration and service providers.

24 2. The three departments shall work together to establish
25 a process to streamline accreditation, certification, and
26 licensing standards applied to the regional service system
27 administration and service providers.

28 3. The departments of human services and inspections and
29 appeals shall jointly review the standards and inspection
30 process applicable to residential care facilities.

31 4. The three departments shall do all of the following in
32 developing regulatory requirements applicable to the regional
33 service system administration and service providers:

34 a. Consider the costs to administrators and providers in the
35 development of quality monitoring efforts.

1 *b.* Develop uniform, streamlined, and statewide cost
2 reporting standards and tools.

3 *c.* Make quality monitoring information, including services,
4 quality, and location information, easily available and
5 understandable to all citizens.

6 *d.* Establish standards that are clearly understood and are
7 accompanied by interpretive guidelines to support understanding
8 by those responsible for applying the standards.

9 *e.* Develop a partnership with providers in order to
10 improve the quality of services and develop mechanisms for the
11 provision of technical assistance.

12 *f.* Develop consistent data collection efforts based on
13 statewide standards and make information available to all
14 providers.

15 *g.* Evaluate existing provider qualification and monitoring
16 efforts to identify duplication and gaps, and align the efforts
17 with valued outcomes.

18 *h.* Streamline and enhance existing standards.

19 *i.* Consider how accreditations can be used for the
20 certification of provider qualifications.

21 5. The three departments shall seek to increase the number
22 of staff dedicated to oversight of service providers.

23 DIVISION III

24 COMMUNITY MENTAL HEALTH CENTER AMENDMENTS

25 Sec. 14. Section 230A.106, subsection 2, paragraph *c*, as
26 enacted by 2011 Iowa Acts, chapter 121, section 16, is amended
27 to read as follows:

28 *c. Day treatment, partial hospitalization, or psychosocial*
29 *rehabilitation services.* Such services shall be provided as
30 structured day programs in segments of less than twenty-four
31 hours using a multidisciplinary team approach to develop
32 treatment plans that vary in intensity of services and the
33 frequency and duration of services based on the needs of the
34 patient. These services may be provided directly by the center
35 or in collaboration or affiliation with other appropriately

1 accredited providers. In lieu of day treatment, partial
2 hospitalization, or psychosocial rehabilitation services, the
3 center may provide an assertive community treatment program.

4 Sec. 15. Section 230A.110, subsection 1, as enacted by
5 2011 Iowa Acts, chapter 121, section 20, is amended to read as
6 follows:

7 1. The division shall recommend and the commission shall
8 adopt standards for designated community mental health
9 centers and comprehensive community mental health programs,
10 with the overall objective of ensuring that each center
11 and each affiliate providing services under contract with a
12 center furnishes high-quality mental health services within
13 a framework of accountability to the community it serves.
14 The standards adopted shall conform with federal standards
15 applicable to community mental health centers and shall be
16 in substantial conformity with the applicable behavioral
17 health standards adopted by the joint commission, formerly
18 known as the joint commission on accreditation of health care
19 organizations, ~~and~~ or other recognized national standards for
20 evaluation of psychiatric facilities unless in the judgment of
21 the division, with approval of the commission, there are sound
22 reasons for departing from the standards.

23 DIVISION IV

24 REGIONAL SERVICE SYSTEM

25 Sec. 16. NEW SECTION. 331.438A **Definitions.**

26 As used in this part, unless the context otherwise requires:

27 1. "*Department*" means the department of human services.

28 2. "*Disability services*" means the same as defined in
29 section 225C.2.

30 3. "*Population*" means the population shown by the latest
31 preceding certified federal census or the latest applicable
32 population estimate issued by the United States census bureau,
33 whichever is most recent.

34 4. "*Regional administrator*" means the administrative entity
35 formed by agreement of the counties participating in a region

1 to function on behalf of those counties in accordance with this
2 part.

3 5. "*State commission*" means the mental health and disability
4 services commission created in section 225C.5.

5 Sec. 17. NEW SECTION. 331.438B **Mental health and disability**
6 **services regions — criteria.**

7 1. Local access to mental health and disability services for
8 children and adults shall be provided by counties organized in
9 a regional service system. The regional service system shall
10 be implemented in stages in accordance with this section.

11 2. Formation of a mental health and disability services
12 region is subject to approval of the director of human services
13 and the mental health and disability services commission.

14 3. Each county in the state shall participate in an approved
15 mental health and disability services region. A mental health
16 and disability services region shall comply with all of the
17 following requirements:

18 a. The counties comprising the region are contiguous.

19 b. The region has at least three counties.

20 c. The combined general population of the counties
21 comprising a region shall be at least two hundred thousand
22 persons and not more than seven hundred thousand persons.

23 However, the director of human services, with the approval
24 of the commission, may grant a waiver from this requirement
25 if there is convincing evidence that compliance with the
26 requirement is not workable.

27 d. The region has the capacity to provide required core
28 services and perform required functions.

29 e. At least one community mental health center or a
30 federally qualified health center with providers qualified
31 to provide psychiatric services, either directly or with
32 assistance from psychiatric consultants, is located within the
33 region, has the capacity to provide outpatient services for the
34 region, and is either under contract with the region or has
35 provided documentation of intent to contract with the region

1 to provide the services.

2 *f.* A hospital with an inpatient psychiatric unit or a state
3 mental health institute is located in or within reasonably
4 close proximity to the region, has the capacity to provide
5 inpatient services for the region, and is either under contract
6 with the region or has provided documentation of intent to
7 contract with the region to provide the services.

8 *g.* The regional administrator structure proposed for or
9 utilized by the region has clear lines of accountability and
10 the regional administrator functions as a lead agency utilizing
11 shared county staff or other means of limiting administrative
12 costs.

13 4. County formation of a mental health and disability
14 services region is subject to all of the following:

15 *a.* On or before November 1, 2012, counties voluntarily
16 participating in a region have complied with all of the
17 following formation criteria:

18 (1) The counties forming the region have been identified
19 and the board of supervisors of the counties have approved a
20 written letter of intent to join together to form the region.

21 (2) The proposed region complies with the requirements in
22 subsection 3.

23 (3) The department provides written notice to the boards
24 of supervisors of the counties identified for the region in
25 the letter of intent that the counties have complied with the
26 requirements in subsection 3.

27 *b.* Upon compliance with the provisions of paragraph "a", the
28 participating counties are eligible for technical assistance
29 provided by the department.

30 *c.* During the period of November 2, 2012, through January
31 1, 2013, a county that has not agreed to be part of a region
32 in accordance with paragraph "a" shall be assigned by the
33 department to a region.

34 *d.* On or before June 30, 2013, all counties shall be part of
35 a region that is in compliance with the provisions of paragraph

1 "a" other than meeting the November 1, 2012, date.

2 e. On or before June 30, 2014, all counties shall be
3 in compliance with all of the following mental health and
4 disability services region implementation criteria:

5 (1) The board of supervisors of each county participating in
6 the region has voted to approve a chapter 28E agreement.

7 (2) The duly authorized representatives of all the counties
8 participating in the region have signed the chapter 28E
9 agreement that is in compliance with section 331.438C.

10 (3) The county board of supervisors' or supervisors'
11 designee members and other members of the region's governing
12 board have been appointed in accordance with section 331.438C.

13 (4) Executive staff for the region's regional administrator
14 have been identified or engaged.

15 (5) An initial draft of a regional service management
16 transition plan has been developed which identifies the steps
17 to be taken by the region to do all of the following:

18 (a) Designate access points for the disability services
19 administered by the region.

20 (b) Designate the region's targeted case manager provider
21 funded by the medical assistance program.

22 (c) Identify the service provider network for the region.

23 (d) Define the service access and service authorization
24 process to be utilized for the region.

25 (e) Identify the information technology and data management
26 capacity to be employed to support regional functions.

27 (f) Establish business functions, funds accounting
28 procedures, and other administrative processes.

29 (g) Comply with data reporting and other information
30 technology requirements adopted by the state commission.

31 (6) The department and the state commission have approved
32 the region's chapter 28E agreement and the initial draft of the
33 regional management transition plan.

34 f. If the department, with the concurrence of the state
35 commission, determines that a region is in substantial

1 compliance with the implementation criteria in paragraph "e"
2 and has sufficient operating capacity to begin operations, the
3 region may commence partial or full operations prior to July
4 2014.

5 Sec. 18. NEW SECTION. 331.438C Regional governance
6 structure.

7 1. The counties comprising a mental health and disability
8 services region shall enter into an agreement under chapter
9 28E to form a regional administrator under the control of a
10 governing board to function on behalf of those counties.

11 2. The governing board shall comply with all of the
12 following requirements:

13 *a.* The membership of the governing board shall consist
14 of one or more board of supervisor members from each county
15 comprising the region or their designees. The decisions
16 involving the local public funding administered by the
17 governing board and the regional administrator shall be made
18 by these members.

19 *b.* The membership of the governing board shall also consist
20 of at least three individuals who utilize mental health and
21 disability services or actively involved relatives of such
22 individuals. These members shall be designated in a manner
23 so as to represent the geographic areas of the region and to
24 provide balanced representation for the various disability
25 groups utilizing the services provided through the region.

26 *c.* The membership of the governing board shall not include
27 representatives of service providers or the department.

28 *d.* The governing board shall have a regional advisory
29 committee consisting of individuals who utilize services or
30 actively involved relatives of such individuals, service
31 providers, and regional governing board members.

32 3. The regional administrator shall be under the control of
33 the governing board. The regional administrator shall enter
34 into performance-based contracts with the department for the
35 regional administrator to manage, on behalf of the counties

1 comprising the region, the mental health and disability
2 services that are not funded by the medical assistance program
3 under chapter 249A and for coordinating with the department the
4 provision of mental health and disability services that are
5 funded under the medical assistance program.

6 Sec. 19. NEW SECTION. 331.438D **Regional finances.**

7 1. The funding under the control of the governing board
8 shall be maintained in a combined account, in separate county
9 accounts that are under the control of the governing board, or
10 pursuant to other arrangements authorized by law that limit the
11 administrative burden of such control while facilitating public
12 scrutiny of financial processes.

13 2. The administrative costs of the regional administrator
14 shall be limited to five percent of expenditures. Expenditures
15 considered to be administrative costs shall be determined in
16 accordance with law.

17 3. The funding provided pursuant to performance-based
18 contracts with the department shall be credited to the account
19 or accounts under the control of the governing board.

20 Sec. 20. NEW SECTION. 331.438E **Regional governance**
21 **agreements.**

22 1. In addition to compliance with the applicable provisions
23 of chapter 28E, the chapter 28E agreement entered into by the
24 counties comprising a mental health and disability services
25 region in forming the regional administrator to function on
26 behalf of the counties shall comply with the requirements of
27 this section.

28 2. The organizational provisions of the agreement shall
29 include all of the following:

30 a. A statement of purpose, goals, and objectives of entering
31 into the agreement.

32 b. Identification of the governing board membership and the
33 terms, methods of appointment, voting procedures, and other
34 provisions applicable to the operation of the governing board.

35 c. The identification of the executive staff of the regional

1 administrator serving as the single point of accountability for
2 the region.

3 *d.* The counties participating in the agreement.

4 *e.* The time period of the agreement and terms for
5 termination or renewal of the agreement.

6 *f.* The circumstances under which additional counties may
7 join the region.

8 *g.* Methods for dispute resolution and mediation.

9 *h.* Methods for termination of a county's participation in
10 the region.

11 *i.* Provisions for formation and assigned responsibilities
12 for one or more advisory committees consisting of individuals
13 who utilize services or actively involved relatives of such
14 individuals, service providers, governing board members, and
15 other interests identified in the agreement.

16 3. The administrative provisions of the agreement shall
17 include all of the following:

18 *a.* Responsibility of the governing board in appointing and
19 evaluating the performance of the chief executive officer of
20 the regional administrator.

21 *b.* A specific list of the functions and responsibilities of
22 the regional administrator's chief executive officer and other
23 administrative staff.

24 *c.* Specification of the functions to be carried out by each
25 party to the agreement and by any subcontractor of a party to
26 the agreement. A contract with a provider network shall be
27 separately addressed.

28 4. The financial provisions of the agreement shall include
29 all of the following:

30 *a.* Methods for pooling, management, and expenditure of the
31 funding under the control of the regional administrator. If
32 the agreement does not provide for pooling of the participating
33 county moneys in a single fund, the agreement shall specify how
34 the participating county moneys will be subject to the control
35 of the regional administrator.

1 **b.** Methods for allocating administrative funding and
2 resources.

3 **c.** Contributions and uses of initial funding or related
4 contributions made by the counties participating in the
5 region for purposes of commencing operations by the regional
6 administrator.

7 **d.** Methods for acquiring or disposing of real property.

8 **e.** A process for determining the use of savings for
9 reinvestment.

10 **f.** A process for performance of an annual independent audit
11 of the regional administrator.

12 **Sec. 21. NEW SECTION. 331.438F County of residence —**
13 **services to residents — service authorization appeals —**
14 **disputes between counties or regions and the department.**

15 1. For the purposes of this section, unless the context
16 otherwise requires:

17 **a.** "*County of residence*" means the county in this state in
18 which, at the time a person applies for or receives services,
19 the person is living in the county and has established an
20 ongoing presence with the declared, good faith intention of
21 living in the county for a permanent or indefinite period of
22 time. The county of residence of a person who is a homeless
23 person is the county where the homeless person usually sleeps.
24 "*County of residence*" does not mean the county where a person is
25 present for the purpose of receiving services in a hospital,
26 a correctional facility, a halfway house for community-based
27 corrections or substance-related treatment, a nursing facility,
28 an intermediate care facility for persons with an intellectual
29 disability, or a residential care facility, or for the purpose
30 of attending a college or university.

31 **b.** "*Homeless person*" means the same as defined in section
32 48A.2.

33 **c.** "*Person*" means a person who is a United States citizen or
34 a qualified alien as defined in 8 U.S.C. § 1641.

35 2. If a person appeals a service authorization or

1 other services-related determination made by a regional
2 administrator, the appeal shall be heard in a contested
3 case proceeding by a state administrative law judge. The
4 administrative law judge's decision shall be considered a final
5 agency decision under chapter 17A.

6 3. If a county of residence is part of a mental health and
7 disability services region that has agreed to pool funding and
8 liability for services, the responsibilities of the county
9 under law regarding such services shall be performed on behalf
10 of the county by the regional administrator. The county of
11 residence or the county's mental health and disability services
12 region, as applicable, is responsible for paying the public
13 costs of the mental health and disability services that are
14 not covered by the medical assistance program under chapter
15 249A and are provided in accordance with the region's approved
16 service management plan to persons who are residents of the
17 county or region.

18 4. a. The dispute resolution process implemented in
19 accordance with this subsection applies to residency disputes.
20 The dispute resolution process is not applicable to disputes
21 involving persons committed to a state facility pursuant to
22 chapter 812 or rule of criminal procedure 2.22, Iowa court
23 rules, or to disputes involving service authorization decisions
24 made by a region.

25 b. If a county, region, or the department, as applicable,
26 receives a billing for services provided to a resident
27 in another county or region, or objects to a residency
28 determination certified by the department or another county's
29 or region's regional administrator and asserts either that the
30 person has residency in another county or region or the person
31 is not a resident of this state or the person's residency
32 is unknown so that the person is deemed a state case, the
33 person's residency status shall be determined as provided in
34 this section. The county or region shall notify the department
35 of the county's or region's assertion within one hundred

1 twenty days of receiving the billing. If the county or region
2 asserts that the person has residency in another county or
3 region, that county or region shall be notified at the same
4 time as the department. If the department disputes a residency
5 determination certification made by a regional administrator,
6 the department shall notify the affected counties or regions
7 of the department's assertion.

8 *c.* The department, county, or region that received the
9 notification, as applicable, shall respond to the party that
10 provided the notification within forty-five days of receiving
11 the notification. If the parties cannot agree to a settlement
12 as to the person's residency status within ninety days of the
13 date of notification, on motion of any of the parties, the
14 matter shall be referred to the department of inspections and
15 appeals for a contested case hearing under chapter 17A before
16 an administrative law judge assigned in accordance with section
17 10A.801 to determine the person's residency status.

18 *d.* (1) The administrative law judge's determination
19 of the person's residency status is a final agency action,
20 notwithstanding contrary provisions of section 17A.15.
21 The party that does not prevail in the determination or
22 subsequent judicial review is liable for costs associated with
23 the proceeding, including reimbursement of the department
24 of inspections and appeals' actual costs associated with
25 the administrative proceeding. Judicial review of the
26 determination may be sought in accordance with section 17A.19.

27 (2) If following the determination of a person's residency
28 status in accordance with this section, additional evidence
29 becomes available that merits a change in that determination,
30 the parties affected may change the determination by mutual
31 agreement. Otherwise, a party may move that the matter be
32 reconsidered by the department, county, or region, or by the
33 administrative law judge.

34 *e.* (1) Unless a petition is filed for judicial review,
35 the administrative law judge's determination of the person's

1 residency status shall result in one of the following:

2 (a) If a county or region is determined to be the person's
3 residence, the county or region shall pay the amounts due and
4 shall reimburse any other amounts paid for services provided by
5 the other county or region or the department on the person's
6 behalf prior to the determination.

7 (b) If it is determined that the person is not a resident
8 of this state or the person's residency is unknown so that the
9 person is deemed to be a state case, the department shall pay
10 the amounts due and shall reimburse the county or region, as
11 applicable, for any payment made on behalf of the person prior
12 to the determination.

13 (2) The payment or reimbursement shall be remitted within
14 forty-five days of the date the decision was issued. After
15 the forty-five-day period, a penalty of not greater than one
16 percent per month may be added to the amount due.

17 Sec. 22. CODE EDITOR. The Code editor shall codify the
18 provisions of this division of this Act enacting new sections
19 in chapter 331, as a new part of division IV, tentatively
20 numbered part 2A.

21 Sec. 23. APPLICABILITY. The provisions of this division
22 of this Act enacting new sections in chapter 331, except
23 as specifically provided by the provisions, are applicable
24 beginning July 1, 2013.

25 DIVISION V

26 SUBACUTE CARE FACILITIES FOR PERSONS WITH SERIOUS AND
27 PERSISTENT MENTAL ILLNESS

28 Sec. 24. NEW SECTION. 135P.1 Definitions.

29 As used in this chapter, unless the context otherwise
30 requires:

31 1. "Department" means the department of inspections and
32 appeals.

33 2. "Direction" means authoritative policy or procedural
34 guidance for the accomplishment of a function or an activity.

35 3. "Licensee" means the holder of a license issued to

1 operate a subacute care facility for persons with serious and
2 persistent mental illness.

3 4. "*Mental health professional*" means the same as defined
4 in section 228.1.

5 5. "*Physician*" means a person licensed under chapter 148.

6 6. "*Psychiatric services*" means services provided under
7 the direction of a physician which address mental, emotional,
8 medical, or behavioral problems.

9 7. "*Rehabilitative services*" means services to encourage and
10 assist restoration of a resident's optimum mental and physical
11 capabilities.

12 8. "*Resident*" means a person who is eighteen years of age
13 or older and has been admitted by a physician to a subacute
14 care facility for persons with serious and persistent mental
15 illness.

16 9. "*Treatment care plan*" means a plan of care and services
17 designed to eliminate the need for acute care by improving
18 the condition of a person with serious and persistent mental
19 illness. Services must be based upon a diagnostic evaluation,
20 which includes an examination of the medical, psychological,
21 social, behavioral, and developmental aspects of the person's
22 situation, reflecting the need for inpatient care.

23 10. "*Subacute care facility for persons with serious and*
24 *persistent mental illness*" or "*subacute care facility*" means an
25 institution, place, building, or agency with restricted means
26 of egress designed to provide accommodation, board, and the
27 services of a licensed psychiatrist for a period exceeding
28 twenty-four consecutive hours to three or more individuals who
29 primarily have serious and persistent mental illness, diagnosis
30 of a co-occurring disorder, and are not related to the owner
31 within the third degree of consanguinity.

32 11. "*Supervision*" means direct oversight and inspection of
33 the act of accomplishing a function or activity.

34 Sec. 25. NEW SECTION. 135P.2 **Purpose.**

35 The purpose of this chapter is to provide for the

1 development, establishment, and enforcement of basic standards
2 for the operation, construction, and maintenance of a
3 subacute care facility which will ensure the safe and adequate
4 diagnosis, evaluation, and treatment of the residents.

5 Sec. 26. NEW SECTION. 135P.3 **Nature of care — seclusion**
6 **room — admissions.**

7 1. A subacute care facility shall utilize a team of
8 professionals to direct an organized program of diagnostic
9 services, psychiatric services, and rehabilitative services
10 to meet the needs of residents in accordance with a treatment
11 care plan developed for each resident under the supervision of
12 a licensed psychiatrist. The goal of a treatment care plan
13 is to transition residents to a less restrictive environment,
14 including a home-based community setting. Social and
15 rehabilitative services shall be provided under the direction
16 of a mental health professional.

17 2. The licensed psychiatrist providing supervision of
18 the subacute care facility shall evaluate the condition of
19 each resident no less than two times each month and shall be
20 available to residents of the facility on an on-call basis
21 at all other times. The subacute care facility may employ a
22 seclusion room meeting the conditions described in 42 C.F.R. §
23 483.364(b) with approval of the licensed psychiatrist of the
24 facility or by order of the resident's physician.

25 3. An admission to the subacute care facility is subject
26 to a physician's written order certifying that the individual
27 being admitted requires regular oversight by a licensed
28 psychiatrist and requires no greater degree of care than that
29 which the facility to which the admission is made is licensed
30 to provide and is capable of providing.

31 4. A subacute care facility does not constitute an
32 "*institution for mental diseases*" within the meaning of 42
33 U.S.C. § 1396d(i).

34 Sec. 27. NEW SECTION. 135P.4 **Licensure.**

35 1. A person shall not establish, operate, or maintain a

1 subacute care facility unless the person obtains a license for
2 the subacute care facility under this chapter.

3 2. An intermediate care facility for persons with mental
4 illness licensed under chapter 135C may convert to a subacute
5 care facility by providing written notice to the department
6 that the facility has employed a full-time psychiatrist and
7 desires to make the conversion.

8 Sec. 28. NEW SECTION. 135P.5 **Application for license.**

9 An application for a license under this chapter shall be
10 submitted on a form requesting information required by the
11 department, which may include affirmative evidence of the
12 applicant's ability to comply with the rules for standards
13 adopted pursuant to this chapter. An application for a license
14 shall be accompanied by the required license fee which shall
15 be credited to the general fund of the state. The initial and
16 annual license fee is twenty-five dollars.

17 Sec. 29. NEW SECTION. 135P.6 **Inspection — conditions for**
18 **issuance.**

19 The department shall issue a license to an applicant under
20 this chapter if the department has ascertained that the
21 applicant's facilities and staff are adequate to provide the
22 care and services required of a subacute care facility and if
23 the applicant has been awarded a certificate of need pursuant
24 to chapter 135.

25 Sec. 30. NEW SECTION. 135P.7 **Denial, suspension, or**
26 **revocation of license.**

27 The department may deny an application or suspend or revoke
28 a license if the department finds that an applicant or licensee
29 has failed or is unable to comply with this chapter or the
30 rules establishing minimum standards pursuant to this chapter
31 or if any of the following conditions apply:

32 1. It is shown that a resident is a victim of cruelty or
33 neglect due to the acts or omissions of the licensee.

34 2. The licensee has permitted, aided, or abetted in the
35 commission of an illegal act in the subacute care facility.

1 3. An applicant or licensee acted to obtain or to retain a
2 license by fraudulent means, misrepresentation, or submitting
3 false information.

4 4. The licensee has willfully failed or neglected to
5 maintain a continuing in-service education and training program
6 for persons employed by the subacute care facility.

7 5. The application involves a person who has failed to
8 operate a subacute care facility in compliance with the
9 provisions of this chapter.

10 Sec. 31. NEW SECTION. 135P.8 **Provisional license.**

11 The department may issue a provisional license, effective
12 for not more than one year, to a licensee whose subacute care
13 facility does not meet the requirements of this chapter if,
14 prior to issuance of the license, the applicant submits written
15 plans to achieve compliance with the applicable requirements
16 and the plans are approved by the department. The plans shall
17 specify the deadline for achieving compliance.

18 Sec. 32. NEW SECTION. 135P.9 **Notice and hearings.**

19 The procedure governing notice and hearing to deny an
20 application or suspend or revoke a license shall be in
21 accordance with rules adopted by the department pursuant to
22 chapter 17A. A full and complete record shall be kept of the
23 proceedings and of any testimony. The record need not be
24 transcribed unless judicial review is sought. A copy or copies
25 of a transcript may be obtained by an interested party upon
26 payment of the cost of preparing the transcript or copies.

27 Sec. 33. NEW SECTION. 135P.10 **Rules.**

28 The department of inspections and appeals, in consultation
29 with the department of human services and affected professional
30 groups, shall adopt and enforce rules setting out the standards
31 for a subacute care facility and the rights of the residents
32 admitted to a subacute care facility. The department of
33 inspections and appeals and the department of human services
34 shall coordinate the adoption of rules and the enforcement of
35 the rules in order to prevent duplication of effort by the

1 departments and of requirements of the licensee.

2 Sec. 34. NEW SECTION. 135P.11 **Complaints alleging**
3 **violations — confidentiality.**

4 1. A person may request an inspection of a subacute care
5 facility by filing with the department a complaint of an
6 alleged violation of an applicable requirement of this chapter
7 or a rule adopted pursuant to this chapter. The complaint
8 shall state in a reasonably specific manner the basis of the
9 complaint. A statement of the nature of the complaint shall be
10 delivered to the subacute care facility involved at the time of
11 or prior to the inspection. The name of the person who files a
12 complaint with the department shall be kept confidential and
13 shall not be subject to discovery, subpoena, or other means
14 of legal compulsion for its release to a person other than
15 department employees involved in the investigation of the
16 complaint.

17 2. Upon receipt of a complaint made in accordance with
18 subsection 1, the department shall make a preliminary review
19 of the complaint. Unless the department concludes that the
20 complaint is intended to harass a subacute care facility or a
21 licensee or is without reasonable basis, it shall within twenty
22 working days of receipt of the complaint make or cause to be
23 made an on-site inspection of the subacute care facility which
24 is the subject of the complaint. The department of inspections
25 and appeals may refer to the department of human services
26 any complaint received by the department of inspections and
27 appeals if the complaint applies to rules adopted by the
28 department of human services. The complainant shall also
29 be notified of the name, address, and telephone number of
30 the designated protection and advocacy agency if the alleged
31 violation involves a facility with one or more residents with a
32 developmental disability or mental illness. In any case, the
33 complainant shall be promptly informed of the result of any
34 action taken by the department in the matter.

35 3. An inspection made pursuant to a complaint filed under

1 subsection 1 need not be limited to the matter or matters
2 referred to in the complaint; however, the inspection shall
3 not be a general inspection unless the complaint inspection
4 coincides with a scheduled general inspection. Upon arrival
5 at the subacute care facility to be inspected, the inspector
6 shall show identification to the person in charge of the
7 subacute care facility and state that an inspection is to
8 be made, before beginning the inspection. Upon request of
9 either the complainant or the department, the complainant or
10 the complainant's representative or both may be allowed the
11 privilege of accompanying the inspector during any on-site
12 inspection made pursuant to this section. The inspector may
13 cancel the privilege at any time if the inspector determines
14 that the privacy of a resident of the subacute care facility to
15 be inspected would be violated. The dignity of the resident
16 shall be given first priority by the inspector and others.

17 Sec. 35. NEW SECTION. 135P.12 Information confidential.

18 1. The department's final findings regarding licensure
19 shall be made available to the public in a readily available
20 form and place. Other information relating to the subacute
21 care facility is confidential and shall not be made available
22 to the public except in proceedings involving licensure, a
23 civil suit involving a resident, or an administrative action
24 involving a resident.

25 2. The name of a person who files a complaint with the
26 department shall remain confidential and is not subject to
27 discovery, subpoena, or any other means of legal compulsion for
28 release to a person other than an employee of the department or
29 an agent involved in the investigation of the complaint.

30 3. Information regarding a resident who has received or is
31 receiving care shall not be disclosed directly or indirectly
32 except as authorized under section 217.30.

33 Sec. 36. NEW SECTION. 135P.13 Judicial review.

34 Judicial review of the action of the department may be sought
35 pursuant to the Iowa administrative procedure Act, chapter 17A.

1 Notwithstanding chapter 17A, a petition for judicial review of
2 the department's actions under this chapter may be filed in the
3 district court of the county in which the related subacute care
4 facility is located or is proposed to be located. The status
5 of the petitioner or the licensee shall be preserved pending
6 final disposition of the judicial review.

7 Sec. 37. NEW SECTION. 135P.14 **Penalty.**

8 A person who establishes, operates, or manages a subacute
9 care facility without obtaining a license under this chapter
10 commits a serious misdemeanor. Each day of continuing
11 violation following conviction shall be considered a separate
12 offense.

13 Sec. 38. NEW SECTION. 135P.15 **Injunction.**

14 Notwithstanding the existence or pursuit of another remedy,
15 the department may maintain an action for injunction or other
16 process to restrain or prevent the establishment, operation, or
17 management of a subacute care facility without a license.

18 Sec. 39. Section 249A.26, subsection 2, Code 2011, is
19 amended by adding the following new paragraph:

20 NEW PARAGRAPH. *d.* Notwithstanding any provision of
21 this chapter to the contrary, for services provided to
22 eligible persons in a subacute care facility for persons
23 with serious and persistent mental illness licensed under
24 chapter 135P, the daily rate shall be equal to the sum of
25 the direct care Medicare-certified hospital-based nursing
26 facility patient-day-weighted median and the nondirect
27 care Medicare-certified hospital-based nursing facility
28 patient-day-weighted median.

29 Sec. 40. IMPLEMENTATION OF ACT. Section 25B.2, subsection
30 3, shall not apply to this division of this Act.

31 DIVISION VI

32 CONFORMING AMENDMENTS — CENTRAL POINT OF COORDINATION, LEGAL
33 SETTLEMENT, AND DISPUTE RESOLUTION PROCESSES

34 Sec. 41. Section 218.99, Code 2011, is amended to read as
35 follows:

1 **218.99 Counties to be notified of patients' personal**
2 **accounts.**

3 The administrator in control of a state institution shall
4 direct the business manager of each institution under the
5 administrator's jurisdiction which is mentioned in section
6 331.424, subsection 1, paragraph "a", subparagraphs (1) and
7 (2), and for which services are paid under section 331.424A, to
8 quarterly inform the regional administrator of the county of
9 ~~legal settlement's entity designated to perform the county's~~
10 ~~central point of coordination process~~ residence of any patient
11 or resident who has an amount in excess of two hundred dollars
12 on account in the patients' personal deposit fund and the
13 amount on deposit. The administrators shall direct the
14 business manager to further notify the ~~entity designated to~~
15 ~~perform the county's central point of coordination process~~
16 regional administrator of the county of residence at least
17 fifteen days before the release of funds in excess of two
18 hundred dollars or upon the death of the patient or resident.
19 ~~If the patient or resident has no county of legal settlement,~~
20 ~~notice shall be made to the director of human services and the~~
21 ~~administrator in control of the institution involved.~~

22 Sec. 42. Section 222.2, subsection 3, Code 2011, is amended
23 by striking the subsection.

24 Sec. 43. Section 222.2, Code 2011, is amended by adding the
25 following new subsection:

26 NEW SUBSECTION. 5A. "*Regional administrator*" means the same
27 as defined in section 331.438A.

28 Sec. 44. Section 222.10, Code 2011, is amended to read as
29 follows:

30 **222.10 Duty of peace officer.**

31 When any person with mental retardation departs without
32 proper authority from an institution in another state and
33 is found in this state, any peace officer in any county in
34 which such patient is found may take and detain the patient
35 without warrant or order and shall report such detention to the

1 administrator. The administrator shall provide for the return
2 of the patient to the authorities in the state from which the
3 unauthorized departure was made. Pending return, such patient
4 may be detained temporarily at one of the institutions of this
5 state governed by the administrator or by the administrator of
6 the division of child and family services of the department
7 of human services. The provisions of this section relating
8 to the administrator shall also apply to the return of other
9 nonresident persons with mental retardation having legal
10 ~~settlement~~ residency outside the state of Iowa.

11 Sec. 45. Section 222.13, Code 2011, is amended to read as
12 follows:

13 **222.13 Voluntary admissions.**

14 1. If an adult person is believed to be a person with mental
15 retardation, the adult person or the adult person's guardian
16 may ~~submit a request through the central point of coordination~~
17 ~~process for the county board of supervisors~~ regional
18 administrator of the adult person's county of residence in
19 writing to apply to the superintendent of any state resource
20 center for the voluntary admission of the adult person either
21 as an inpatient or an outpatient of the resource center.
22 ~~After determining the legal settlement of the adult person as~~
23 ~~provided by this chapter, the board of supervisors~~ The regional
24 administrator, on behalf of the board of supervisors shall, on
25 forms prescribed by the department's administrator, apply to
26 the superintendent of the resource center in the district for
27 the admission of the adult person to the resource center. An
28 application for admission to a special unit of any adult person
29 believed to be in need of any of the services provided by the
30 special unit under section 222.88 may be made in the same
31 manner, upon request of the adult person or the adult person's
32 guardian. The superintendent shall accept the application
33 ~~providing if~~ if a preadmission diagnostic evaluation, performed
34 ~~through the central point of coordination process through the~~
35 regional administrator, confirms or establishes the need for

1 admission, except that an application ~~may~~ shall not be accepted
2 if the institution does not have adequate facilities available
3 or if the acceptance will result in an overcrowded condition.

4 2. If the resource center ~~has no~~ does not have an
5 appropriate program for the treatment of an adult or minor
6 person with mental retardation applying under this section
7 or section 222.13A, the ~~board of supervisors~~ regional
8 administrator on behalf of the board of supervisors shall
9 arrange for the placement of the person in any public or
10 private facility within or without the state, approved by the
11 director ~~of the department~~ of human services, which offers
12 appropriate services for the person, as determined ~~through~~
13 ~~the central point of coordination process~~ by the regional
14 administrator.

15 3. Upon applying for admission of an adult or minor person
16 to a resource center, or a special unit, or upon arranging for
17 the placement of the person in a public or private facility,
18 if the county would be liable to pay the expenses in full
19 or in part, the regional administrator, on behalf of the
20 board of supervisors shall make a full investigation into
21 the financial circumstances of that person and those liable
22 for that person's support under section 222.78 to determine
23 whether or not any of them are able to pay the expenses arising
24 out of the admission of the person to a resource center,
25 special treatment unit, or public or private facility. If
26 the ~~board~~ regional administrator finds that the person or
27 those legally responsible for the person are presently unable
28 to pay the expenses, the ~~board~~ regional administrator shall
29 direct that the expenses be paid by the county. The ~~board~~
30 regional administrator may review its finding at any subsequent
31 time while the person remains at the resource center, or
32 is otherwise receiving care or treatment for which this
33 chapter obligates the county to pay. If the ~~board~~ regional
34 administrator finds upon review that the person or those
35 legally responsible for the person are presently able to pay

1 the expenses, the finding shall apply only to the charges
2 incurred during the period beginning on the date of the
3 review and continuing thereafter, unless and until the ~~board~~
4 regional administrator again changes its finding. If the ~~board~~
5 regional administrator finds that the person or those legally
6 responsible for the person are able to pay the expenses, the
7 ~~board~~ regional administrator shall direct that the charges
8 be so paid to the extent required by section 222.78, and the
9 county auditor shall be responsible for the collection of the
10 charges.

11 Sec. 46. Section 222.13A, subsections 1, 2, and 4, Code
12 2011, are amended to read as follows:

13 1. If a minor is believed to be a person with mental
14 retardation, the minor's parent, guardian, or custodian
15 may request the county board of supervisors in writing to
16 apply for admission of the minor as a voluntary patient in
17 a state resource center. If the resource center does not
18 have appropriate services for the minor's treatment, the
19 board of supervisors may arrange for the admission of the
20 minor in a public or private facility within or without the
21 state, approved by the director of human services, which
22 offers appropriate services for the minor's treatment. If
23 half or more of the nonfederal share of the costs of services
24 provided to a minor in accordance with this section is the
25 responsibility of the state, the costs of the preadmission
26 diagnostic evaluation, court appointed attorney, and court
27 costs, relating to the services shall be paid by the state.
28 If more than half of the nonfederal share of the costs of
29 such services is the responsibility of the minor's county of
30 residence, the costs of the preadmission diagnostic evaluation,
31 court appointed attorney, and court costs, relating to the
32 services shall be paid by the county of residence.

33 2. Upon receipt of an application for voluntary admission
34 of a minor, the board of supervisors shall provide for a
35 preadmission diagnostic evaluation of the minor to confirm

1 or establish the need for the admission. The preadmission
2 diagnostic evaluation shall be performed by a person who
3 meets the qualifications of a qualified mental retardation
4 professional who is designated through the ~~central point of~~
5 ~~coordination process~~ regional administrator. Any portion of
6 the cost of the evaluation not paid by the minor or those
7 liable for the minor's support under section 222.78 is the
8 responsibility of the state.

9 4. As soon as practicable after the filing of a petition for
10 approval of the voluntary admission, the court shall determine
11 whether the minor has an attorney to represent the minor in the
12 proceeding. If the minor does not have an attorney, the court
13 shall assign to the minor an attorney. If the minor is unable
14 to pay for an attorney, the attorney shall be compensated by
15 the county or state, as applicable, at an hourly rate to be
16 established ~~by the county board of supervisors~~ in substantially
17 the same manner as provided in section 815.7.

18 Sec. 47. Section 222.22, Code 2011, is amended to read as
19 follows:

20 **222.22 Time of appearance.**

21 The time of appearance shall not be less than five days
22 after completed service unless the court orders otherwise.
23 Appearance on behalf of the person who is alleged to have
24 mental retardation may be made by any citizen of the county
25 or by any relative. The district court shall assign counsel
26 for the person who is alleged to have mental retardation.
27 Counsel shall prior to proceedings personally consult with the
28 person who is alleged to have mental retardation unless the
29 judge appointing counsel certifies that in the judge's opinion,
30 consultation shall serve no useful purpose. The certification
31 shall be made a part of the record. An attorney assigned by
32 the court shall be compensated by the ~~county~~ state at an hourly
33 rate to be established ~~by the county board of supervisors~~ in
34 substantially the same manner as provided in section 815.7.

35 Sec. 48. Section 222.28, Code 2011, is amended to read as

1 follows:

2 **222.28 Commission to examine.**

3 The court may, at or prior to the final hearing, appoint
4 a commission of one qualified physician and one qualified
5 psychologist, designated through the ~~central point of~~
6 ~~coordination process,~~ regional administrator who shall make
7 a personal examination of the person alleged to be mentally
8 retarded for the purpose of determining the mental condition
9 of the person.

10 Sec. 49. Section 222.31, subsection 1, paragraph b, Code
11 2011, is amended to read as follows:

12 b. (1) Commit the person to the state resource center
13 designated by the administrator to serve the county in which
14 the hearing is being held, or to a special unit. The court
15 shall, prior to issuing an order of commitment, request
16 that a diagnostic evaluation of the person be made by ~~the~~
17 ~~superintendent of the resource center or the special unit, or~~
18 ~~the superintendent's qualified designee~~ a person qualified
19 to perform the diagnostic evaluation. ~~The evaluation shall~~
20 ~~be conducted at a place as the superintendent may direct.~~
21 ~~The cost of the evaluation shall be defrayed by the county~~
22 ~~of legal settlement unless otherwise ordered by the court.~~
23 ~~The cost of the evaluation to be charged~~ may be equal to but
24 shall not exceed the actual cost of the evaluation. Persons
25 referred by a court to a resource center or the special unit
26 for diagnostic evaluation shall be considered as outpatients of
27 the institution. ~~No order of commitment shall be issued unless~~
28 ~~the superintendent of the institution recommends that the order~~
29 ~~be issued, and advises the court that adequate facilities for~~
30 ~~the care of the person are available.~~

31 (2) The court shall examine the report of the county
32 attorney filed pursuant to section 222.13, and if the report
33 shows that neither the person nor those liable for the person's
34 support under section 222.78 are presently able to pay the
35 charges rising out of the person's care in a resource center,

1 or special treatment unit, shall enter an order stating that
2 finding and directing that the charges be paid by the person's
3 county of residence or the state, as determined in accordance
4 with section 222.60. The court ~~may~~, upon request of the ~~board~~
5 ~~of supervisors~~ payer of the charges, may review its finding at
6 any subsequent time while the person remains at the resource
7 center, or is otherwise receiving care or treatment for which
8 this chapter obligates the ~~county~~ payer to pay. If the court
9 finds upon review that the person or those legally responsible
10 for the person are presently able to pay the expenses, that
11 finding shall apply only to the charges incurred during the
12 period beginning on the date of the ~~board's~~ payer's request
13 for the review and continuing ~~thereafter~~ after that date,
14 unless and until the court again changes its finding. If the
15 court finds that the person, or those liable for the person's
16 support, are able to pay the charges, the court shall enter
17 an order directing that the charges be so paid to the extent
18 required by section 222.78.

19 Sec. 50. Section 222.49, Code 2011, is amended to read as
20 follows:

21 **222.49 Costs paid.**

22 The costs of proceedings shall be ~~defrayed from the county~~
23 ~~treasury~~ paid by the county or the state, as determined in
24 accordance with section 222.60, unless otherwise ordered by
25 the court. When the person alleged to be mentally retarded
26 is found not to be mentally retarded, the court shall render
27 judgment for such costs against the person filing the petition
28 except when the petition is filed by order of court.

29 Sec. 51. Section 222.50, Code 2011, is amended to read as
30 follows:

31 **222.50 County of ~~legal settlement~~ residence or state to pay.**

32 When the proceedings are instituted in a county in which
33 the person who is alleged to have mental retardation was found
34 but which is not the county of ~~legal settlement~~ residence of
35 the person, and the costs are not taxed to the petitioner, the

1 person's county which is the legal settlement of the person
2 of residence or the state, as determined in accordance with
3 section 222.60, shall, on presentation of a properly itemized
4 bill for such costs, repay the costs to the former county.
5 ~~When the person's legal settlement is outside the state or is~~
6 ~~unknown, the costs shall be paid out of money in the state~~
7 ~~treasury not otherwise appropriated, itemized on vouchers~~
8 ~~executed by the auditor of the county which paid the costs, and~~
9 ~~approved by the administrator.~~

10 Sec. 52. Section 222.59, subsection 1, unnumbered paragraph
11 1, Code 2011, is amended to read as follows:

12 Upon receiving a request from an authorized requester, the
13 superintendent of a state resource center shall coordinate
14 with the ~~central point of coordination process~~ regional
15 administrator in assisting the requester in identifying
16 available community-based services as an alternative to
17 continued placement of a patient in the state resource center.
18 For the purposes of this section, "*authorized requester*" means
19 the parent, guardian, or custodian of a minor patient, the
20 guardian of an adult patient, or an adult patient who does not
21 have a guardian. The assistance shall identify alternatives
22 to continued placement which are appropriate to the patient's
23 needs and shall include but are not limited to any of the
24 following:

25 Sec. 53. Section 222.60, subsection 1, Code 2011, is amended
26 to read as follows:

27 1. All necessary and legal expenses for the cost of
28 admission or commitment or for the treatment, training,
29 instruction, care, habilitation, support and transportation of
30 persons with mental retardation, as provided for in the ~~county~~
31 regional mental health and disability services management plan
32 provisions implemented pursuant to section 331.439, subsection
33 1, chapter 331, in a state resource center, or in a special
34 unit, or any public or private facility within or without the
35 state, approved by the director of the department of human

1 services, shall be paid by either:

2 a. The person's county in which such person has legal
3 settlement as defined in section 252.16 of residence unless the
4 expenses are covered by the medical assistance program under
5 chapter 249A.

6 b. The state when ~~such~~ the person has no legal settlement
7 or when such settlement is unknown is a resident in another
8 state or in a foreign country, the residence is unknown, or the
9 expenses are covered by the medical assistance program under
10 chapter 249A. The payment responsibility shall be deemed to be
11 a state case.

12 Sec. 54. Section 222.60, subsection 2, Code 2011, is amended
13 to read as follows:

14 2. a. Prior to a county of ~~legal settlement~~ residence
15 approving the payment of expenses for a person under this
16 section, the county may require that the person be diagnosed
17 to determine if the person has mental retardation or that
18 the person be evaluated to determine the appropriate level
19 of services required to meet the person's needs relating to
20 mental retardation. The diagnosis and the evaluation may be
21 performed concurrently and shall be performed by an individual
22 or individuals approved by the county who are qualified
23 to perform the diagnosis or the evaluation. Following the
24 initial approval for payment of expenses, the county ~~of legal~~
25 ~~settlement~~ may require that an evaluation be performed at
26 reasonable time periods.

27 b. The cost of a county-required diagnosis and an evaluation
28 is at the county's expense. In the case of a ~~person without~~
29 ~~legal settlement or whose legal settlement is unknown~~ service
30 covered under the medical assistance program, the state
31 may apply the diagnosis and evaluation provisions of this
32 subsection at the state's expense.

33 c. A diagnosis or an evaluation under this section may be
34 part of a ~~county's central point of coordination process under~~
35 ~~section 331.440,~~ regional service management plan provided that

1 a diagnosis is performed only by an individual qualified as
2 provided in this section.

3 Sec. 55. Section 222.61, Code 2011, is amended to read as
4 follows:

5 **222.61 ~~Legal settlement~~ Residency determined.**

6 When a county receives an application on behalf of any
7 person for admission to a resource center or a special unit
8 or when a court issues an order committing any person to a
9 resource center or a special unit, the board of supervisors
10 shall ~~utilize~~ refer the determination of residency to the
11 ~~central point of coordination process~~ regional administrator to
12 determine and certify that the ~~legal settlement~~ residence of
13 the person is in one of the following:

- 14 1. In the county in which the application is received or in
15 which the court is located.
- 16 2. In some other county of the state.
- 17 3. In another state or in a foreign country.
- 18 4. Unknown.

19 Sec. 56. Section 222.62, Code 2011, is amended to read as
20 follows:

21 **222.62 ~~Settlement~~ Residency in another county.**

22 When the ~~board of supervisors determines through the central~~
23 ~~point of coordination process~~ regional administrator determines
24 that the ~~legal settlement~~ residency of the person is other
25 than in the county in which the application is received, the
26 determination shall be certified to the superintendent of the
27 resource center or the special unit where the person is a
28 patient. The certification shall be accompanied by a copy of
29 the evidence supporting the determination. The superintendent
30 shall charge the expenses already incurred and unadjusted, and
31 all future expenses of the patient, to the county certified to
32 be the county of ~~legal settlement~~ residency.

33 Sec. 57. Section 222.63, Code 2011, is amended to read as
34 follows:

35 **222.63 Finding of ~~settlement~~ residency — objection.**

1 A ~~board of supervisors'~~ certification utilizing of the
2 ~~central point of coordination process~~ county's regional
3 administrator that a person's ~~legal settlement~~ residency is in
4 another county shall be sent ~~by the board of supervisors~~ to
5 the auditor of the county of ~~legal settlement~~ residence. The
6 certification shall be accompanied by a copy of the evidence
7 supporting the determination. The auditor of the county of
8 ~~legal settlement~~ residence shall submit the certification
9 to the ~~board of supervisors~~ regional administrator of the
10 auditor's county and it shall be conclusively presumed that the
11 patient has a ~~legal settlement~~ residency in that county unless
12 that county disputes the determination of ~~legal settlement~~
13 residency as provided in section ~~225C.8~~ 331.438F.

14 Sec. 58. Section 222.64, Code 2011, is amended to read as
15 follows:

16 **222.64 Foreign state or country or unknown ~~legal settlement~~**
17 **residency.**

18 If the ~~legal settlement~~ residency of the person is
19 determined by the ~~board of supervisors~~ through the ~~central~~
20 ~~point of coordination process~~ a county or the state to be in
21 a foreign state or country or is determined to be unknown,
22 the ~~board of supervisors~~ county or the state shall certify
23 the determination to the administrator. The certification
24 shall be accompanied by a copy of the evidence supporting the
25 determination. The care of the person shall be as arranged
26 by the ~~board of supervisors~~ county or the state or by an
27 order as the court may enter. Application for admission or
28 order of commitment may be made pending investigation by the
29 administrator.

30 Sec. 59. Section 222.65, Code 2011, is amended to read as
31 follows:

32 **222.65 Investigation.**

33 If an application is made for placement of a person in
34 a state resource center or special unit, the department's
35 administrator shall immediately investigate the ~~legal~~

1 ~~settlement~~ residency of the person and proceed as follows:

2 1. If the administrator concurs with a certified
3 determination as to ~~legal-settlement~~ residency of the person
4 so that the person is deemed a state case under section
5 222.60, the administrator shall cause the person either to be
6 transferred to a resource center or a special unit or to be
7 transferred to the place of foreign ~~settlement~~ residency.

8 2. If the administrator disputes a certified determination
9 of ~~legal-settlement~~ residency, the administrator shall order
10 the person transferred to a state resource center or a special
11 unit until the dispute is resolved.

12 3. If the administrator disputes a certified determination
13 of ~~legal-settlement~~ residency, the administrator shall utilize
14 the procedure provided in section ~~225C.8~~ 331.438F to resolve
15 the dispute. A determination of the person's ~~legal-settlement~~
16 residency status made pursuant to section ~~225C.8~~ 331.438F is
17 conclusive.

18 Sec. 60. Section 222.66, Code 2011, is amended to read as
19 follows:

20 **222.66 Transfers — state cases — expenses.**

21 1. The transfer to a resource center or a special unit or
22 to the place of ~~legal-settlement~~ residency of a person with
23 mental retardation who has no ~~legal-settlement~~ residence in
24 this state or whose ~~legal-settlement~~ residency is unknown,
25 shall be made in accordance with such directions as shall
26 be prescribed by the administrator and when practicable by
27 employees of the state resource center or the special unit.
28 The actual and necessary expenses of such transfers shall be
29 paid by the department on itemized vouchers sworn to by the
30 claimants and approved by the administrator and the approved
31 amount is appropriated to the department from any funds in the
32 state treasury not otherwise appropriated.

33 2. The case of a person with mental retardation who
34 is determined to have no residence in this state or whose
35 residence is unknown shall be considered a state case.

1 Sec. 61. Section 222.67, Code 2011, is amended to read as
2 follows:

3 **222.67 Charge on finding of settlement residency.**

4 If a person has been received into a resource center or a
5 special unit as a patient whose ~~legal settlement is supposedly~~
6 ~~outside the state or~~ residency is unknown and the administrator
7 determines that the ~~legal settlement~~ residency of the patient
8 was at the time of admission or commitment in a county of
9 this state, the administrator shall certify the determination
10 and charge all legal costs and expenses pertaining to the
11 admission or commitment and support of the patient to the
12 county of ~~legal settlement~~ residence. The certification shall
13 be sent to the county of ~~legal settlement~~ residence. The
14 certification shall be accompanied by a copy of the evidence
15 supporting the determination. If the person's ~~legal settlement~~
16 residency status has been determined in accordance with section
17 ~~225C.8~~ 331.438F, the legal costs and expenses shall be charged
18 to the county or as a state case in accordance with that
19 determination. The costs and expenses shall be collected as
20 provided by law in other cases.

21 Sec. 62. Section 222.68, Code 2011, is amended to read as
22 follows:

23 **222.68 Costs paid in first instance.**

24 All necessary and legal expenses for the cost of admission
25 or commitment of a person to a resource center or a special
26 unit when the person's ~~legal settlement~~ residency is found to
27 be in another county of this state shall in the first instance
28 be paid by the county from which the person was admitted or
29 committed. The county of ~~legal settlement~~ residence shall
30 reimburse the county which pays for all such expenses. ~~Where~~
31 any If a county fails to make such reimbursement within
32 forty-five days following submission of a properly itemized
33 bill to the county of ~~legal settlement~~ residence, a penalty of
34 not greater than one percent per month on and after forty-five
35 days from submission of the bill may be added to the amount

1 due.

2 Sec. 63. Section 222.69, Code 2011, is amended to read as
3 follows:

4 **222.69 Payment by state.**

5 ~~All~~ The amount necessary to pay the necessary and legal
6 ~~expenses for the cost of admission or commitment of a person~~
7 ~~to a resource center or a special unit when the person's legal~~
8 ~~settlement residence is outside this state or is unknown shall~~
9 ~~be paid out of~~ is appropriated to the department from any
10 money in the state treasury not otherwise appropriated. Such
11 payments shall be made by the department on itemized vouchers
12 executed by the auditor of the county from which the expenses
13 have been paid and approved by the administrator.

14 Sec. 64. Section 222.70, Code 2011, is amended to read as
15 follows:

16 **222.70 ~~Legal settlement~~ Residency disputes.**

17 If a dispute arises between counties or between the
18 department and a county as to the ~~legal settlement~~ residency
19 of a person admitted or committed to a resource center, a
20 special unit, or a community-based service, the dispute shall
21 be resolved as provided in section ~~225C.8~~ 331.438F.

22 Sec. 65. Section 222.77, Code 2011, is amended to read as
23 follows:

24 **222.77 Patients on leave.**

25 The cost of support of patients placed on convalescent leave
26 or removed as a habilitation measure from a resource center,
27 or a special unit, except when living in the home of a person
28 legally bound for the support of the patient, shall be paid
29 by the county of ~~legal settlement~~ residence or the state as
30 provided in section 222.60. ~~If the patient has no county of~~
31 ~~legal settlement, the cost shall be paid from the support fund~~
32 ~~of the resource center or special unit and charged on abstract~~
33 ~~in the same manner as other state inpatients until the patient~~
34 ~~becomes self-supporting or qualifies for support under other~~
35 ~~statutes.~~

1 Sec. 66. Section 222.78, Code 2011, is amended to read as
2 follows:

3 **222.78 Parents and others liable for support.**

4 1. The father and mother of any patient admitted or
5 committed to a resource center or to a special unit, as
6 either an inpatient or an outpatient, and any person, firm, or
7 corporation bound by contract made for support of the patient
8 are liable for the support of the patient. The patient and
9 those legally bound for the support of the patient shall be
10 liable to the county or state, as applicable, for all sums
11 ~~advanced by the county to the state under~~ in accordance with
12 the provisions of sections 222.60 and 222.77.

13 2. The liability of any person, other than the patient,
14 who is legally bound for the support of a patient who is under
15 eighteen years of age in a resource center or a special unit
16 shall not exceed the average minimum cost of the care of a
17 normally intelligent minor without a disability of the same
18 age and sex as the minor patient. The administrator shall
19 establish the scale for this purpose but the scale shall not
20 exceed the standards for personal allowances established by
21 the state division under the family investment program. The
22 father or mother shall incur liability only during any period
23 when the father or mother either individually or jointly
24 receive a net income from whatever source, commensurate with
25 that upon which they would be liable to make an income tax
26 payment to this state. The father or mother of a patient shall
27 not be liable for the support of the patient upon the patient
28 attaining eighteen years of age. Nothing in this section
29 shall be construed to prevent a relative or other person
30 from voluntarily paying the full actual cost as established
31 by the administrator for caring for the patient with mental
32 retardation.

33 Sec. 67. Section 222.79, Code 2011, is amended to read as
34 follows:

35 **222.79 Certification statement presumed correct.**

1 In actions to enforce the liability imposed by section
2 222.78, ~~the certification statement sent from the~~
3 ~~superintendent to the county auditor pursuant to section~~
4 ~~222.74~~ or the county of residence, as applicable, shall submit
5 a certification statement stating the sums charged ~~in such~~
6 ~~cases~~ and the certification statement shall be considered
7 presumptively correct.

8 Sec. 68. Section 222.80, Code 2011, is amended to read as
9 follows:

10 **222.80 Liability to county or state.**

11 A person admitted or committed to a county institution or
12 home or admitted or committed at county or state expense to a
13 private hospital, sanitarium, or other facility for treatment,
14 training, instruction, care, habilitation, and support as a
15 patient with mental retardation shall be liable to the county
16 or state, as applicable, for the reasonable cost of the support
17 as provided in section 222.78.

18 Sec. 69. Section 222.82, Code 2011, is amended to read as
19 follows:

20 **222.82 Collection of liabilities and claims.**

21 ~~The~~ If liabilities and claims exist as provided in section
22 222.78 or other provision of this chapter, the county of
23 residence or the state, as applicable, may proceed as provided
24 in this section. If the liabilities and claims are owed to
25 a county of residence, the county's board of supervisors of
26 ~~each county~~ may direct the county attorney to proceed with the
27 collection of ~~said~~ the liabilities and claims as a part of
28 the duties of the county attorney's office when the board of
29 supervisors deems such action advisable. If the liabilities
30 and claims are owed to the state, the state shall proceed
31 with the collection. The board of supervisors or the state,
32 as applicable, may and is hereby empowered to compromise any
33 and all liabilities to the county or state arising under this
34 chapter when such compromise is deemed to be in the best
35 interests of the county or state. Any collections and liens

1 shall be limited in conformance to section 614.1, subsection 4.

2 Sec. 70. Section 222.86, Code 2011, is amended to read as
3 follows:

4 **222.86 Payment for care from fund.**

5 If a patient is not receiving medical assistance under
6 chapter 249A and the amount in the account of any patient
7 in the patients' personal deposit fund exceeds two hundred
8 dollars, the business manager of the resource center or special
9 unit may apply any amount of the excess to reimburse the
10 county of ~~legal settlement or the state in a case where no~~
11 ~~legal settlement exists~~ residence for liability incurred by
12 the county or the state for the payment of care, support, and
13 maintenance of the patient, when billed by the county ~~of legal~~
14 ~~settlement or by the administrator for a patient having no~~
15 legal settlement or state, as applicable.

16 Sec. 71. Section 222.92, subsection 3, paragraph a, Code
17 2011, is amended to read as follows:

18 a. Moneys received by the state from billings to counties
19 ~~under section 222.73.~~

20 Sec. 72. Section 225.11, Code 2011, is amended to read as
21 follows:

22 **225.11 Initiating commitment procedures.**

23 When a court finds upon completion of a hearing held pursuant
24 to section 229.12 that the contention that a respondent is
25 seriously mentally impaired has been sustained by clear and
26 convincing evidence, and the application filed under section
27 229.6 also contends or the court otherwise concludes that it
28 would be appropriate to refer the respondent to the state
29 psychiatric hospital for a complete psychiatric evaluation and
30 appropriate treatment pursuant to section 229.13, the judge
31 may order that a financial investigation be made in the manner
32 prescribed by section 225.13. If the costs of a respondent's
33 evaluation or treatment are payable in whole or in part by
34 a county, an order under this section shall be for referral
35 of the respondent through the ~~central point of coordination~~

1 ~~process~~ regional administrator for an evaluation and referral
2 of the respondent to an appropriate placement or service, which
3 may include the state psychiatric hospital for additional
4 evaluation or treatment. For purposes of this chapter, ~~"central~~
5 ~~point of coordination process"~~ "regional administrator" means the
6 same as defined in section ~~331.440~~ 331.438A.

7 Sec. 73. Section 225.15, Code 2011, is amended to read as
8 follows:

9 **225.15 Examination and treatment.**

10 1. When a respondent arrives at the state psychiatric
11 hospital, the admitting physician shall examine the respondent
12 and determine whether or not, in the physician's judgment, the
13 respondent is a fit subject for observation, treatment, and
14 hospital care. If, upon examination, the physician decides
15 that the respondent should be admitted to the hospital, the
16 respondent shall be provided a proper bed in the hospital;
17 and the physician who has charge of the respondent shall
18 proceed with observation, medical treatment, and hospital care
19 as in the physician's judgment are proper and necessary, in
20 compliance with sections 229.13 to 229.16.

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

27 Sec. 74. Section 225.17, subsection 2, Code 2011, is amended
28 to read as follows:

29 2. When the respondent arrives at the hospital, the
30 respondent shall receive the same treatment as is provided for
31 committed public patients in section 225.15, in compliance with
32 sections 229.13 to 229.16. However, observation, treatment,
33 and hospital care under this section of a respondent whose
34 expenses are payable in whole or in part by a county shall
35 only be provided as determined through the ~~central point of~~

1 ~~coordination process~~ county's regional administrator.

2 Sec. 75. Section 225.23, Code 2011, is amended to read as
3 follows:

4 **225.23 Collection for treatment.**

5 If the bills for a committed or voluntary private patient are
6 paid by the state, the state psychiatric hospital shall file a
7 certified copy of the claim for the bills with the ~~auditor of~~
8 ~~the patient's county of residence~~ department of administrative
9 services. The ~~county of residence~~ department shall proceed to
10 collect the claim in the name of the state psychiatric hospital
11 and, when collected, pay the amount collected to the director
12 of the ~~department of administrative services.~~ The hospital
13 shall also, at the same time, forward a duplicate of the claim
14 to the ~~director of the department of administrative services.~~

15 Sec. 76. Section 225C.2, subsection 2, Code 2011, is amended
16 by striking the subsection.

17 Sec. 77. Section 225C.2, Code 2011, is amended by adding the
18 following new subsection:

19 NEW SUBSECTION. 9. "*Regional administrator*" means the same
20 as defined in section 331.438A.

21 Sec. 78. Section 225C.5, subsection 1, paragraph f, Code
22 Supplement 2011, is amended to read as follows:

23 *f.* Two members shall be ~~administrators of the central point~~
24 ~~of coordination process established in accordance with section~~
25 ~~331.440~~ regional administrator staff selected from nominees
26 submitted by the community services affiliate of the Iowa state
27 association of counties.

28 Sec. 79. Section 225C.6, subsection 1, paragraph b, Code
29 Supplement 2011, is amended to read as follows:

30 *b.* Adopt necessary rules pursuant to chapter 17A which
31 relate to disability programs, core disability services, and
32 other services, including but not limited to definitions of
33 each disability included within the term "*disability services*"
34 as necessary for purposes of state, county, and regional
35 planning, programs, and services.

1 Sec. 80. Section 225C.6, subsection 1, paragraph 1, Code
2 Supplement 2011, is amended by striking the paragraph and
3 inserting in lieu thereof the following:

4 1. Identify basic financial eligibility standards for the
5 disability services provided by a mental health and disability
6 services region. The initial standards shall be as specified
7 in chapter 331.

8 Sec. 81. Section 225C.6A, Code 2011, is amended to read as
9 follows:

10 **225C.6A Disability services data system redesign.**

11 The commission shall do the following relating to ~~redesign~~
12 ~~of the data concerning the disability services system in the~~
13 state:

14 ~~1. Identify sources of revenue to support statewide~~
15 ~~delivery of core disability services to eligible disability~~
16 ~~populations.~~

17 ~~2. Ensure there is a continuous improvement process for~~
18 ~~development and maintenance of the disability services system~~
19 ~~for adults and children. The process shall include but is not~~
20 ~~limited to data collection and reporting provisions.~~

21 ~~3.~~ a. 1. Plan, collect, and analyze data as necessary to
22 issue cost estimates for serving additional populations and
23 providing core disability services statewide. The department
24 shall maintain compliance with applicable federal and state
25 privacy laws to ensure the confidentiality and integrity of
26 individually identifiable disability services data. The
27 department shall regularly assess the status of the compliance
28 in order to assure that data security is protected.

29 ~~b.~~ 2. In implementing a system under this ~~subsection~~
30 ~~section~~ for collecting and analyzing state, county, and private
31 contractor data, the department shall establish a client
32 identifier for the individuals receiving services. The client
33 identifier shall be used in lieu of the individual's name or
34 social security number. The client identifier shall consist of
35 the last four digits of an individual's social security number,

1 the first three letters of the individual's last name, the
2 individual's date of birth, and the individual's gender in an
3 order determined by the department.

4 ~~e.~~ 3. Each ~~county~~ regional administrator shall regularly
5 report to the department ~~annually on or before December 1, for~~
6 ~~the preceding fiscal year~~ the following information for each
7 individual served: demographic information, expenditure data,
8 and data concerning the services and other support provided to
9 each individual, as specified in administrative rule adopted
10 by the commission.

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

23 Sec. 82. Section 225C.14, subsection 1, Code 2011, is
24 amended to read as follows:

25 1. Except in cases of medical emergency, a person shall be
26 admitted to a state mental health institute as an inpatient
27 only after a preliminary diagnostic evaluation performed
28 through the ~~central point of coordination process~~ regional
29 administrator of the person's county of residence has confirmed
30 that the admission is appropriate to the person's mental health
31 needs, and that no suitable alternative method of providing the
32 needed services in a less restrictive setting or in or nearer
33 to the person's home community is currently available. If
34 provided for through the ~~central point of coordination process~~
35 regional administrator, the evaluation may be performed by a

1 community mental health center or by an alternative diagnostic
2 facility. The policy established by this section shall be
3 implemented in the manner and to the extent prescribed by
4 sections 225C.15, 225C.16 and 225C.17.

5 Sec. 83. Section 225C.16, subsections 2 through 4, Code
6 2011, are amended to read as follows:

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

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

29 4. The chief medical officer of a state mental health
30 institute shall promptly submit to the appropriate entity
31 designated through the ~~central point of coordination process~~
32 regional administrator under section 225C.14 a report of the
33 voluntary admission of a patient under the medical emergency
34 clauses of subsections 1 and 2. The report shall explain the
35 nature of the emergency which necessitated the admission of

1 the patient without a preliminary diagnostic evaluation by the
2 designated entity.

3 Sec. 84. Section 225C.19, subsection 3, paragraph c,
4 subparagraph (4), Code 2011, is amended to read as follows:

5 (4) County ~~central point of coordination processes~~ regional
6 administrators.

7 Sec. 85. Section 226.9C, subsection 1, unnumbered paragraph
8 1, Code Supplement 2011, is amended to read as follows:

9 The state mental health institute at Mount Pleasant shall
10 operate the dual diagnosis mental health and ~~substance~~
11 ~~abuse~~ substance-related disorder treatment program on a net
12 budgeting basis in which fifty percent of the actual per diem
13 and ancillary services costs are chargeable to the patient's
14 county of ~~legal settlement or as a state case, as appropriate~~
15 residence. Subject to the approval of the department, revenues
16 attributable to the dual diagnosis program for each fiscal year
17 shall be deposited in the mental health institute's account
18 and are appropriated to the department for the dual diagnosis
19 program, including but not limited to all of the following
20 revenues:

21 Sec. 86. Section 226.9C, subsection 2, Code Supplement
22 2011, is amended to read as follows:

23 2. The following additional provisions are applicable in
24 regard to the dual diagnosis program:

25 a. A county may split the charges between the county's
26 mental health, mental retardation, and developmental
27 disabilities services fund created pursuant to section 331.424A
28 and the county's budget for ~~substance abuse~~ substance-related
29 disorder expenditures.

30 b. If an individual is committed to the custody of the
31 department of corrections at the time the individual is
32 referred for dual diagnosis treatment, the department of
33 corrections shall be charged for the costs of treatment.

34 c. Prior to an individual's admission for dual diagnosis
35 treatment, the individual shall have been screened through a

1 county's ~~central point of coordination process implemented~~
2 ~~pursuant to section 331.440~~ regional administrator to determine
3 the appropriateness of the treatment.

4 d. A county shall not be chargeable for the costs of
5 treatment for an individual enrolled in and authorized by or
6 decertified by a managed behavioral care plan under the medical
7 assistance program.

8 e. Notwithstanding section 8.33, state mental health
9 institute revenues related to the dual diagnosis program that
10 remain unencumbered or unobligated at the close of the fiscal
11 year shall not revert but shall remain available up to the
12 amount which would allow the state mental health institute
13 to meet credit obligations owed to counties as a result of
14 year-end per diem adjustments for the dual diagnosis program.

15 Sec. 87. Section 226.45, Code 2011, is amended to read as
16 follows:

17 **226.45 Reimbursement to county or state.**

18 If a patient is not receiving medical assistance under
19 chapter 249A and the amount to the account of any patient
20 in the patients' personal deposit fund exceeds two hundred
21 dollars, the business manager of the hospital may apply any of
22 the excess to reimburse the county of ~~legal settlement or the~~
23 ~~state in a case where no legal settlement exists~~ residence for
24 liability incurred by the county ~~or the state~~ for the payment
25 of care, support and maintenance of the patient, when billed by
26 the county of ~~legal settlement or by the administrator for a~~
27 ~~patient having no legal settlement~~ residence.

28 Sec. 88. Section 227.10, Code 2011, is amended to read as
29 follows:

30 **227.10 Transfers from county or private institutions.**

31 Patients who have been admitted at public expense to
32 any institution to which this chapter is applicable may be
33 involuntarily transferred to the proper state hospital for
34 persons with mental illness in the manner prescribed by
35 sections 229.6 to 229.13. The application required by section

1 229.6 may be filed by the administrator of the division or
2 the administrator's designee, or by the administrator of the
3 institution where the patient is then being maintained or
4 treated. If the patient was admitted to that institution
5 involuntarily, the administrator of the division may arrange
6 and complete the transfer, and shall report it as required of
7 a chief medical officer under section 229.15, subsection 5.
8 The transfer shall be made at county expense, and the expense
9 recovered, as provided in section 227.7. However, transfer
10 under this section of a patient whose expenses are payable in
11 whole or in part by a county is subject to an authorization for
12 the transfer through the ~~central point of coordination process~~
13 county's regional administrator as defined in chapter 331.

14 Sec. 89. Section 229.1, subsection 3, Code Supplement 2011,
15 is amended by striking the subsection.

16 Sec. 90. Section 229.1, Code Supplement 2011, is amended by
17 adding the following new subsection:

18 NEW SUBSECTION. 14A. "*Regional administrator*" means the
19 same as defined in section 331.438A.

20 Sec. 91. Section 229.1B, Code 2011, is amended to read as
21 follows:

22 **229.1B ~~Central point of coordination process~~ Regional**
23 **administrator authorization.**

24 Notwithstanding any provision of this chapter to the
25 contrary, any person whose hospitalization expenses are
26 payable in whole or in part by a county shall be subject to
27 all requirements of the ~~central point of coordination process~~
28 county's regional administrator.

29 Sec. 92. Section 229.9A, Code 2011, is amended to read as
30 follows:

31 **229.9A Advocate informed.**

32 The court shall direct the clerk to furnish the advocate
33 of the respondent's county of ~~legal settlement~~ residence
34 with a copy of application and any order issued pursuant to
35 section 229.8, subsection 3. The advocate may attend the

1 hospitalization hearing of any respondent for whom the advocate
2 has received notice of a hospitalization hearing.

3 Sec. 93. Section 229.11, subsection 1, unnumbered paragraph
4 1, Code 2011, is amended to read as follows:

5 If the applicant requests that the respondent be taken into
6 immediate custody and the judge, upon reviewing the application
7 and accompanying documentation, finds probable cause to believe
8 that the respondent has a serious mental impairment and is
9 likely to injure the respondent or other persons if allowed
10 to remain at liberty, the judge may enter a written order
11 directing that the respondent be taken into immediate custody
12 by the sheriff or the sheriff's deputy and be detained until
13 the hospitalization hearing. The hospitalization hearing shall
14 be held no more than five days after the date of the order,
15 except that if the fifth day after the date of the order is
16 a Saturday, Sunday, or a holiday, the hearing may be held
17 on the next succeeding business day. If the expenses of a
18 respondent are payable in whole or in part by a county, for a
19 placement in accordance with paragraph "a", the judge shall give
20 notice of the placement to the ~~central point of coordination~~
21 ~~process~~ county's regional administrator, and for a placement
22 in accordance with paragraph "b" or "c", the judge shall order
23 the placement in a hospital or facility designated through
24 the ~~central point of coordination process~~ county's regional
25 administrator. The judge may order the respondent detained for
26 the period of time until the hearing is held, and no longer,
27 in accordance with paragraph "a", if possible, and if not then
28 in accordance with paragraph "b", or, only if neither of these
29 alternatives is available, in accordance with paragraph "c".

30 Detention may be:

31 Sec. 94. Section 229.12, subsection 2, Code 2011, is amended
32 to read as follows:

33 2. All persons not necessary for the conduct of the
34 proceeding shall be excluded, except that the court may admit
35 persons having a legitimate interest in the proceeding and

1 shall permit the advocate from the respondent's county of legal
2 ~~settlement~~ residence to attend the hearing. Upon motion of the
3 county attorney, the judge may exclude the respondent from the
4 hearing during the testimony of any particular witness if the
5 judge determines that witness's testimony is likely to cause
6 the respondent severe emotional trauma.

7 Sec. 95. Section 229.13, subsection 1, paragraph a, Code
8 2011, is amended to read as follows:

9 a. The court shall order a respondent whose expenses are
10 payable in whole or in part by a county placed under the care
11 of an appropriate hospital or facility designated through the
12 ~~central point of coordination process~~ regional administrator
13 of the respondent's county of residence on an inpatient or
14 outpatient basis.

15 Sec. 96. Section 229.14, subsection 2, paragraph a, Code
16 2011, is amended to read as follows:

17 a. For a respondent whose expenses are payable in whole
18 or in part by a county, placement as designated through the
19 ~~central point of coordination process~~ regional administrator
20 of the respondent's county of residence in the care of an
21 appropriate hospital or facility on an inpatient or outpatient
22 basis, or other appropriate treatment, or in an appropriate
23 alternative placement.

24 Sec. 97. Section 229.14A, subsections 7 and 9, Code 2011,
25 are amended to read as follows:

26 7. If a respondent's expenses are payable in whole or in
27 part by a county through the ~~central point of coordination~~
28 ~~process~~ regional administrator of the respondent's county of
29 residence, notice of a placement hearing shall be provided
30 to the county attorney and the county's ~~central point of~~
31 ~~coordination process~~ regional administrator. At the hearing,
32 the county may present evidence regarding appropriate
33 placement.

34 9. A placement made pursuant to an order entered under
35 section 229.13 or 229.14 or this section shall be considered to

1 be authorized through the ~~central point of coordination process~~
2 regional administrator.

3 Sec. 98. Section 229.19, subsection 1, paragraph b, Code
4 2011, is amended to read as follows:

5 b. The court or, if the advocate is appointed by the county
6 board of supervisors, the board shall assign the advocate
7 appointed from a patient's county of ~~legal settlement~~ residence
8 to represent the interests of the patient. If a patient has no
9 county of ~~legal settlement~~ residence or the patient's residence
10 is unknown, the court or, if the advocate is appointed by
11 the county board of supervisors, the board shall assign the
12 advocate appointed from the county where the hospital or
13 facility is located to represent the interests of the patient.

14 Sec. 99. Section 229.24, subsection 3, unnumbered paragraph
15 1, Code 2011, is amended to read as follows:

16 If all or part of the costs associated with hospitalization
17 of an individual under this chapter are chargeable to a county
18 of ~~legal settlement~~ residence, the clerk of the district court
19 shall provide to the ~~county of legal settlement~~ regional
20 administrator of the respondent's county of residence and
21 to the regional administrator of the county in which the
22 hospitalization order is entered the following information
23 pertaining to the individual which would be confidential under
24 subsection 1:

25 Sec. 100. Section 229.31, Code 2011, is amended to read as
26 follows:

27 **229.31 Commission of inquiry.**

28 A sworn complaint, alleging that a named person is not
29 seriously mentally impaired and is unjustly deprived of liberty
30 in any hospital in the state, may be filed by any person with
31 the clerk of the district court of the county in which such
32 named person is so confined, or of the county in which such
33 named person ~~has a legal settlement, and thereupon a~~ is a
34 resident. Upon receiving the complaint, a judge of ~~said~~ that
35 court shall appoint a commission of not more than three persons

1 to inquire into the truth of ~~said~~ the allegations. One of
2 ~~said~~ the commissioners shall be a physician and if additional
3 commissioners are appointed, one of ~~such~~ the additional
4 commissioners shall be a lawyer.

5 Sec. 101. Section 229.42, Code 2011, is amended to read as
6 follows:

7 **229.42 Costs paid by county.**

8 1. If a person wishing to make application for voluntary
9 admission to a mental hospital established by chapter 226 is
10 unable to pay the costs of hospitalization or those responsible
11 for the person are unable to pay the costs, application for
12 authorization of voluntary admission must be made through a
13 ~~central point of coordination process~~ regional administrator
14 before application for admission is made to the hospital.
15 The person's county of ~~legal settlement~~ residence shall be
16 determined through the ~~central point of coordination process~~
17 county's regional administrator and if the admission is
18 approved through the ~~central point of coordination process~~
19 regional administrator, the person's admission to a mental
20 health hospital shall be authorized as a voluntary case.
21 The authorization shall be issued on forms provided by the
22 administrator. The costs of the hospitalization shall be paid
23 by the county of ~~legal settlement~~ residence to the department
24 of human services and credited to the general fund of the
25 state, provided that the mental health hospital rendering the
26 services has certified to the county auditor of the county
27 of ~~legal settlement~~ residence the amount chargeable to the
28 county and has sent a duplicate statement of the charges to the
29 department of human services. A county shall not be billed
30 for the cost of a patient unless the patient's admission is
31 authorized through the ~~central point of coordination process~~
32 county's regional administrator. The mental health institute
33 and the county shall work together to locate appropriate
34 alternative placements and services, and to educate patients
35 and family members of patients regarding such alternatives.

1 2. All the provisions of chapter 230 shall apply to such
2 voluntary patients so far as is applicable.

3 3. The provisions of this section and of section 229.41
4 shall apply to all voluntary inpatients or outpatients
5 receiving mental health services either away from or at the
6 institution.

7 4. If a county fails to pay the billed charges within
8 forty-five days from the date the county auditor received the
9 certification statement from the superintendent, the department
10 of human services shall charge the delinquent county the
11 penalty of one percent per month on and after forty-five days
12 from the date the county received the certification statement
13 until paid. The penalties received shall be credited to the
14 general fund of the state.

15 Sec. 102. Section 229.43, Code 2011, is amended to read as
16 follows:

17 **229.43 ~~Nonresidents or no-settlement~~ Nonresident patients.**

18 The administrator may place patients of mental health
19 institutes ~~who have no county of legal settlement,~~ who
20 are nonresidents, ~~or whose legal settlement is unknown~~ on
21 convalescent leave to a private sponsor or in a health care
22 facility licensed under chapter 135C, when in the opinion
23 of the administrator the placement is in the best interests
24 of the patient and the state of Iowa. If the patient was
25 involuntarily hospitalized, the district court which ordered
26 hospitalization of the patient must be informed when the
27 patient is placed on convalescent leave, as required by section
28 229.15, subsection 5.

29 Sec. 103. Section 230.1, Code 2011, is amended to read as
30 follows:

31 **230.1 Liability of county and state.**

32 1. The necessary and legal costs and expenses attending
33 the taking into custody, care, investigation, admission,
34 commitment, and support of a person with mental illness
35 admitted or committed to a state hospital shall be paid by a

1 county or by the state as follows:

2 ~~a. By the county in which such person has a legal~~
3 ~~settlement, if~~ If the person is eighteen years of age or older,
4 by the person's county of residence unless the costs and
5 expenses are covered by the medical assistance program under
6 chapter 249A or the person is described by paragraph "b".

7 ~~b. By the state when if such person has no legal settlement~~
8 residence in this state, when if the person's legal settlement
9 residence is unknown, or if the costs and expenses are covered
10 by the medical assistance program under chapter 249A, or if the
11 person is under eighteen years of age.

12 2. ~~The legal settlement county of residence of any person~~
13 ~~found mentally ill with mental illness who is a patient of~~
14 ~~any state institution shall be that the person's county of~~
15 ~~residence existing at the time of admission thereto to the~~
16 ~~institution.~~

17 3. A county of ~~legal settlement~~ residence is not liable
18 for costs and expenses associated with a person with mental
19 illness unless the costs and expenses are for services and
20 other support authorized for the person through the ~~central~~
21 ~~point of coordination process~~ county's regional administrator.
22 For the purposes of this chapter, "~~central point of coordination~~
23 ~~process~~" "regional administrator" means the same as defined in
24 section ~~331.440~~ 331.438A.

25 Sec. 104. Section 230.2, Code 2011, is amended to read as
26 follows:

27 **230.2 Finding of ~~legal settlement~~ residence.**

28 If a person's ~~legal settlement~~ residency status is
29 disputed, ~~legal settlement~~ the residency shall be determined
30 in accordance with section ~~225C.8~~ 331.438F. Otherwise, the
31 district court may, when the person is ordered placed in a
32 hospital for psychiatric examination and appropriate treatment,
33 or as soon thereafter as the court obtains the proper
34 information, determine and enter of record whether the ~~legal~~
35 ~~settlement~~ residence of the person is one of the following:

1 1. In the county from which the person was placed in the
2 hospital~~;~~.

3 2. In ~~some other~~ another county of the state~~;~~.

4 3. In ~~some~~ a foreign state or country~~;~~ or.

5 4. Unknown.

6 Sec. 105. Section 230.3, Code 2011, is amended to read as
7 follows:

8 **230.3 Certification of settlement.**

9 If a person's ~~legal settlement~~ county of residence
10 is determined ~~through~~ by the county's ~~central point of~~
11 ~~coordination process~~ regional administrator to be in another
12 county of this state, the ~~county making the determination~~
13 regional administrator shall certify the determination to the
14 superintendent of the hospital to which the person is admitted
15 or committed. The certification shall be accompanied by a copy
16 of the evidence supporting the determination. Upon receiving
17 the certification, the superintendent shall charge the expenses
18 already incurred and unadjusted, and all future expenses of
19 the person~~,~~ to the county determined to be the county of ~~legal~~
20 ~~settlement~~ residence.

21 Sec. 106. Section 230.4, Code 2011, is amended to read as
22 follows:

23 **230.4 Certification to debtor county.**

24 A determination of a person's ~~legal settlement~~ county of
25 residence made in accordance with section 230.2 or 230.3 shall
26 be sent by the court or the county to the county auditor of
27 the county of ~~legal settlement~~ residence. The certification
28 shall be accompanied by a copy of the evidence supporting the
29 determination. The auditor shall provide the certification
30 to the board of supervisors of the auditor's county, and it
31 shall be conclusively presumed that the person has a ~~legal~~
32 ~~settlement~~ residence in the notified county unless that county
33 disputes the finding of ~~legal settlement~~ residence as provided
34 in section ~~225C.8~~ 331.438F.

35 Sec. 107. Section 230.5, Code 2011, is amended to read as

1 follows:

2 **230.5 Nonresidents.**

3 If a person's ~~legal settlement~~ residence is determined in
4 accordance with section 230.2 or 230.3 to be in a foreign state
5 or country, or is unknown, the court or the ~~county~~ regional
6 administrator shall immediately certify the determination
7 to the department's administrator. The certification shall
8 be accompanied by a copy of the evidence supporting the
9 determination. A court order issued pursuant to section
10 229.13 shall direct that the patient be hospitalized at the
11 appropriate state hospital for persons with mental illness.

12 Sec. 108. Section 230.8, Code 2011, is amended to read as
13 follows:

14 **230.8 Transfers of persons with mental illness — expenses.**

15 The transfer to any state hospitals or to the places of
16 their ~~legal settlement~~ residence of persons with mental illness
17 who have no ~~legal settlement~~ residence in this state or whose
18 ~~legal settlement~~ residence is unknown, shall be made according
19 to the directions of the administrator, and when practicable
20 by employees of the state hospitals, ~~and the.~~ The actual
21 and necessary expenses of such transfers shall be paid on
22 itemized vouchers sworn to by the claimants and approved by the
23 administrator, and the amount of the expenses is appropriated
24 to the department from any funds in the state treasury not
25 otherwise appropriated.

26 Sec. 109. Section 230.9, Code 2011, is amended to read as
27 follows:

28 **230.9 Subsequent discovery of residence.**

29 If, after a person has been received by a state hospital for
30 persons with mental illness as a ~~state case~~ patient whose ~~legal~~
31 ~~settlement~~ residence is supposed to be outside this state or
32 ~~unknown~~, the administrator determines that the ~~legal settlement~~
33 residence of the person was, at the time of admission or
34 commitment, in a county of this state, the administrator shall
35 certify the determination and charge all legal costs and

1 expenses pertaining to the admission or commitment and support
2 of the person to the county of ~~legal-settlement~~ residence. The
3 certification shall be sent to the county of ~~legal-settlement~~
4 residence. The certification shall be accompanied by a copy
5 of the evidence supporting the determination. The costs and
6 expenses shall be collected as provided by law in other cases.
7 If the person's ~~legal-settlement~~ residency status has been
8 determined in accordance with section ~~225C.8~~ 331.438F, the
9 legal costs and expenses shall be charged to the county ~~or as a~~
10 ~~state case of~~ residence in accordance with that determination.

11 Sec. 110. Section 230.10, Code 2011, is amended to read as
12 follows:

13 **230.10 Payment of costs.**

14 All legal costs and expenses attending the taking into
15 custody, care, investigation, and admission or commitment of
16 a person to a state hospital for persons with mental illness
17 under a finding that ~~such~~ the person has a ~~legal-settlement~~
18 residency in another county of this state shall be charged
19 against the county of ~~legal-settlement~~ residence.

20 Sec. 111. Section 230.11, Code 2011, is amended to read as
21 follows:

22 **230.11 Recovery of costs from state.**

23 Costs and expenses attending the taking into custody,
24 care, and investigation of a person who has been admitted
25 or committed to a state hospital, United States department
26 of veterans affairs hospital, or other agency of the United
27 States government, for persons with mental illness and who
28 has no ~~legal-settlement~~ residence in this state or whose
29 ~~legal-settlement~~ residence is unknown, including cost of
30 commitment, if any, shall be paid ~~out of~~ as approved by the
31 administrator. The amount of the costs and expenses approved
32 by the administrator is appropriated to the department from
33 any money in the state treasury not otherwise appropriated, on
34 itemized vouchers executed by the auditor of the county which
35 has paid them, and approved by the administrator.

1 Sec. 112. Section 230.12, Code 2011, is amended to read as
2 follows:

3 **230.12 ~~Legal settlement~~ Residency disputes.**

4 If a dispute arises between different counties or between
5 the administrator and a county as to the ~~legal settlement~~
6 residence of a person admitted or committed to a state hospital
7 for persons with mental illness, the dispute shall be resolved
8 as provided in section ~~225C.8~~ 331.438F.

9 Sec. 113. Section 230.20, subsection 2, paragraph b, Code
10 2011, is amended to read as follows:

11 **b.** The per diem costs billed to each county shall not exceed
12 the per diem costs billed to the county in the fiscal year
13 beginning July 1, 1996. However, the per diem costs billed
14 to a county may be adjusted annually to reflect increased
15 costs to the extent of the percentage increase in the total
16 of county fixed budgets pursuant to the allowed growth factor
17 adjustment authorized by the general assembly for the fiscal
18 year in accordance with section 331.439, Code 2011, and annual
19 percentage increases in state support provided to the regional
20 mental health and disability service system under chapter 331.

21 Sec. 114. Section 230.32, Code 2011, is amended to read as
22 follows:

23 **230.32 Support of nonresident patients on leave.**

24 The cost of support of patients without ~~legal settlement~~
25 residence in this state, who are placed on convalescent
26 leave or removed from a state mental institute to any health
27 care facility licensed under chapter 135C for rehabilitation
28 purposes, shall be paid from the hospital support fund
29 and shall be charged on abstract in the same manner as
30 state inpatients, until such time as the patient becomes
31 self-supporting or qualifies for support under existing
32 statutes.

33 Sec. 115. Section 231.56A, subsection 2, Code 2011, is
34 amended to read as follows:

35 2. The target population of the projects shall be any

1 older individual residing in Iowa who is at risk of or who is
2 experiencing abuse, neglect, or exploitation which may include
3 but is not limited to an older individual who is the subject of
4 a report of suspected dependent adult abuse pursuant to chapter
5 235B. This subsection shall not apply to an older individual
6 who is receiving assistance under a ~~county management plan~~
7 ~~approved pursuant to section 331.439~~ regional mental health and
8 disability services system under chapter 331.

9 Sec. 116. Section 232.2, subsection 4, paragraph f,
10 subparagraph (3), Code 2011, is amended to read as follows:

11 (3) The transition plan shall be developed and reviewed
12 by the department in collaboration with a child-centered
13 transition team. The transition team shall be comprised of
14 the child's caseworker and persons selected by the child,
15 persons who have knowledge of services available to the child,
16 and any person who may reasonably be expected to be a service
17 provider for the child when the child becomes an adult or to
18 become responsible for the costs of services at that time.
19 If the child is reasonably likely to need or be eligible for
20 adult services, the transition team membership shall include
21 representatives from the adult services system. The adult
22 services system representatives may include but are not
23 limited to the administrator of county general relief under
24 chapter 251 or 252 or ~~of the central point of coordination~~
25 ~~process implemented under section 331.440~~ county's regional
26 administrator under chapter 331. The membership of the
27 transition team and the meeting dates for the team shall be
28 documented in the transition plan.

29 Sec. 117. Section 235.7, subsection 2, Code 2011, is amended
30 to read as follows:

31 2. *Membership.* The department may authorize the governance
32 boards of decategorization of child welfare and juvenile
33 justice funding projects established under section 232.188 to
34 appoint the transition committee membership and may utilize
35 the boundaries of decategorization projects to establish

1 the service areas for transition committees. The committee
2 membership may include but is not limited to department of
3 human services staff involved with foster care, child welfare,
4 and adult services, juvenile court services staff, staff
5 involved with county general relief under chapter 251 or 252,
6 or of the ~~central point of coordination process~~ regional
7 mental health and disability services implemented under
8 ~~section 331.440~~ chapter 331, school district and area education
9 agency staff involved with special education, and a child's
10 court appointed special advocate, guardian ad litem, service
11 providers, and other persons knowledgeable about the child.

12 Sec. 118. Section 235A.15, subsection 2, paragraph c,
13 subparagraph (9), Code Supplement 2011, is amended to read as
14 follows:

15 (9) To the administrator of an agency providing mental
16 health, mental retardation, or developmental disability
17 services under a ~~county~~ regional mental health and disability
18 services management plan developed pursuant to ~~section 331.439~~
19 chapter 331, if the data concerns a person employed by or being
20 considered by the agency for employment.

21 Sec. 119. Section 235B.6, subsection 2, paragraph c,
22 subparagraph (6), Code Supplement 2011, is amended to read as
23 follows:

24 (6) To the administrator of an agency providing mental
25 health, mental retardation, or developmental disability
26 services under a ~~county~~ regional mental health and disability
27 services management plan developed pursuant to ~~section 331.439~~
28 chapter 331, if the information concerns a person employed by
29 or being considered by the agency for employment.

30 Sec. 120. Section 249A.12, Code 2011, is amended to read as
31 follows:

32 **249A.12 Assistance to persons with mental retardation —**
33 **state cases.**

34 1. Assistance may be furnished under this chapter to an
35 otherwise eligible recipient who is a resident of a health

1 care facility licensed under chapter 135C and certified as an
2 intermediate care facility for persons with mental retardation.

3 ~~2. A county shall reimburse the department on a monthly~~
4 ~~basis for that portion of the cost of assistance provided~~
5 ~~under this section to a recipient with legal settlement in~~
6 ~~the county, which is not paid from federal funds, if the~~
7 ~~recipient's placement has been approved by the appropriate~~
8 ~~review organization as medically necessary and appropriate.~~
9 ~~The department's goal for the maximum time period for~~
10 ~~submission of a claim to a county is not more than sixty~~
11 ~~days following the submission of the claim by the provider~~
12 ~~of the service to the department. The department's goal for~~
13 ~~completion and crediting of a county for cost settlement for~~
14 ~~the actual costs of a service under a home and community-based~~
15 ~~services waiver is within two hundred seventy days of the close~~
16 ~~of a fiscal year for which cost reports are due from providers.~~
17 ~~The department shall place all reimbursements from counties~~
18 ~~in the appropriation for medical assistance, and may use the~~
19 ~~reimbursed funds in the same manner and for any purpose for~~
20 ~~which the appropriation for medical assistance may be used.~~

21 ~~3.~~ 2. If a county reimburses reimbursed the department for
22 medical assistance provided under this section, Code 2011, and
23 the amount of medical assistance is subsequently repaid through
24 a medical assistance income trust or a medical assistance
25 special needs trust as defined in section 633C.1, the
26 department shall reimburse the county on a proportionate basis.
27 The department shall adopt rules to implement this subsection.

28 ~~4.~~ 3. *a.* Effective July 1, 1995, the state shall be
29 responsible for all of the nonfederal share of the costs of
30 intermediate care facility for persons with mental retardation
31 services provided under medical assistance to minors.
32 Notwithstanding ~~subsection 2~~ and contrary provisions of section
33 222.73, Code 2011, effective July 1, 1995, a county is not
34 required to reimburse the department and shall not be billed
35 for the nonfederal share of the costs of such services provided

1 to minors.

2 *b.* The state shall be responsible for all of the nonfederal
3 share of medical assistance home and community-based services
4 waivers for persons with intellectual disabilities services
5 provided to minors, and a county is not required to reimburse
6 the department and shall not be billed for the nonfederal share
7 of the costs of the services.

8 *c.* Effective February 1, 2002, the state shall be
9 responsible for all of the nonfederal share of the costs of
10 intermediate care facility for persons with mental retardation
11 services provided under medical assistance attributable to the
12 assessment fee for intermediate care facilities for individuals
13 with mental retardation imposed pursuant to section 249A.21.
14 ~~Notwithstanding subsection 2, effective~~ Effective February 1,
15 2003, a county is not required to reimburse the department and
16 shall not be billed for the nonfederal share of the costs of
17 such services attributable to the assessment fee.

18 ~~5.~~ 4. *a.* The mental health and disability services
19 commission shall recommend to the department the actions
20 necessary to assist in the transition of individuals being
21 served in an intermediate care facility for persons with
22 mental retardation, who are appropriate for the transition,
23 to services funded under a medical assistance home and
24 community-based services waiver for persons with intellectual
25 disabilities in a manner which maximizes the use of existing
26 public and private facilities. The actions may include but are
27 not limited to submitting any of the following or a combination
28 of any of the following as a request for a revision of the
29 medical assistance home and community-based services waiver for
30 persons with intellectual disabilities:

31 (1) Allow for the transition of intermediate care
32 facilities for persons with mental retardation licensed under
33 chapter 135C, to services funded under the medical assistance
34 home and community-based services waiver for persons with
35 intellectual disabilities. The request shall be for inclusion

1 of additional persons under the waiver associated with the
2 transition.

3 (2) Allow for reimbursement under the waiver for day program
4 or other service costs.

5 (3) Allow for exception provisions in which an intermediate
6 care facility for persons with mental retardation which does
7 not meet size and other facility-related requirements under
8 the waiver in effect on June 30, 1996, may convert to a waiver
9 service for a set period of time such as five years. Following
10 the set period of time, the facility would be subject to the
11 waiver requirements applicable to services which were not
12 operating under the exception provisions.

13 b. In implementing the provisions of this subsection, the
14 mental health and disability services commission shall consult
15 with other states. The waiver revision request or other action
16 necessary to assist in the transition of service provision
17 from intermediate care facilities for persons with mental
18 retardation to alternative programs shall be implemented by
19 the department in a manner that can appropriately meet the
20 needs of individuals at an overall lower cost to counties, the
21 federal government, and the state. In addition, the department
22 shall take into consideration significant federal changes to
23 the medical assistance program in formulating the department's
24 actions under this subsection. The department shall consult
25 with the mental health and disability services commission in
26 adopting rules for oversight of facilities converted pursuant
27 to this subsection. A transition approach described in
28 paragraph "a" may be modified as necessary to obtain federal
29 waiver approval.

30 ~~6.~~ 5. a. The provisions of the home and community-based
31 services waiver for persons with intellectual disabilities
32 shall include adult day care, prevocational, and transportation
33 services. Transportation shall be included as a separately
34 payable service.

35 b. The department of human services shall seek federal

1 approval to amend the home and community-based services waiver
2 for persons with intellectual disabilities to include day
3 habilitation services. Inclusion of day habilitation services
4 in the waiver shall take effect upon receipt of federal
5 approval.

6 ~~c. The person's county of legal settlement shall pay for~~
7 ~~the nonfederal share of the cost of services provided under~~
8 ~~the waiver, and the state shall pay for the nonfederal share~~
9 ~~of such costs if the person has no legal settlement or the~~
10 ~~legal settlement is unknown so that the person is deemed to be~~
11 ~~a state case.~~

12 ~~d. The county of legal settlement shall pay for one hundred~~
13 ~~percent of the nonfederal share of the costs of care provided~~
14 ~~for adults which is reimbursed under a home and community-based~~
15 ~~services waiver that would otherwise be approved for provision~~
16 ~~in an intermediate care facility for persons with mental~~
17 ~~retardation provided under the medical assistance program.~~

18 7. 6. When paying the necessary and legal expenses for
19 intermediate care facility for persons with mental retardation
20 services, the cost requirements of section 222.60 shall
21 be considered fulfilled when payment is made in accordance
22 with the medical assistance payment rates established by
23 the department for intermediate care facilities for persons
24 with mental retardation, and the state ~~or a county of legal~~
25 ~~settlement~~ shall not be obligated for any amount in excess of
26 the rates.

27 8. 7. If a person with mental retardation has no legal
28 settlement or the legal settlement is unknown so that the
29 person is deemed to be a state case and services associated
30 with the mental retardation can be covered under a medical
31 assistance home and community-based services waiver or other
32 medical assistance program provision, the nonfederal share of
33 the medical assistance program costs for such coverage shall
34 be paid from the appropriation made for the medical assistance
35 program.

1 Sec. 121. Section 249A.26, subsection 2, Code 2011, is
2 amended to read as follows:

3 2. *a.* Except as provided for disallowed costs in section
4 249A.27, ~~the county of legal settlement shall pay for fifty~~
5 ~~percent of the nonfederal share of the cost and the state shall~~
6 ~~have responsibility for the remaining fifty~~ pay one hundred
7 percent of the nonfederal share of the cost of case management
8 provided to adults, day treatment, and partial hospitalization
9 provided under the medical assistance program for persons
10 with mental retardation, a developmental disability, or
11 chronic mental illness. For purposes of this section, persons
12 with mental disorders resulting from Alzheimer's disease
13 or ~~substance abuse~~ a substance-related disorder shall not
14 be considered ~~chronically mentally ill~~ to be persons with
15 chronic mental illness. ~~To the maximum extent allowed under~~
16 ~~federal law and regulations, the department shall consult with~~
17 ~~and inform a county of legal settlement's central point of~~
18 ~~coordination process, as defined in section 331.440, regarding~~
19 ~~the necessity for and the provision of any service for which~~
20 ~~the county is required to provide reimbursement under this~~
21 ~~subsection.~~

22 *b.* The state shall pay for one hundred percent of the
23 nonfederal share of the costs of case management provided for
24 adults, day treatment, partial hospitalization, and the home
25 and community-based services waiver services for persons who
26 have no ~~legal settlement~~ residence in this state or ~~the legal~~
27 ~~settlement~~ whose residence is unknown so that the persons are
28 deemed to be state cases.

29 *c.* The case management services specified in this subsection
30 shall be paid for by a county only if the services are provided
31 outside of a managed care contract.

32 Sec. 122. Section 249A.26, subsections 3, 4, 7, and 8, Code
33 2011, are amended to read as follows:

34 3. ~~To the maximum extent allowed under federal law and~~
35 ~~regulations, a person with mental illness or mental retardation~~

1 ~~shall not be eligible for any service which is funded in~~
2 ~~whole or in part by a county share of the nonfederal portion~~
3 ~~of medical assistance funds unless the person is referred~~
4 ~~through the central point of coordination process, as defined~~
5 ~~in section 331.440. However, to the extent federal law allows~~
6 ~~referral of a medical assistance recipient to a service without~~
7 ~~approval of the central point of coordination process, the~~
8 ~~county of legal settlement shall be billed for the nonfederal~~
9 ~~share of costs for any adult person for whom the county would~~
10 ~~otherwise be responsible.~~

11 4. ~~The county of legal settlement~~ state shall pay for one
12 hundred percent of the nonfederal share of the cost of services
13 provided to adult persons with chronic mental illness who
14 qualify for habilitation services in accordance with the rules
15 adopted for the services. ~~The state shall pay for one hundred~~
16 ~~percent of the nonfederal share of the cost of such services~~
17 ~~provided to such persons who have no legal settlement or the~~
18 ~~legal settlement is unknown so that the persons are deemed to~~
19 ~~be state cases.~~

20 7. ~~Unless a county has paid or is paying for the nonfederal~~
21 ~~share of the costs of a person's home and community-based~~
22 ~~waiver services or placement in an intermediate care facility~~
23 ~~for persons with mental retardation under the county's mental~~
24 ~~health, mental retardation, and developmental disabilities~~
25 ~~services fund, or unless a county of legal settlement would~~
26 ~~become liable for the costs of services for a person at the~~
27 ~~level of care provided in an intermediate care facility for~~
28 ~~persons with mental retardation due to the person reaching the~~
29 ~~age of majority, the~~ The state shall pay for the nonfederal
30 share of the costs of an eligible person's services under the
31 home and community-based services waiver for persons with brain
32 injury.

33 8. If a dispute arises between different counties or between
34 the department and a county as to the legal settlement of a
35 person who ~~receives~~ received medical assistance for which the

1 nonfederal share ~~is~~ was payable in whole or in part by a county
2 of legal settlement in accordance with Code 2011, and cannot
3 be resolved by the parties, the dispute shall be resolved as
4 provided in section 225C.8, Code 2011.

5 Sec. 123. Section 252.6, Code 2011, is amended to read as
6 follows:

7 **252.6 Enforcement of liability.**

8 1. Upon the failure of such relatives to assist or maintain
9 a poor person who has made application for assistance, the
10 county board of supervisors, service area advisory board
11 created under section 217.43, or state division of child and
12 family services of the department of human services may apply
13 to the district court of the county where the poor person
14 resides or may be found for an order to compel the assistance
15 or maintenance.

16 2. If the assistance or maintenance needed is provided by
17 a county through the regional mental health and disability
18 services system implemented under chapter 331, application
19 for the assistance and maintenance shall be made through the
20 regional administrator of the person's county of residence.
21 For the purposes of this subsection, "regional administrator"
22 means the same as defined in section 331.438A.

23 Sec. 124. Section 252.23, Code 2011, is amended to read as
24 follows:

25 **252.23 Legal settlement disputes.**

26 If the alleged settlement is disputed, then, within thirty
27 days after notice as provided in section 252.22, a copy of
28 the notices sent and received shall be filed in the office of
29 the clerk of the district court of the county against which
30 claim is made, and a cause docketed without other pleadings,
31 and tried as an ordinary action, in which the county granting
32 the assistance shall be plaintiff, and the other defendant,
33 and the burden of proof shall be upon the county granting the
34 assistance. However, a ~~legal settlement~~ dispute concerning
35 the liability of a person's county of residence for assistance

1 provided through the regional mental health and disability
2 services system implemented under chapter 331 in connection
3 with services initiated under chapter 222, 230, or 249A shall
4 be resolved as provided in section ~~225C.8~~ 331.438F.

5 Sec. 125. Section 252.24, Code 2011, is amended to read as
6 follows:

7 **252.24 County of settlement liable.**

8 1. The county where the settlement is shall be liable to
9 the county granting assistance for all reasonable charges and
10 expenses incurred in the assistance and care of a poor person.

11 2. When assistance is furnished by any governmental agency
12 of the county, township, or city, the assistance shall be
13 deemed to have been furnished by the county in which the
14 agency is located and the agency furnishing the assistance
15 shall certify the correctness of the costs of the assistance
16 to the board of supervisors of that county and that county
17 shall collect from the county of the person's settlement. The
18 amounts collected by the county where the agency is located
19 shall be paid to the agency furnishing the assistance. This
20 statute applies to services and supplies furnished as provided
21 in section 139A.18.

22 3. Notwithstanding subsection 2, if assistance or
23 maintenance is provided by a county through the regional mental
24 health and disability services system implemented under chapter
25 331, liability for the assistance and maintenance is the
26 responsibility of the person's county of residence.

27 Sec. 126. Section 331.502, subsection 11, Code 2011, is
28 amended to read as follows:

29 11. Carry out duties relating to ~~the determination of legal~~
30 ~~settlement,~~ collection of funds due the county, and support
31 of persons with mental retardation as provided in sections
32 ~~222.13, 222.50, 222.61 to 222.66,~~ 222.63, 222.64, and 222.69
33 ~~and 222.74.~~

34 Sec. 127. Section 347.16, subsection 3, Code 2011, is
35 amended to read as follows:

1 3. Care and treatment may be furnished in a county public
2 hospital to any sick or injured person who has legal settlement
3 outside the county which maintains the hospital, subject to
4 such policies and rules as the board of hospital trustees may
5 adopt. If care and treatment is provided under this subsection
6 to a person who is indigent, the county in which that person
7 has legal settlement shall pay to the board of hospital
8 trustees the fair and reasonable cost of the care and treatment
9 provided by the county public hospital unless the cost of the
10 indigent person's care and treatment is otherwise provided for.
11 If care and treatment is provided to an indigent person under
12 this subsection, the county public hospital furnishing the
13 care and treatment shall immediately notify, by regular mail,
14 the auditor of the county of legal settlement of the indigent
15 person of the provision of care and treatment to the indigent
16 person. However, if the care and treatment is provided by
17 a county through the regional mental health and disability
18 services system implemented under chapter 331, liability for
19 the assistance and maintenance is the responsibility of the
20 person's county of residence.

21 Sec. 128. REPEAL. Sections 222.73, 222.74, 222.75, and
22 225C.8, Code 2011, are repealed.

23 Sec. 129. EFFECTIVE DATE. This division of this Act takes
24 effect July 1, 2013.

25 DIVISION VII

26 FUNDING PROVISIONS

27 Sec. 130. Section 331.424A, subsection 6, Code Supplement
28 2011, is amended to read as follows:

29 6. This section is repealed July 1, ~~2013~~ 2017.

30 Sec. 131. Section 426B.1, Code 2011, is amended by adding
31 the following new subsection:

32 NEW SUBSECTION. 3. In addition to the appropriation made
33 pursuant to subsection 2, there is appropriated from the
34 general fund of the state to the property tax relief fund for
35 the indicated fiscal years the following amounts:

1 *a.* For the fiscal year beginning July 1, 2013, thirty-one
2 million five hundred thousand dollars.

3 *b.* For the fiscal year beginning July 1, 2014, sixty-three
4 million dollars.

5 *c.* For the fiscal year beginning July 1, 2015, ninety-four
6 million five hundred thousand dollars.

7 *d.* For the fiscal year beginning July 1, 2016, one hundred
8 twenty-six million dollars.

9 Sec. 132. Section 426B.2, subsection 2, Code 2011, is
10 amended by striking the subsection.

11 Sec. 133. Section 426B.3, subsection 1, Code 2011, is
12 amended to read as follows:

13 1. The county auditor shall reduce the certified budget
14 amount received from the board of supervisors for the
15 succeeding fiscal year for the county mental health, mental
16 retardation, and developmental disabilities services fund
17 created in section 331.424A by an amount equal to the amount
18 the county will receive from the property tax relief fund
19 pursuant to section 426B.2, for the succeeding fiscal year and
20 the auditor shall determine the rate of taxation necessary to
21 raise the reduced amount. On the tax list, the county auditor
22 shall compute the amount of taxes due and payable on each
23 parcel before and after the amount received from the property
24 tax relief fund is used to reduce the county budget. The
25 director of human services shall notify the county auditor of
26 each county of the amount of moneys the county will receive
27 from the property tax relief fund pursuant to section 426B.2,
28 for the succeeding fiscal year. If the amount the county will
29 receive is changed after the county has certified its budget,
30 the county board of supervisors shall amend the certified
31 budget to reflect the change and the county auditor shall
32 revise the levy rate and amount of taxes due and payable on
33 each parcel accordingly. Such an amendment to the budget shall
34 be made without public hearing and without being subject to
35 protest.

1 Sec. 134. Section 426B.6, Code Supplement 2011, is amended
2 to read as follows:

3 **426B.6 Future repeal.**

4 This chapter is repealed July 1, ~~2013~~ 2017.

5 Sec. 135. EFFECTIVE DATE. The following provision of this
6 division of this Act takes effect July 1, 2014:

7 1. The section of this Act amending section 426B.2.

8 EXPLANATION

9 This bill relates to redesign of publicly funded mental
10 health and disability services by requiring certain core
11 services and addressing other services and providing for
12 establishment of regions. The bill is organized into
13 divisions.

14 CORE SERVICES. This division specifies core services and
15 service management requirements applicable to the regional
16 service system required by the bill.

17 Code section 331.439, relating to the requirements under
18 existing law for a county to receive state payments for mental
19 health and disability services and specifying inclusion of
20 various provisions in service system management plans, is
21 amended to require the use of certain functional assessments or
22 other standardized functional assessment methodologies approved
23 by the mental health and disability services commission. For
24 mental health services, the level of care utilization system
25 (LOCUS) is specified; for intellectual disabilities services,
26 the supports intensity scale (SIS) is specified; and for brain
27 injury services, the commission is required to approve a
28 methodology. The use of the methodologies is required to begin
29 July 1, 2012. This Code section is repealed on July 1, 2013.

30 New Code section 331.439A requires MH/DS provided by
31 counties to be delivered in accordance with a regional service
32 system management plan approved by the region's governing board
33 and implemented by the regional administrator. The plans are
34 required to include a policies and procedures manual for the
35 funding administered by the region, submission of an annual

1 management plan review, submission of three-year strategic
2 plans addressing the effort to achieve various purposes
3 identified in Code section 225C.1, and authorizing a region to
4 either directly implement a system of service management or to
5 contract with a private entity for service management. The
6 plan is required to include various elements and the commission
7 is directed to specify the elements in administrative rules.

8 New Code section 331.439A also authorizes a region to
9 provide assistance to other disability service populations
10 subject to availability of funding and to implement waiting
11 lists for services as a financial management tool.

12 New Code section 331.439B provides financial eligibility
13 requirements to be used in the regional system. Income
14 eligibility is set at 150 percent of the federal poverty
15 level and a region or service provider may apply a copayment
16 requirement to persons who meet this requirement. Persons with
17 higher incomes may also be eligible subject to a copayment or
18 other cost-sharing arrangement; however, a service provider may
19 waive copayments or cost-sharing if able to fully absorb the
20 cost. A person who is eligible for federally funded services
21 must apply for the services. The commission is required to
22 adopt rules for resource limitations eligibility derived from
23 the federal supplemental security income program resource
24 limitations. If a person does not qualify for federally funded
25 support, but meets income, resource, and functional eligibility
26 requirements, retirement accounts in the accumulation stage and
27 burial, medical savings, or assistive technology accounts are
28 to be disregarded.

29 New Code section 331.439C specifies requirements for
30 diagnoses, functional assessments, and other requirements for
31 eligibility in the regional system. Other requirements include
32 an age of at least 18 years and compliance with financial
33 eligibility provisions and determination of eligibility for
34 individualized services to be made by the functional assessment
35 provisions specified in the bill's amendment to Code section

1 331.439. For mental health services, a person must have had a
2 diagnosable mental health, behavioral, or emotional disorder
3 during the preceding 12-month period. For intellectual
4 disability services, an intellectual disability diagnosis or
5 an intelligence quotient of 70 or less is required. For brain
6 injury services, a diagnosis of brain injury is required.

7 New Code section 331.439D addresses mental health core
8 services and core service domains to be provided in the
9 regional system, subject to the availability of funding. The
10 domains are defined to mean a range of services that can be
11 provided depending upon an individual's service needs. A
12 region may also provide funding for other services or support
13 not listed based on optional criteria that may be considered.

14 New Code section 331.439E addresses core services for
15 persons with an intellectual disability or other developmental
16 disability, provides a list of core services, and requires
17 inclusion of all services covered by all of the service system
18 management plans of the counties comprising a region as of June
19 30, 2012, other than services funded by the Medicaid program.
20 The provision of core services is subject to availability of
21 funding. The region is required to transition from and replace
22 the current services with services that expand and support the
23 community support and integration principles outlined in the
24 federal *Olmstead v. L.C.* ruling and the purposes identified in
25 Code section 225C.1. Certain best practice efforts must also
26 be included.

27 New Code section 331.440B addresses regional service system
28 financing. The financing of each regional service system is
29 limited to a fixed budget amount subject to an allowed growth
30 adjustment to be recommended by the commission and the governor
31 two years prior to application. The region is required to
32 implement the region's service system management plan by
33 budgeting for 99 percent of the funding anticipated to be
34 available for the plan for a fiscal year.

35 The bill may include a state mandate as defined in Code

1 section 25B.3. The bill makes inapplicable Code section 25B.2,
2 subsection 3, which would relieve a political subdivision from
3 complying with a state mandate if funding for the cost of
4 the state mandate is not provided or specified. Therefore,
5 political subdivisions are required to comply with any state
6 mandate included in the bill.

7 The Code editor is authorized to codify the division as a new
8 part of Code chapter 331, division III.

9 The new Code provisions of the Code chapter are applicable
10 beginning July 1, 2013.

11 WORKFORCE DEVELOPMENT AND REGULATION. This division relates
12 to workforce development and regulation applicable to the
13 administration and service providers for the regional service
14 system.

15 New Code section 225C.6C establishes a mental health and
16 disability services workforce development workgroup to be
17 convened and staffed by the department of human services to
18 address issues connected with assuring there is an adequate
19 workforce to provide mental health and disability services in
20 the state. Various stakeholders and legislator members are
21 specified.

22 New Code section 225C.6D requires the department of
23 human services to establish an outcomes and performance
24 measures committee for the regional service system. Various
25 stakeholders are specified for the committee membership.

26 New Code section 225C.6E requires the departments of
27 human services, inspections and appeals, and public health
28 to comply with various provisions in efforts to improve the
29 regulatory requirements applied to the regional service system
30 administration and service providers.

31 COMMUNITY MENTAL HEALTH CENTER AMENDMENTS. This division
32 amends Acts provisions relating to community mental health
33 centers that were enacted in 2011 Iowa Acts, chapter 121 (SF
34 525) that have a delayed effective date of July 1, 2012.

35 Provisionally numbered Code section 230A.106, specifying the

1 core service required to be offered by a center, is amended
2 to allow a center to provide an assertive community treatment
3 program in lieu of day treatment, partial hospitalization, or
4 psychosocial rehabilitation services.

5 Provisionally numbered Code section 230A.110, relating to
6 the standards adopted for centers by the commission, is amended
7 to allow the standards to be in substantial conformity with
8 either applicable behavioral health standards adopted by the
9 joint commission or other recognized national standards for
10 evaluation of psychiatric facilities rather than requiring
11 conformity with both sets of standards.

12 REGIONAL SERVICE SYSTEM. This division provides the
13 requirements for counties to form mental health and disability
14 services (MH/DS) regions.

15 New Code section 331.438A defines terms utilized, including
16 "department" for the department of human services, "disability
17 services" as defined in Code section 225C.2 (services and
18 other support available to a person with mental illness,
19 mental retardation or other developmental disability, or brain
20 injury), "population" to mean the latest federal census or the
21 latest applicable population estimate issued by the U.S. census
22 bureau, "regional administrator" as provided by the bill, and
23 "state commission" as the mental health and disability services
24 commission.

25 New Code section 331.438B requires counties to form regions
26 to provide local access to MH/DS for children and adults.
27 Minimum criteria for formation of a group of counties are
28 included along with a schedule for voluntary formation until
29 the period of November 2, 2012, through January 1, 2013,
30 during which the department is required to assign unaffiliated
31 counties to a region.

32 New Code section 331.438C requires the counties comprising
33 a region to enter into a Code chapter 28E agreement for the
34 joint exercise of governmental powers to form a regional
35 administrator entity to function on behalf of the counties.

1 The regional administrator is required to enter into
2 performance-based contracts with the department to manage for
3 the counties the MH/DS not funded by the medical assistance
4 (Medicaid) program and for coordinating with the department
5 such services that are funded by the Medicaid program. The
6 regional administrator is under the control of a governing
7 board. Elected county supervisors of the participating
8 counties and at least three individuals who utilize MH/DS or
9 actively involved relatives of such individuals are required
10 slots for each governing board. The membership cannot include
11 representatives of the department or service providers. A
12 regional advisory committee for each board is required to
13 include individuals who utilize services or actively involved
14 relatives, service providers, governing board members, and
15 others.

16 New Code section 331.438D addresses regional finances.
17 The funding administered under the authority of a governing
18 board is required to be in a combined account, separate
19 county accounts that are administered under the authority of
20 the governing board, or pursuant to other arrangement. The
21 regional administrator's administrative costs, as this term
22 is determined in accordance with law, is limited to 5 percent
23 of expenditures. The funding received from performance-based
24 contracts with the department is required to be credited to the
25 account or accounts administered by the regional administrator.

26 New Code section 331.438E requires the counties comprising
27 a MH/DS region to enter into a Code chapter 28E agreement.
28 The agreement is required to address various specific
29 organizational provisions, administrative provisions, and
30 financial provisions.

31 New Code section 331.438F requires a county to pay for the
32 public costs of the MH/DS for the county's residents that
33 are not covered by the Medicaid program and are provided
34 in accordance with the county's approved regional services
35 management plan. If the county is part of a region that has

1 agreed to pool funding and liability for services, the regional
2 administrator performs the county's responsibilities on behalf
3 of the county. A dispute resolution process is provided to
4 address disputes between counties or regions or the department,
5 as applicable.

6 The provisions of this division enacting new Code sections
7 in Code chapter 331, except as specifically provided by the
8 provisions, are applicable beginning July 1, 2013.

9 SUBACUTE CARE FACILITIES FOR PERSONS WITH SERIOUS AND
10 PERSISTENT MENTAL ILLNESS. This division creates a new health
11 care facility licensure chapter in Code chapter 135P to be
12 regulated by the department of inspections and appeals. The
13 new type of facility is called a "subacute care facility
14 for persons with serious and persistent mental illness"
15 and provides physical facilities with restricted egress to
16 provide accommodation, board, and the services of a licensed
17 psychiatrist for periods exceeding 24 consecutive hours to
18 three or more individuals with serious and persistent mental
19 illness and who may have a diagnosis of another disorder. The
20 facility cannot be used by individuals related to the owner
21 within the third degree of consanguinity.

22 New Code sections 135P.1 and 135P.2 define the terms
23 utilized and state the purpose of the new Code chapter.

24 New Code section 135P.3 describes the nature of care
25 to be utilized and the duties of the facility's licensed
26 psychiatrist, authorizes the use of a seclusion room that meets
27 the conditions specified under federal regulations for the use
28 of seclusion in psychiatric residential treatment facilities
29 providing inpatient psychiatric services for individuals under
30 age 21, and specifies requirements for admission.

31 New Code section 135P.4 prohibits establishing, operating,
32 or maintaining a subacute care facility without a license and
33 allows a licensed intermediate care facility for persons with
34 mental illness to convert to a licensed subacute care facility.

35 New Code section 135P.5 requires an application for a

1 license and sets the annual licensure fee at \$25.

2 New Code section 135P.6 requires the department of
3 inspections and appeals to ascertain the adequacy of the
4 facility before issuing a license and requires the applicant
5 to have been awarded a certificate of need for the facility
6 through the department of public health under Code chapter 135.

7 New Code section 135P.7 authorizes the department to deny
8 an application or suspend or revoke a license for failure or
9 inability to comply with requirements under the Code chapter
10 and provides a list of specific infractions.

11 New Code section 135P.8 authorizes the department to issue a
12 provisional license and addresses compliance plans.

13 New Code section 135P.9 requires the notice and hearing
14 process for licensure issues to be performed in compliance with
15 the Iowa administrative procedure Act, Code chapter 17A.

16 New Code section 135P.10 requires the department of
17 inspections and appeals to adopt rules for the facilities in
18 consultation with the department of human services and for the
19 department to coordinate its rules adoption and enforcement
20 efforts.

21 New Code section 135P.11 addresses complaints alleging
22 violations. Any person may file a complaint and the person's
23 name is required to be kept confidential. The department is
24 required to make a preliminary review of the complaint and
25 under most circumstances an on-site inspection is required
26 within 20 working days. The complainant may accompany the
27 inspector upon request of the complainant or the department.

28 New Code section 135P.12 requires the department's
29 findings regarding licensure to be made public but other
30 information relating to a facility is to be kept confidential.
31 Disclosure of information regarding residents is prohibited
32 except as provided in Code section 217.30, relating to the
33 confidentiality of records pertaining to individuals receiving
34 services or assistance from the department of human services.

35 New Code section 135P.13 provides for judicial review of

1 departmental action in accordance with Code chapter 17A and for
2 a petition for the review to be filed in the court of the county
3 in which the subacute care facility is located or proposed to
4 be located.

5 New Code section 135P.14 provides that establishing,
6 operating, or managing a subacute care facility without a
7 license is a serious misdemeanor offense.

8 New Code section 135P.15 authorizes the department to
9 maintain an action for an injunction to prevent establishing,
10 operating, or managing a subacute care facility without a
11 license.

12 Code section 249A.26, relating to state and county
13 participation in funding for services to persons with
14 disabilities in the medical assistance (Medicaid) program
15 chapter, is amended to provide that the daily reimbursement
16 rate for subacute care facilities is the sum of the
17 direct care Medicare-certified hospital-based nursing
18 facility patient-day-weighted median and the nondirect
19 care Medicare-certified hospital-based nursing facility
20 patient-day-weighted median.

21 The division may include a state mandate as defined in
22 Code section 25B.3. The division makes inapplicable Code
23 section 25B.2, subsection 3, which would relieve a political
24 subdivision from complying with a state mandate if funding for
25 the cost of the state mandate is not provided or specified.
26 Therefore, political subdivisions are required to comply with
27 any state mandate included in the division.

28 CONFORMING AMENDMENTS — CENTRAL POINT OF COORDINATION AND
29 LEGAL SETTLEMENT. This division provides conforming amendments
30 to change references to county central point of coordination
31 administrators to regional administrators, county of legal
32 settlement to county of residence, and county mental health,
33 mental retardation, and developmental disabilities services
34 funds under Code section 331.424A to generally apply to the
35 provisions for MH/DS regions. The Code provisions for the

1 affected Code sections are repealed on July 1, 2013, pursuant
2 to 2011 Iowa Acts, chapter 123 (SF 209).

3 References to the "central point of coordination process"
4 (CPC process) are amended to instead refer to the "regional
5 administrator" of the county of residence in the following Code
6 sections: section 218.99, requiring counties to be notified of
7 patient personal accounts in DHS state institutions; section
8 222.2, providing a definition of CPC process; section 222.13,
9 relating to voluntary admissions to a state resource center;
10 section 222.13A, relating to voluntary admission of a minor
11 to a state resource center; section 222.28, authorizing the
12 court to appoint a commission of inquiry to examine a person
13 to determine the person's mental condition; section 222.59,
14 requiring the superintendent of a state resource center
15 to coordinate in assisting location of a community-based
16 placement instead of a state resource center; section 222.60,
17 relating to the costs paid by county and state and requiring a
18 diagnosis; section 222.61, relating to determination of legal
19 settlement; section 222.62, relating to legal settlement in
20 another county; section 222.63, relating to an objection to
21 a finding of legal settlement; section 222.64, relating to
22 state financial responsibility when a person is in a foreign
23 state or is unknown; section 225.11, relating to initiation
24 of commitment proceedings for the state psychiatric hospital
25 connected to the state university of Iowa; section 225.15,
26 relating to examination and treatment of a respondent at
27 the state psychiatric hospital; section 225.17, relating to
28 payment for the cost of treatment at the state psychiatric
29 hospital; section 225C.2, relating to definitions, is amended
30 to strike the CPC definition; section 225C.5, relating to
31 the MH-DS commission membership; section 225C.6A, relating
32 to data requirements addressed in the disability services
33 system redesign enacted in 2004; section 225C.14, providing
34 requirements for a preliminary diagnostic evaluation for
35 admission to a state mental health institute; section 225C.16,

1 providing for referrals for evaluations for persons applying
2 for voluntary admission to a state mental health institute;
3 section 225C.19, relating to an emergency mental health
4 crisis system; section 226.9C, authorizing a net general
5 fund appropriation for the dual diagnosis program at the
6 Mount Pleasant state mental health institute; section 227.10,
7 relating to transfers from a county or private institution
8 to a state hospital for persons with mental illness; section
9 229.1, relating to definitions; section 229.1B, specifying that
10 a person is subject to the CPC process, notwithstanding any
11 provision of Code chapter 229 to the contrary; section 229.11,
12 authorizing a judge to order immediate custody of a person
13 alleged to have a serious mental impairment; section 229.13,
14 relating to evaluation orders for psychiatric treatment;
15 section 229.14, relating to the report of a psychiatric
16 evaluation; section 229.14A, relating to the notice and hearing
17 for a placement order; section 229.42, relating to costs
18 paid by a county for a voluntary admission to a state mental
19 health institute; section 230.1, relating to the liability of
20 counties and the state for costs associated with admission of a
21 person with mental illness to a state hospital; section 230.3,
22 providing for certification of legal settlement of a person
23 with mental illness admitted to a hospital; section 232.2,
24 relating to involvement of the CPC process in the transition
25 team of a specific child aging to adulthood while in foster
26 care; section 235.7, relating to appointment of transition
27 committees for children in an area who are aging to adulthood
28 while in child welfare services; and section 249A.26, relating
29 to state and county participation in funding for services to
30 persons with disabilities.

31 Code chapter 252 provisions regarding determinations of
32 county of legal settlement (Code sections 252.6, 252.23, and
33 252.24) are amended to provide that in provisions involving the
34 MH/DS administered through the regional system, the county of
35 residence is responsible and any disputes are to be settled in

1 accordance with new Code section 331.438F.
2 References to "county of legal settlement" are amended to
3 be "county of residence" or the state in the following Code
4 sections: section 218.99, requiring counties to be notified of
5 patient personal accounts in DHS state institutions; section
6 222.10, relating to the duty of a peace officer to detain a
7 person with mental retardation who departs from an institution
8 in another state without proper authority; section 222.13,
9 relating to voluntary admissions to a state resource center;
10 section 222.13A, relating to voluntary admission of a minor to
11 a state resource center; section 222.31, relating to liability
12 for charges at a state resource center; section 222.49,
13 relating to payment for costs of proceedings; section 222.50,
14 requiring the county of legal settlement to pay charges;
15 section 222.60, relating to the costs paid by county and
16 state and requiring a diagnosis; section 222.61, relating to
17 determination of legal settlement; section 222.62, relating to
18 legal settlement in another county; section 222.63, relating to
19 an objection to a finding of legal settlement; section 222.64,
20 providing for state financial responsibility when a person is
21 in a foreign state or is unknown; section 222.65, requiring the
22 state administrator to investigate a person's residency when
23 placed in a state resource center; section 222.66, providing
24 a standing appropriation for the transfer expenses of state
25 cases to a state resource center; section 222.67, relating to
26 charges when legal settlement was initially unknown; section
27 222.68, requiring the county of legal settlement to reimburse
28 the county that initially paid the charges; section 222.69,
29 providing a standing appropriation for the admission or
30 commitment expenses of state cases; section 222.70, requiring
31 a dispute resolution process to be used for legal settlement
32 disputes; section 222.77, providing for the county of legal
33 settlement to pay the costs of support of patients placed on
34 leave from a state resources center; section 222.78, relating
35 to parents and other persons liable for the support of a

1 patient in a state resource center; section 222.79, relating
2 to the certification of statements of charges for purposes of
3 Code section 222.78; section 222.80, providing for liability
4 for the costs of persons admitted or committed to a private
5 facility; section 222.82, relating to collection of claims
6 under Code section 222.78 or other provisions of Code chapter
7 222; section 222.86, relating to payment of excess amounts from
8 resource center patient personal deposit funds to the county
9 of legal settlement; section 222.92, relating to operation of
10 the state resource center on the basis of a net general fund
11 appropriation; section 226.9C, relating to the net general
12 fund appropriations provisions for the dual diagnosis program
13 at the Mount Pleasant state mental health institute; section
14 226.45, relating to payment of excess amounts from state mental
15 health institute patient personal deposit funds to the county
16 of legal settlement; section 229.9A, relating to the mental
17 health advocate of the county of legal settlement; section
18 229.12, relating to the presence of the mental health advocate
19 at civil commitment hearings; section 229.19, relating to the
20 duties of the patient advocate; section 229.24, relating to
21 the provision of civil commitment court records to the county
22 of legal settlement; section 229.31, relating to a commission
23 of inquiry; section 229.42, relating to hospitalization costs
24 paid on voluntary cases by the county of legal settlement;
25 section 229.43, relating to nonresidents on convalescent leave;
26 section 230.1, relating to the liability of counties and the
27 state for costs associated with admission of a person with
28 mental illness to a state hospital; section 230.2, relating to
29 finding of legal settlement for persons with mental illness;
30 section 230.3, providing for certification of legal settlement
31 of a person with mental illness admitted to a hospital; section
32 230.4, providing for evidence to accompany the certification
33 of legal settlement for a person with mental illness; section
34 230.5, relating to legal settlement of nonresidents; section
35 230.8, relating to transfer expenses of persons with mental

1 illness with no legal settlement; section 230.9, relating to
2 charges when legal settlement was initially unknown; section
3 230.10, requiring all costs attending the taking into custody,
4 care, investigation, and admission or commitment of a person
5 to a state hospital for persons with mental illness to be paid
6 by the county of legal settlement; section 230.11, relating
7 to recovery of costs from the state for state cases; section
8 230.12, relating to settlement of legal settlement disputes
9 for support of persons with mental illness; section 230.32,
10 relating to support of persons who are nonresidents of this
11 state; section 249A.12, relating to assistance to persons with
12 mental retardation paid under the Medicaid program; section
13 249A.26, addressing state and county participation in funding
14 for services to persons with disabilities, including case
15 management; section 331.502, relating to the duties of the
16 county auditor; and section 347.16, relating to the cost of
17 care provided in county hospitals.

18 Miscellaneous provisions are also amended. Code section
19 222.22, relating to representation for a person with mental
20 retardation in commitment proceedings, is amended to shift
21 the responsibility to pay for counsel from the county to the
22 state. Code section 225.23, requiring counties to collect
23 claims paid by the state on behalf of committed or voluntary
24 private patients at the state psychiatric hospital, is
25 amended to shift this responsibility to the department of
26 administrative services. Code section 225C.6, relating to the
27 duties of the mental health and disability services commission,
28 is amended to include a requirement to adopt rules for core
29 disability services. Code section 230.20, relating to the
30 billing to counties for patient charges at the state mental
31 health institutes, is amended to change the cap on inflation
32 increases from current law's percentage increase in the allowed
33 growth factor adjustment to the annual percentage increase
34 in the state support provided to the regional service system
35 under Code chapter 331. Code section 231.56A, relating to

1 the elder abuse initiative, emergency shelter, and support
2 services projects involving the department on aging, is amended
3 to eliminate a reference to county MH/MR/DD management plans.
4 Code sections 235A.15 and 235B.6, relating to the child abuse
5 and elder abuse registries and allowing employment record
6 checks for the administrator of an MH/MR/DD agency providing
7 services under a county management plan is amended to refer
8 instead to regional management plans.

9 Code section 222.49, relating to the costs of proceedings
10 for involuntary commitment of persons with mental retardation,
11 is amended to provide that the responsibility to pay costs is
12 with either the county or the state.

13 The bill repeals these Code sections: section 222.73,
14 relating to billing of charges to counties for services
15 provided at the state resource centers; section 222.74,
16 relating to sending of duplicate statements to counties of the
17 billing statements under Code section 222.73; section 222.75,
18 relating to penalties for failure to pay the charges billed
19 under Code section 222.73; and section 225C.8, relating to the
20 legal settlement dispute resolution process replaced by the
21 bill.

22 FUNDING PROVISIONS. This division relates to state property
23 tax relief funding and county property taxes for mental health
24 and disability services.

25 Under current law enacted by 2011 Iowa Acts, chapter 123
26 (SF 209), the provisions for property tax relief under Code
27 chapter 426B and for county mental health, mental retardation,
28 and developmental disabilities services funds and the county
29 property tax levies for the services in Code section 331.424A
30 are repealed on July 1, 2013. The bill extends the repeal
31 dates in those Code provisions to July 1, 2017.

32 Under current law, each county's property tax levies for
33 the services are limited to a dollar amount established in the
34 mid-1990s that the county expended for the services at that
35 time. The state provides property tax relief funding from a

1 standing appropriation in Code chapter 426B and the county
2 property taxes for the services are reduced dollar-for-dollar
3 by the amount received under that Code chapter. The bill
4 provides additional standing appropriations, increasing over
5 the four-year period so that in FY 2016-2017 the appropriation
6 is equal to the maximum county property tax levies for the
7 services authorized for FY 2011-2012.

8 The bill also provides that during the four-year period if
9 the amount that a county will receive under Code chapter 426B
10 is changed after the county has certified its levy, the board
11 of supervisors is required to amend the certified budget to
12 reflect the change and the county auditor must revise the levy
13 rate and amount of taxes due on each parcel accordingly. The
14 amendment is not subject to public hearing and without being
15 subject to protest.