

House Study Bill 630 - Introduced

SENATE/HOUSE FILE _____
BY (PROPOSED MENTAL HEALTH AND
DISABILITY SERVICES STUDY
COMMITTEE BILL)

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 for
4 establishment of regions and including effective date and
5 applicability provisions.

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

DIVISION I

CORE SERVICES

1
2
3 Section 1. Section 331.439, Code Supplement 2011, is
4 amended by adding the following new subsection:

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

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

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

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

27 1. The mental health and disability services provided
28 by counties operating as a region shall be delivered in
29 accordance with a regional service system management plan
30 approved by the region's governing board and implemented by
31 the regional administrator in accordance with this section.
32 The requirements for a regional service system management plan
33 shall be specified in rule adopted by the state commission.
34 A regional service system management plan is subject to
35 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 human
29 services, is eligible for disability services public funding.
30 It is the intent of the general assembly to consider increasing
31 this income eligibility provision to two hundred percent of the
32 federal poverty level, contingent upon implementation of the
33 federal Patient Protection and Affordable Care Act beginning in
34 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,
33 LEGAL SETTLEMENT, COUNTY MENTAL HEALTH, MENTAL RETARDATION,
34 AND DEVELOPMENTAL DISABILITIES SERVICES FUNDS, AND DISPUTE
35 RESOLUTION PROCESSES

1 Sec. 41. Section 123.38, subsection 2, Code 2011, is amended
2 to read as follows:

3 2. Any licensee or permittee, or the licensee's or
4 permittee's executor or administrator, or any person duly
5 appointed by the court to take charge of and administer the
6 property or assets of the licensee or permittee for the benefit
7 of the licensee's or permittee's creditors, may voluntarily
8 surrender a license or permit to the division. When a license
9 or permit is surrendered the division shall notify the local
10 authority, and the division or the local authority shall
11 refund to the person surrendering the license or permit, a
12 proportionate amount of the fee received by the division or
13 the local authority for the license or permit as follows: if
14 a license or permit is surrendered during the first three
15 months of the period for which it was issued, the refund shall
16 be three-fourths of the amount of the fee; if surrendered
17 more than three months but not more than six months after
18 issuance, the refund shall be one-half of the amount of the
19 fee; if surrendered more than six months but not more than
20 nine months after issuance, the refund shall be one-fourth of
21 the amount of the fee. No refund shall be made, however, for
22 any special liquor permit, nor for a liquor control license,
23 wine permit, or beer permit surrendered more than nine months
24 after issuance. For purposes of this subsection, any portion
25 of license or permit fees used for the purposes authorized in
26 section 331.424, subsection 1, paragraph "a", subparagraphs
27 (1) and (2), and in ~~section 331.424A~~ chapter 331, division IV,
28 part 2A, shall not be deemed received either by the division or
29 by a local authority. No refund shall be made to any licensee
30 or permittee, upon the surrender of the license or permit, if
31 there is at the time of surrender, a complaint filed with the
32 division or local authority, charging the licensee or permittee
33 with a violation of this chapter. If upon a hearing on a
34 complaint the license or permit is not revoked or suspended,
35 then the licensee or permittee is eligible, upon surrender of

1 the license or permit, to receive a refund as provided in this
2 section; but if the license or permit is revoked or suspended
3 upon hearing the licensee or permittee is not eligible for the
4 refund of any portion of the license or permit fee.

5 Sec. 42. Section 218.99, Code 2011, is amended to read as
6 follows:

7 **218.99 Counties to be notified of patients' personal**
8 **accounts.**

9 The administrator in control of a state institution shall
10 direct the business manager of each institution under the
11 administrator's jurisdiction which is mentioned in section
12 331.424, subsection 1, paragraph "a", subparagraphs (1) and
13 (2), and for which services are paid under ~~section 331.424A~~
14 chapter 331, division IV, part 2A, to quarterly inform the
15 regional administrator of the county of legal settlement's
16 ~~entity designated to perform the county's central point of~~
17 ~~coordination process~~ residence of any patient or resident who
18 has an amount in excess of two hundred dollars on account in
19 the patients' personal deposit fund and the amount on deposit.
20 The administrators shall direct the business manager to further
21 notify the ~~entity designated to perform the county's central~~
22 ~~point of coordination process~~ regional administrator of the
23 county of residence at least fifteen days before the release
24 of funds in excess of two hundred dollars or upon the death
25 of the patient or resident. ~~If the patient or resident has~~
26 ~~no county of legal settlement, notice shall be made to the~~
27 ~~director of human services and the administrator in control of~~
28 ~~the institution involved.~~

29 Sec. 43. Section 222.2, subsection 3, Code 2011, is amended
30 by striking the subsection.

31 Sec. 44. Section 222.2, Code 2011, is amended by adding the
32 following new subsection:

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

35 Sec. 45. Section 222.10, Code 2011, is amended to read as

1 follows:

2 **222.10 Duty of peace officer.**

3 When any person with mental retardation departs without
4 proper authority from an institution in another state and
5 is found in this state, any peace officer in any county in
6 which such patient is found may take and detain the patient
7 without warrant or order and shall report such detention to the
8 administrator. The administrator shall provide for the return
9 of the patient to the authorities in the state from which the
10 unauthorized departure was made. Pending return, such patient
11 may be detained temporarily at one of the institutions of this
12 state governed by the administrator or by the administrator of
13 the division of child and family services of the department
14 of human services. The provisions of this section relating
15 to the administrator shall also apply to the return of other
16 nonresident persons with mental retardation having legal
17 ~~settlement~~ residency outside the state of Iowa.

18 Sec. 46. Section 222.13, Code 2011, is amended to read as
19 follows:

20 **222.13 Voluntary admissions.**

21 1. If an adult person is believed to be a person with mental
22 retardation, the adult person or the adult person's guardian
23 ~~may submit a request through the central point of coordination~~
24 ~~process for the county board of supervisors~~ regional
25 administrator of the adult person's county of residence in
26 writing to apply to the superintendent of any state resource
27 center for the voluntary admission of the adult person either
28 as an inpatient or an outpatient of the resource center.
29 ~~After determining the legal settlement of the adult person as~~
30 ~~provided by this chapter, the board of supervisors~~ The regional
31 administrator, on behalf of the board of supervisors shall, on
32 forms prescribed by the department's administrator, apply to
33 the superintendent of the resource center in the district for
34 the admission of the adult person to the resource center. An
35 application for admission to a special unit of any adult person

1 believed to be in need of any of the services provided by the
2 special unit under section 222.88 may be made in the same
3 manner, upon request of the adult person or the adult person's
4 guardian. The superintendent shall accept the application
5 ~~providing if~~ a preadmission diagnostic evaluation, performed
6 ~~through the central point of coordination process~~ through the
7 regional administrator, confirms or establishes the need for
8 admission, except that an application ~~may~~ shall not be accepted
9 if the institution does not have adequate facilities available
10 or if the acceptance will result in an overcrowded condition.

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

22 3. Upon applying for admission of an adult or minor person
23 to a resource center, or a special unit, or upon arranging for
24 the placement of the person in a public or private facility,
25 if the county would be liable to pay the expenses in full
26 or in part, the regional administrator, on behalf of the
27 board of supervisors shall make a full investigation into
28 the financial circumstances of that person and those liable
29 for that person's support under section 222.78 to determine
30 whether or not any of them are able to pay the expenses arising
31 out of the admission of the person to a resource center,
32 special treatment unit, or public or private facility. If
33 the ~~board~~ regional administrator finds that the person or
34 those legally responsible for the person are presently unable
35 to pay the expenses, the ~~board~~ regional administrator shall

1 direct that the expenses be paid by the county. The ~~board~~
2 regional administrator may review its finding at any subsequent
3 time while the person remains at the resource center, or
4 is otherwise receiving care or treatment for which this
5 chapter obligates the county to pay. If the ~~board~~ regional
6 administrator finds upon review that the person or those
7 legally responsible for the person are presently able to pay
8 the expenses, the finding shall apply only to the charges
9 incurred during the period beginning on the date of the
10 review and continuing thereafter, unless and until the ~~board~~
11 regional administrator again changes its finding. If the ~~board~~
12 regional administrator finds that the person or those legally
13 responsible for the person are able to pay the expenses, the
14 ~~board~~ regional administrator shall direct that the charges
15 be so paid to the extent required by section 222.78, and the
16 county auditor shall be responsible for the collection of the
17 charges.

18 Sec. 47. Section 222.13A, subsections 1, 2, and 4, Code
19 2011, are amended to read as follows:

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

1 such services is the responsibility of the minor's county of
2 residence, the costs of the preadmission diagnostic evaluation,
3 court appointed attorney, and court costs, relating to the
4 services shall be paid by the county of residence.

5 2. Upon receipt of an application for voluntary admission
6 of a minor, the board of supervisors shall provide for a
7 preadmission diagnostic evaluation of the minor to confirm
8 or establish the need for the admission. The preadmission
9 diagnostic evaluation shall be performed by a person who
10 meets the qualifications of a qualified mental retardation
11 professional who is designated through the ~~central point of~~
12 ~~coordination process~~ regional administrator. Any portion of
13 the cost of the evaluation not paid by the minor or those
14 liable for the minor's support under section 222.78 is the
15 responsibility of the state.

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

25 Sec. 48. Section 222.22, Code 2011, is amended to read as
26 follows:

27 **222.22 Time of appearance.**

28 The time of appearance shall not be less than five days
29 after completed service unless the court orders otherwise.
30 Appearance on behalf of the person who is alleged to have
31 mental retardation may be made by any citizen of the county
32 or by any relative. The district court shall assign counsel
33 for the person who is alleged to have mental retardation.
34 Counsel shall prior to proceedings personally consult with the
35 person who is alleged to have mental retardation unless the

1 judge appointing counsel certifies that in the judge's opinion,
2 consultation shall serve no useful purpose. The certification
3 shall be made a part of the record. An attorney assigned by
4 the court shall be compensated by the ~~county~~ state at an hourly
5 rate to be established ~~by the county board of supervisors~~ in
6 substantially the same manner as provided in section 815.7.

7 Sec. 49. Section 222.28, Code 2011, is amended to read as
8 follows:

9 **222.28 Commission to examine.**

10 The court may, at or prior to the final hearing, appoint
11 a commission of one qualified physician and one qualified
12 psychologist, designated through the ~~central point of~~
13 ~~coordination process,~~ regional administrator who shall make
14 a personal examination of the person alleged to be mentally
15 retarded for the purpose of determining the mental condition
16 of the person.

17 Sec. 50. Section 222.31, subsection 1, paragraph b, Code
18 2011, is amended to read as follows:

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

1 ~~be issued, and advises the court that adequate facilities for~~
2 ~~the care of the person are available.~~

3 (2) The court shall examine the report of the county
4 attorney filed pursuant to section 222.13, and if the report
5 shows that neither the person nor those liable for the person's
6 support under section 222.78 are presently able to pay the
7 charges rising out of the person's care in a resource center,
8 or special treatment unit, shall enter an order stating that
9 finding and directing that the charges be paid by the person's
10 county of residence or the state, as determined in accordance
11 with section 222.60. The court ~~may~~, upon request of the ~~board~~
12 ~~of supervisors payer of the charges,~~ may review its finding at
13 any subsequent time while the person remains at the resource
14 center, or is otherwise receiving care or treatment for which
15 this chapter obligates the ~~county payer~~ to pay. If the court
16 finds upon review that the person or those legally responsible
17 for the person are presently able to pay the expenses, that
18 finding shall apply only to the charges incurred during the
19 period beginning on the date of the ~~board's payer's~~ request
20 for the review and continuing ~~thereafter~~ after that date,
21 unless and until the court again changes its finding. If the
22 court finds that the person, or those liable for the person's
23 support, are able to pay the charges, the court shall enter
24 an order directing that the charges be so paid to the extent
25 required by section 222.78.

26 Sec. 51. Section 222.49, Code 2011, is amended to read as
27 follows:

28 **222.49 Costs paid.**

29 The costs of proceedings shall be ~~defrayed from the county~~
30 ~~treasury~~ paid by the county or the state, as determined in
31 accordance with section 222.60, unless otherwise ordered by
32 the court. When the person alleged to be mentally retarded
33 is found not to be mentally retarded, the court shall render
34 judgment for such costs against the person filing the petition
35 except when the petition is filed by order of court.

1 Sec. 52. Section 222.50, Code 2011, is amended to read as
2 follows:

3 **222.50 County of ~~legal settlement~~ residence or state to pay.**

4 When the proceedings are instituted in a county in which
5 the person who is alleged to have mental retardation was found
6 but which is not the county of ~~legal settlement~~ residence of
7 the person, and the costs are not taxed to the petitioner, the
8 person's county which is the legal settlement of the person
9 of residence or the state, as determined in accordance with
10 section 222.60, shall, on presentation of a properly itemized
11 bill for such costs, repay the costs to the former county.
12 ~~When the person's legal settlement is outside the state or is~~
13 ~~unknown, the costs shall be paid out of money in the state~~
14 ~~treasury not otherwise appropriated, itemized on vouchers~~
15 ~~executed by the auditor of the county which paid the costs, and~~
16 ~~approved by the administrator.~~

17 Sec. 53. Section 222.59, subsection 1, unnumbered paragraph
18 1, Code 2011, is amended to read as follows:

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

32 Sec. 54. Section 222.60, subsection 1, Code 2011, is amended
33 to read as follows:

34 1. All necessary and legal expenses for the cost of
35 admission or commitment or for the treatment, training,

1 instruction, care, habilitation, support and transportation of
2 persons with mental retardation, as provided for in the ~~county~~
3 regional mental health and disability services management plan
4 provisions implemented pursuant to ~~section 331.439, subsection~~
5 chapter 331, in a state resource center, or in a special
6 unit, or any public or private facility within or without the
7 state, approved by the director ~~of the department~~ of human
8 services, shall be paid by either:

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

13 b. The state when ~~such the person has no legal settlement~~
14 ~~or when such settlement is unknown~~ is a resident in another
15 state or in a foreign country, the residence is unknown, or the
16 expenses are covered by the medical assistance program under
17 chapter 249A. The payment responsibility shall be deemed to be
18 a state case.

19 Sec. 55. Section 222.60, subsection 2, Code 2011, is amended
20 to read as follows:

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

34 b. The cost of a county-required diagnosis and an evaluation
35 is at the county's expense. In the case of a ~~person without~~

1 ~~legal settlement or whose legal settlement is unknown~~ service
2 covered under the medical assistance program, the state
3 may apply the diagnosis and evaluation provisions of this
4 subsection at the state's expense.

5 c. A diagnosis or an evaluation under this section may be
6 part of a ~~county's central point of coordination process under~~
7 ~~section 331.440~~, regional service management plan provided that
8 a diagnosis is performed only by an individual qualified as
9 provided in this section.

10 Sec. 56. Section 222.61, Code 2011, is amended to read as
11 follows:

12 **222.61 ~~Legal settlement~~ Residency determined.**

13 When a county receives an application on behalf of any
14 person for admission to a resource center or a special unit
15 or when a court issues an order committing any person to a
16 resource center or a special unit, the board of supervisors
17 shall ~~utilize~~ refer the determination of residency to the
18 ~~central point of coordination process~~ regional administrator to
19 determine and certify that the ~~legal settlement~~ residence of
20 the person is in one of the following:

- 21 1. In the county in which the application is received or in
22 which the court is located.
- 23 2. In some other county of the state.
- 24 3. In another state or in a foreign country.
- 25 4. Unknown.

26 Sec. 57. Section 222.62, Code 2011, is amended to read as
27 follows:

28 **222.62 ~~Settlement~~ Residency in another county.**

29 When the ~~board of supervisors determines through the central~~
30 ~~point of coordination process~~ regional administrator determines
31 that the ~~legal settlement~~ residency of the person is other
32 than in the county in which the application is received, the
33 determination shall be certified to the superintendent of the
34 resource center or the special unit where the person is a
35 patient. The certification shall be accompanied by a copy of

1 the evidence supporting the determination. The superintendent
2 shall charge the expenses already incurred and unadjusted, and
3 all future expenses of the patient, to the county certified to
4 be the county of ~~legal settlement~~ residency.

5 Sec. 58. Section 222.63, Code 2011, is amended to read as
6 follows:

7 **222.63 Finding of settlement residency — objection.**

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

21 Sec. 59. Section 222.64, Code 2011, is amended to read as
22 follows:

23 **222.64 Foreign state or country or unknown ~~legal settlement~~**
24 **residency.**

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

1 administrator.

2 Sec. 60. Section 222.65, Code 2011, is amended to read as
3 follows:

4 **222.65 Investigation.**

5 If an application is made for placement of a person in
6 a state resource center or special unit, the department's
7 administrator shall immediately investigate the ~~legal~~
8 ~~settlement~~ residency of the person and proceed as follows:

9 1. If the administrator concurs with a certified
10 determination as to ~~legal-settlement~~ residency of the person
11 so that the person is deemed a state case under section
12 222.60, the administrator shall cause the person either to be
13 transferred to a resource center or a special unit or to be
14 transferred to the place of foreign ~~settlement~~ residency.

15 2. If the administrator disputes a certified determination
16 of ~~legal-settlement~~ residency, the administrator shall order
17 the person transferred to a state resource center or a special
18 unit until the dispute is resolved.

19 3. If the administrator disputes a certified determination
20 of ~~legal-settlement~~ residency, the administrator shall utilize
21 the procedure provided in section ~~225C.8~~ 331.438F to resolve
22 the dispute. A determination of the person's ~~legal-settlement~~
23 residency status made pursuant to section ~~225C.8~~ 331.438F is
24 conclusive.

25 Sec. 61. Section 222.66, Code 2011, is amended to read as
26 follows:

27 **222.66 Transfers — state cases — expenses.**

28 1. The transfer to a resource center or a special unit or
29 to the place of ~~legal-settlement~~ residency of a person with
30 mental retardation who has no ~~legal-settlement~~ residence in
31 this state or whose ~~legal-settlement~~ residency is unknown,
32 shall be made in accordance with such directions as shall
33 be prescribed by the administrator and when practicable by
34 employees of the state resource center or the special unit.
35 The actual and necessary expenses of such transfers shall be

1 paid by the department on itemized vouchers sworn to by the
2 claimants and approved by the administrator and the approved
3 amount is appropriated to the department from any funds in the
4 state treasury not otherwise appropriated.

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

8 Sec. 62. Section 222.67, Code 2011, is amended to read as
9 follows:

10 **222.67 Charge on finding of settlement residency.**

11 If a person has been received into a resource center or a
12 special unit as a patient whose ~~legal settlement is supposedly~~
13 ~~outside the state or~~ residency is unknown and the administrator
14 determines that the ~~legal settlement~~ residency of the patient
15 was at the time of admission or commitment in a county of
16 this state, the administrator shall certify the determination
17 and charge all legal costs and expenses pertaining to the
18 admission or commitment and support of the patient to the
19 county of ~~legal settlement~~ residence. The certification shall
20 be sent to the county of ~~legal settlement~~ residence. The
21 certification shall be accompanied by a copy of the evidence
22 supporting the determination. If the person's ~~legal settlement~~
23 residency status has been determined in accordance with section
24 ~~225C.8~~ 331.438F, the legal costs and expenses shall be charged
25 to the county or as a state case in accordance with that
26 determination. The costs and expenses shall be collected as
27 provided by law in other cases.

28 Sec. 63. Section 222.68, Code 2011, is amended to read as
29 follows:

30 **222.68 Costs paid in first instance.**

31 All necessary and legal expenses for the cost of admission
32 or commitment of a person to a resource center or a special
33 unit when the person's ~~legal settlement~~ residency is found to
34 be in another county of this state shall in the first instance
35 be paid by the county from which the person was admitted or

1 committed. The county of ~~legal settlement~~ residence shall
2 reimburse the county which pays for all such expenses. ~~Where~~
3 ~~any~~ If a county fails to make such reimbursement within
4 forty-five days following submission of a properly itemized
5 bill to the county of ~~legal settlement~~ residence, a penalty of
6 not greater than one percent per month on and after forty-five
7 days from submission of the bill may be added to the amount
8 due.

9 Sec. 64. Section 222.69, Code 2011, is amended to read as
10 follows:

11 **222.69 Payment by state.**

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

21 Sec. 65. Section 222.70, Code 2011, is amended to read as
22 follows:

23 **222.70 ~~Legal settlement~~ Residency disputes.**

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

29 Sec. 66. Section 222.77, Code 2011, is amended to read as
30 follows:

31 **222.77 Patients on leave.**

32 The cost of support of patients placed on convalescent leave
33 or removed as a habilitation measure from a resource center,
34 or a special unit, except when living in the home of a person
35 legally bound for the support of the patient, shall be paid

1 by the county of ~~legal settlement~~ residence or the state as
2 provided in section 222.60. ~~If the patient has no county of~~
3 ~~legal settlement, the cost shall be paid from the support fund~~
4 ~~of the resource center or special unit and charged on abstract~~
5 ~~in the same manner as other state inpatients until the patient~~
6 ~~becomes self-supporting or qualifies for support under other~~
7 ~~statutes.~~

8 Sec. 67. Section 222.78, Code 2011, is amended to read as
9 follows:

10 **222.78 Parents and others liable for support.**

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

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

1 shall be construed to prevent a relative or other person
2 from voluntarily paying the full actual cost as established
3 by the administrator for caring for the patient with mental
4 retardation.

5 Sec. 68. Section 222.79, Code 2011, is amended to read as
6 follows:

7 **222.79 Certification statement presumed correct.**

8 In actions to enforce the liability imposed by section
9 ~~222.78, the certification statement sent from the~~
10 ~~superintendent to the county auditor pursuant to section~~
11 222.74 or the county of residence, as applicable, shall submit
12 a certification statement stating the sums charged ~~in such~~
13 ~~eases and the certification statement shall be considered~~
14 presumptively correct.

15 Sec. 69. Section 222.80, Code 2011, is amended to read as
16 follows:

17 **222.80 Liability to county or state.**

18 A person admitted or committed to a county institution or
19 home or admitted or committed at county or state expense to a
20 private hospital, sanitarium, or other facility for treatment,
21 training, instruction, care, habilitation, and support as a
22 patient with mental retardation shall be liable to the county
23 or state, as applicable, for the reasonable cost of the support
24 as provided in section 222.78.

25 Sec. 70. Section 222.82, Code 2011, is amended to read as
26 follows:

27 **222.82 Collection of liabilities and claims.**

28 ~~The~~ If liabilities and claims exist as provided in section
29 222.78 or other provision of this chapter, the county of
30 residence or the state, as applicable, may proceed as provided
31 in this section. If the liabilities and claims are owed to
32 a county of residence, the county's board of supervisors of
33 ~~each county~~ may direct the county attorney to proceed with the
34 collection of ~~said~~ the liabilities and claims as a part of
35 the duties of the county attorney's office when the board of

1 supervisors deems such action advisable. If the liabilities
2 and claims are owed to the state, the state shall proceed
3 with the collection. The board of supervisors or the state,
4 as applicable, may ~~and is hereby empowered to~~ compromise any
5 and all liabilities to the county or state arising under this
6 chapter when such compromise is deemed to be in the best
7 interests of the county or state. Any collections and liens
8 shall be limited in conformance to section 614.1, subsection 4.

9 Sec. 71. Section 222.86, Code 2011, is amended to read as
10 follows:

11 **222.86 Payment for care from fund.**

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

23 Sec. 72. Section 222.92, subsection 3, paragraph a, Code
24 2011, is amended to read as follows:

25 a. Moneys received by the state from billings to counties
26 ~~under section 222.73.~~

27 Sec. 73. Section 225.11, Code 2011, is amended to read as
28 follows:

29 **225.11 Initiating commitment procedures.**

30 When a court finds upon completion of a hearing held pursuant
31 to section 229.12 that the contention that a respondent is
32 seriously mentally impaired has been sustained by clear and
33 convincing evidence, and the application filed under section
34 229.6 also contends or the court otherwise concludes that it
35 would be appropriate to refer the respondent to the state

1 psychiatric hospital for a complete psychiatric evaluation and
2 appropriate treatment pursuant to section 229.13, the judge
3 may order that a financial investigation be made in the manner
4 prescribed by section 225.13. If the costs of a respondent's
5 evaluation or treatment are payable in whole or in part by
6 a county, an order under this section shall be for referral
7 of the respondent through the ~~central point of coordination~~
8 ~~process~~ regional administrator for an evaluation and referral
9 of the respondent to an appropriate placement or service, which
10 may include the state psychiatric hospital for additional
11 evaluation or treatment. For purposes of this chapter, "~~central~~
12 ~~point of coordination process~~" "regional administrator" means the
13 same as defined in section ~~331.440~~ 331.438A.

14 Sec. 74. Section 225.15, Code 2011, is amended to read as
15 follows:

16 **225.15 Examination and treatment.**

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

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

34 Sec. 75. Section 225.17, subsection 2, Code 2011, is amended
35 to read as follows:

1 2. When the respondent arrives at the hospital, the
2 respondent shall receive the same treatment as is provided for
3 committed public patients in section 225.15, in compliance with
4 sections 229.13 to 229.16. However, observation, treatment,
5 and hospital care under this section of a respondent whose
6 expenses are payable in whole or in part by a county shall
7 only be provided as determined through the ~~central point of~~
8 ~~coordination process~~ county's regional administrator.

9 Sec. 76. Section 225.23, Code 2011, is amended to read as
10 follows:

11 **225.23 Collection for treatment.**

12 If the bills for a committed or voluntary private patient are
13 paid by the state, the state psychiatric hospital shall file a
14 certified copy of the claim for the bills with the ~~auditor of~~
15 ~~the patient's county of residence~~ department of administrative
16 services. The ~~county of residence~~ department shall proceed to
17 collect the claim in the name of the state psychiatric hospital
18 and, when collected, pay the amount collected to the director
19 of the ~~department of administrative services.~~ The hospital
20 shall also, at the same time, forward a duplicate of the claim
21 to the ~~director of the department of administrative services.~~

22 Sec. 77. Section 225C.2, subsection 2, Code 2011, is amended
23 by striking the subsection.

24 Sec. 78. Section 225C.2, Code 2011, is amended by adding the
25 following new subsection:

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

28 Sec. 79. Section 225C.4, subsection 1, paragraph h, Code
29 2011, is amended by striking the paragraph.

30 Sec. 80. Section 225C.5, subsection 1, paragraph f, Code
31 Supplement 2011, is amended to read as follows:

32 *f.* Two members shall be ~~administrators of the central point~~
33 ~~of coordination process established in accordance with section~~
34 ~~331.440~~ regional administrator staff selected from nominees
35 submitted by the community services affiliate of the Iowa state

1 association of counties.

2 Sec. 81. Section 225C.6, subsection 1, paragraph b, Code
3 Supplement 2011, is amended to read as follows:

4 *b.* Adopt necessary rules pursuant to chapter 17A which
5 relate to disability programs, core disability services, and
6 other services, including but not limited to definitions of
7 each disability included within the term "*disability services*"
8 as necessary for purposes of state, county, and regional
9 planning, programs, and services.

10 Sec. 82. Section 225C.6, subsection 1, paragraph 1, Code
11 Supplement 2011, is amended by striking the paragraph and
12 inserting in lieu thereof the following:

13 *1.* Identify basic financial eligibility standards for the
14 disability services provided by a mental health and disability
15 services region. The initial standards shall be as specified
16 in chapter 331.

17 Sec. 83. Section 225C.6A, Code 2011, is amended to read as
18 follows:

19 **225C.6A Disability services data system redesign.**

20 The commission shall do the following relating to ~~redesign~~
21 ~~of the data concerning the disability services system~~ in the
22 state:

23 ~~1. Identify sources of revenue to support statewide~~
24 ~~delivery of core disability services to eligible disability~~
25 ~~populations.~~

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

30 ~~3.~~ *a.* 1. Plan, collect, and analyze data as necessary to
31 issue cost estimates for serving additional populations and
32 providing core disability services statewide. The department
33 shall maintain compliance with applicable federal and state
34 privacy laws to ensure the confidentiality and integrity of
35 individually identifiable disability services data. The

1 department shall regularly assess the status of the compliance
2 in order to assure that data security is protected.

3 ~~b.~~ 2. In implementing a system under this ~~subsection~~
4 section for collecting and analyzing state, county, and private
5 contractor data, the department shall establish a client
6 identifier for the individuals receiving services. The client
7 identifier shall be used in lieu of the individual's name or
8 social security number. The client identifier shall consist of
9 the last four digits of an individual's social security number,
10 the first three letters of the individual's last name, the
11 individual's date of birth, and the individual's gender in an
12 order determined by the department.

13 ~~c.~~ 3. Each county regional administrator shall regularly
14 report to the department ~~annually on or before December 1, for~~
15 ~~the preceding fiscal year~~ the following information for each
16 individual served: demographic information, expenditure data,
17 and data concerning the services and other support provided to
18 each individual, as specified in administrative rule adopted
19 by the commission.

20 ~~4. Work with county representatives and other qualified~~
21 ~~persons to develop an implementation plan for replacing the~~
22 ~~county of legal settlement approach to determining service~~
23 ~~system funding responsibilities with an approach based upon~~
24 ~~residency. The plan shall address a statewide standard for~~
25 ~~proof of residency, outline a plan for establishing a data~~
26 ~~system for identifying residency of eligible individuals,~~
27 ~~address residency issues for individuals who began residing in~~
28 ~~a county due to a court order or criminal sentence or to obtain~~
29 ~~services in that county, recommend an approach for contesting~~
30 ~~a residency determination, and address other implementation~~
31 ~~issues.~~

32 Sec. 84. Section 225C.12, Code 2011, is amended to read as
33 follows:

34 **225C.12 Partial reimbursement to counties for local inpatient**
35 **mental health care and treatment.**

1 1. A county which pays, from county funds ~~budgeted~~
2 ~~under section 331.424A~~, the cost of care and treatment of
3 a person with mental illness who is admitted pursuant to a
4 preliminary diagnostic evaluation under sections 225C.14 to
5 225C.17 for treatment as an inpatient of a hospital facility,
6 other than a state mental health institute, which has a
7 designated mental health program and is a hospital accredited
8 by the accreditation program for hospital facilities of the
9 joint commission, formerly known as the joint commission on
10 accreditation of health care organizations, is entitled to
11 reimbursement from the state for a portion of the daily cost
12 so incurred by the county. However, a county is not entitled
13 to reimbursement for a cost incurred in connection with
14 the hospitalization of a person who is eligible for medical
15 assistance under chapter 249A, or who is entitled to have
16 care or treatment paid for by any other third-party payor, or
17 who is admitted for preliminary diagnostic evaluation under
18 sections 225C.14 to 225C.17. The amount of reimbursement for
19 the cost of treatment of a local inpatient to which a county
20 is entitled, on a per-patient-per-day basis, is an amount
21 equal to twenty percent of the average of the state mental
22 health institutes' individual average daily patient costs in
23 the most recent calendar quarter for the program in which the
24 local inpatient would have been served if the patient had been
25 admitted to a state mental health institute.

26 2. A county may claim reimbursement by filing with the
27 administrator a claim in a form prescribed by the administrator
28 by rule. Claims may be filed on a quarterly basis, and when
29 received shall be verified as soon as reasonably possible
30 by the administrator. The administrator shall certify to
31 the director of the department of administrative services
32 the amount to which each county claiming reimbursement is
33 entitled, and the director of the department of administrative
34 services shall issue warrants to the respective counties
35 drawn upon funds appropriated by the general assembly for

1 the purpose of this section. A county shall place funds
2 received under this section in the ~~county mental health, mental~~
3 ~~retardation, and developmental disabilities services~~ fund
4 ~~created under section 331.424A~~ or account designated by law to
5 hold moneys for expenditure for the county's mental health and
6 disability services. If the appropriation for a fiscal year
7 is insufficient to pay all claims arising under this section,
8 the director of the department of administrative services shall
9 prorate the funds appropriated for that year among the claimant
10 counties so that an equal proportion of each county's claim is
11 paid in each quarter for which proration is necessary.

12 Sec. 85. Section 225C.14, subsection 1, Code 2011, is
13 amended to read as follows:

14 1. Except in cases of medical emergency, a person shall be
15 admitted to a state mental health institute as an inpatient
16 only after a preliminary diagnostic evaluation performed
17 through the ~~central point of coordination process~~ regional
18 administrator of the person's county of residence has confirmed
19 that the admission is appropriate to the person's mental health
20 needs, and that no suitable alternative method of providing the
21 needed services in a less restrictive setting or in or nearer
22 to the person's home community is currently available. If
23 provided for through the ~~central point of coordination process~~
24 regional administrator, the evaluation may be performed by a
25 community mental health center or by an alternative diagnostic
26 facility. The policy established by this section shall be
27 implemented in the manner and to the extent prescribed by
28 sections 225C.15, 225C.16 and 225C.17.

29 Sec. 86. Section 225C.16, subsections 2 through 4, Code
30 2011, are amended to read as follows:

31 2. The clerk of the district court in that county shall
32 refer a person applying for authorization for voluntary
33 admission, or for authorization for voluntary admission of
34 another person, in accordance with section 229.42, to the
35 appropriate entity designated through the ~~central point of~~

1 ~~coordination process~~ regional administrator of the person's
2 county of residence under section 225C.14 for the preliminary
3 diagnostic evaluation unless the applicant furnishes a written
4 statement from the appropriate entity which indicates that the
5 evaluation has been performed and that the person's admission
6 to a state mental health institute is appropriate. This
7 subsection does not apply when authorization for voluntary
8 admission is sought under circumstances which, in the opinion
9 of the chief medical officer or that officer's physician
10 designee, constitute a medical emergency.

11 3. Judges of the district court in that county or the
12 judicial hospitalization referee appointed for that county
13 shall so far as possible arrange for the entity designated
14 through the ~~central point of coordination process~~ regional
15 administrator under section 225C.14 to perform a prehearing
16 examination of a respondent required under section 229.8,
17 subsection 3, paragraph "b".

18 4. The chief medical officer of a state mental health
19 institute shall promptly submit to the appropriate entity
20 designated through the ~~central point of coordination process~~
21 regional administrator under section 225C.14 a report of the
22 voluntary admission of a patient under the medical emergency
23 clauses of subsections 1 and 2. The report shall explain the
24 nature of the emergency which necessitated the admission of
25 the patient without a preliminary diagnostic evaluation by the
26 designated entity.

27 Sec. 87. Section 225C.19, subsection 3, paragraph c,
28 subparagraph (4), Code 2011, is amended to read as follows:

29 (4) County ~~central point of coordination processes~~ regional
30 administrators.

31 Sec. 88. Section 226.9C, subsection 1, unnumbered paragraph
32 1, Code Supplement 2011, is amended to read as follows:

33 The state mental health institute at Mount Pleasant shall
34 operate the dual diagnosis mental health and ~~substane~~
35 ~~abuse~~ substance-related disorder treatment program on a net

1 budgeting basis in which fifty percent of the actual per diem
2 and ancillary services costs are chargeable to the patient's
3 county of ~~legal settlement or as a state case, as appropriate~~
4 residence. Subject to the approval of the department, revenues
5 attributable to the dual diagnosis program for each fiscal year
6 shall be deposited in the mental health institute's account
7 and are appropriated to the department for the dual diagnosis
8 program, including but not limited to all of the following
9 revenues:

10 Sec. 89. Section 226.9C, subsection 2, Code Supplement
11 2011, is amended to read as follows:

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

14 a. A county may split the charges between the county's
15 ~~mental health, mental retardation, and developmental~~
16 ~~disabilities services fund created pursuant to section 331.424A~~
17 fund or account designated by law to hold moneys for
18 expenditure for the county's mental health and disability
19 services and the county's budget for ~~substance abuse~~
20 substance-related disorder expenditures.

21 b. If an individual is committed to the custody of the
22 department of corrections at the time the individual is
23 referred for dual diagnosis treatment, the department of
24 corrections shall be charged for the costs of treatment.

25 c. Prior to an individual's admission for dual diagnosis
26 treatment, the individual shall have been screened through a
27 county's ~~central point of coordination process implemented~~
28 ~~pursuant to section 331.440~~ regional administrator to determine
29 the appropriateness of the treatment.

30 d. A county shall not be chargeable for the costs of
31 treatment for an individual enrolled in and authorized by or
32 decertified by a managed behavioral care plan under the medical
33 assistance program.

34 e. Notwithstanding section 8.33, state mental health
35 institute revenues related to the dual diagnosis program that

1 remain unencumbered or unobligated at the close of the fiscal
2 year shall not revert but shall remain available up to the
3 amount which would allow the state mental health institute
4 to meet credit obligations owed to counties as a result of
5 year-end per diem adjustments for the dual diagnosis program.

6 Sec. 90. Section 226.45, Code 2011, is amended to read as
7 follows:

8 **226.45 Reimbursement to county or state.**

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

19 Sec. 91. Section 227.10, Code 2011, is amended to read as
20 follows:

21 **227.10 Transfers from county or private institutions.**

22 Patients who have been admitted at public expense to
23 any institution to which this chapter is applicable may be
24 involuntarily transferred to the proper state hospital for
25 persons with mental illness in the manner prescribed by
26 sections 229.6 to 229.13. The application required by section
27 229.6 may be filed by the administrator of the division or
28 the administrator's designee, or by the administrator of the
29 institution where the patient is then being maintained or
30 treated. If the patient was admitted to that institution
31 involuntarily, the administrator of the division may arrange
32 and complete the transfer, and shall report it as required of
33 a chief medical officer under section 229.15, subsection 5.
34 The transfer shall be made at county expense, and the expense
35 recovered, as provided in section 227.7. However, transfer

1 under this section of a patient whose expenses are payable in
2 whole or in part by a county is subject to an authorization for
3 the transfer through the ~~central point of coordination process~~
4 county's regional administrator as defined in chapter 331.

5 Sec. 92. Section 229.1, subsection 3, Code Supplement 2011,
6 is amended by striking the subsection.

7 Sec. 93. Section 229.1, Code Supplement 2011, is amended by
8 adding the following new subsection:

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

11 Sec. 94. Section 229.1B, Code 2011, is amended to read as
12 follows:

13 **229.1B ~~Central point of coordination process~~ Regional**
14 **administrator authorization.**

15 Notwithstanding any provision of this chapter to the
16 contrary, any person whose hospitalization expenses are
17 payable in whole or in part by a county shall be subject to
18 all requirements of the ~~central point of coordination process~~
19 county's regional administrator.

20 Sec. 95. Section 229.9A, Code 2011, is amended to read as
21 follows:

22 **229.9A Advocate informed.**

23 The court shall direct the clerk to furnish the advocate
24 of the respondent's county of ~~legal settlement~~ residence
25 with a copy of application and any order issued pursuant to
26 section 229.8, subsection 3. The advocate may attend the
27 hospitalization hearing of any respondent for whom the advocate
28 has received notice of a hospitalization hearing.

29 Sec. 96. Section 229.11, subsection 1, unnumbered paragraph
30 1, Code 2011, is amended to read as follows:

31 If the applicant requests that the respondent be taken into
32 immediate custody and the judge, upon reviewing the application
33 and accompanying documentation, finds probable cause to believe
34 that the respondent has a serious mental impairment and is
35 likely to injure the respondent or other persons if allowed

1 to remain at liberty, the judge may enter a written order
2 directing that the respondent be taken into immediate custody
3 by the sheriff or the sheriff's deputy and be detained until
4 the hospitalization hearing. The hospitalization hearing shall
5 be held no more than five days after the date of the order,
6 except that if the fifth day after the date of the order is
7 a Saturday, Sunday, or a holiday, the hearing may be held
8 on the next succeeding business day. If the expenses of a
9 respondent are payable in whole or in part by a county, for a
10 placement in accordance with paragraph "a", the judge shall give
11 notice of the placement to the ~~central point of coordination~~
12 ~~process~~ county's regional administrator, and for a placement
13 in accordance with paragraph "b" or "c", the judge shall order
14 the placement in a hospital or facility designated through
15 the ~~central point of coordination process~~ county's regional
16 administrator. The judge may order the respondent detained for
17 the period of time until the hearing is held, and no longer,
18 in accordance with paragraph "a", if possible, and if not then
19 in accordance with paragraph "b", or, only if neither of these
20 alternatives is available, in accordance with paragraph "c".
21 Detention may be:

22 Sec. 97. Section 229.12, subsection 2, Code 2011, is amended
23 to read as follows:

24 2. All persons not necessary for the conduct of the
25 proceeding shall be excluded, except that the court may admit
26 persons having a legitimate interest in the proceeding and
27 shall permit the advocate from the respondent's county of ~~legal~~
28 ~~settlement~~ residence to attend the hearing. Upon motion of the
29 county attorney, the judge may exclude the respondent from the
30 hearing during the testimony of any particular witness if the
31 judge determines that witness's testimony is likely to cause
32 the respondent severe emotional trauma.

33 Sec. 98. Section 229.13, subsection 1, paragraph a, Code
34 2011, is amended to read as follows:

35 a. The court shall order a respondent whose expenses are

1 payable in whole or in part by a county placed under the care
2 of an appropriate hospital or facility designated through the
3 ~~central point of coordination process~~ regional administrator
4 of the respondent's county of residence on an inpatient or
5 outpatient basis.

6 Sec. 99. Section 229.14, subsection 2, paragraph a, Code
7 2011, is amended to read as follows:

8 a. For a respondent whose expenses are payable in whole
9 or in part by a county, placement as designated through the
10 ~~central point of coordination process~~ regional administrator
11 of the respondent's county of residence in the care of an
12 appropriate hospital or facility on an inpatient or outpatient
13 basis, or other appropriate treatment, or in an appropriate
14 alternative placement.

15 Sec. 100. Section 229.14A, subsections 7 and 9, Code 2011,
16 are amended to read as follows:

17 7. If a respondent's expenses are payable in whole or in
18 part by a county through the ~~central point of coordination~~
19 ~~process~~ regional administrator of the respondent's county of
20 residence, notice of a placement hearing shall be provided
21 to the county attorney and the county's ~~central point of~~
22 ~~coordination process~~ regional administrator. At the hearing,
23 the county may present evidence regarding appropriate
24 placement.

25 9. A placement made pursuant to an order entered under
26 section 229.13 or 229.14 or this section shall be considered to
27 be authorized through the ~~central point of coordination process~~
28 regional administrator.

29 Sec. 101. Section 229.19, subsection 1, paragraph b, Code
30 2011, is amended to read as follows:

31 b. The court or, if the advocate is appointed by the county
32 board of supervisors, the board shall assign the advocate
33 appointed from a patient's county of ~~legal settlement~~ residence
34 to represent the interests of the patient. If a patient has no
35 county of ~~legal settlement~~ residence or the patient's residence

1 is unknown, the court or, if the advocate is appointed by
2 the county board of supervisors, the board shall assign the
3 advocate appointed from the county where the hospital or
4 facility is located to represent the interests of the patient.

5 Sec. 102. Section 229.24, subsection 3, unnumbered
6 paragraph 1, Code 2011, is amended to read as follows:

7 If all or part of the costs associated with hospitalization
8 of an individual under this chapter are chargeable to a county
9 of ~~legal settlement~~ residence, the clerk of the district court
10 shall provide to the ~~county of legal settlement~~ regional
11 administrator of the respondent's county of residence and
12 to the regional administrator of the county in which the
13 hospitalization order is entered the following information
14 pertaining to the individual which would be confidential under
15 subsection 1:

16 Sec. 103. Section 229.31, Code 2011, is amended to read as
17 follows:

18 **229.31 Commission of inquiry.**

19 A sworn complaint, alleging that a named person is not
20 seriously mentally impaired and is unjustly deprived of liberty
21 in any hospital in the state, may be filed by any person with
22 the clerk of the district court of the county in which such
23 named person is so confined, or of the county in which such
24 named person ~~has a legal settlement, and thereupon a~~ is a
25 resident. Upon receiving the complaint, a judge of said that
26 court shall appoint a commission of not more than three persons
27 to inquire into the truth of ~~said~~ the allegations. One of
28 ~~said the~~ commissioners shall be a physician and if additional
29 commissioners are appointed, one of ~~such~~ the additional
30 commissioners shall be a lawyer.

31 Sec. 104. Section 229.42, Code 2011, is amended to read as
32 follows:

33 **229.42 Costs paid by county.**

34 1. If a person wishing to make application for voluntary
35 admission to a mental hospital established by chapter 226 is

1 unable to pay the costs of hospitalization or those responsible
2 for the person are unable to pay the costs, application for
3 authorization of voluntary admission must be made through a
4 ~~central point of coordination process~~ regional administrator
5 before application for admission is made to the hospital.
6 The person's county of ~~legal settlement~~ residence shall be
7 determined through the ~~central point of coordination process~~
8 county's regional administrator and if the admission is
9 approved through the ~~central point of coordination process~~
10 regional administrator, the person's admission to a mental
11 health hospital shall be authorized as a voluntary case.
12 The authorization shall be issued on forms provided by the
13 administrator. The costs of the hospitalization shall be paid
14 by the county of ~~legal settlement~~ residence to the department
15 of human services and credited to the general fund of the
16 state, provided that the mental health hospital rendering the
17 services has certified to the county auditor of the county
18 of ~~legal settlement~~ residence the amount chargeable to the
19 county and has sent a duplicate statement of the charges to the
20 department of human services. A county shall not be billed
21 for the cost of a patient unless the patient's admission is
22 authorized through the ~~central point of coordination process~~
23 county's regional administrator. The mental health institute
24 and the county shall work together to locate appropriate
25 alternative placements and services, and to educate patients
26 and family members of patients regarding such alternatives.
27 2. All the provisions of chapter 230 shall apply to such
28 voluntary patients so far as is applicable.
29 3. The provisions of this section and of section 229.41
30 shall apply to all voluntary inpatients or outpatients
31 receiving mental health services either away from or at the
32 institution.
33 4. If a county fails to pay the billed charges within
34 forty-five days from the date the county auditor received the
35 certification statement from the superintendent, the department

1 of human services shall charge the delinquent county the
2 penalty of one percent per month on and after forty-five days
3 from the date the county received the certification statement
4 until paid. The penalties received shall be credited to the
5 general fund of the state.

6 Sec. 105. Section 229.43, Code 2011, is amended to read as
7 follows:

8 **229.43 ~~Nonresidents or no settlement~~ Nonresident patients.**

9 The administrator may place patients of mental health
10 institutes ~~who have no county of legal settlement,~~ who
11 are nonresidents, ~~or whose legal settlement is unknown~~ on
12 convalescent leave to a private sponsor or in a health care
13 facility licensed under chapter 135C, when in the opinion
14 of the administrator the placement is in the best interests
15 of the patient and the state of Iowa. If the patient was
16 involuntarily hospitalized, the district court which ordered
17 hospitalization of the patient must be informed when the
18 patient is placed on convalescent leave, as required by section
19 229.15, subsection 5.

20 Sec. 106. Section 230.1, Code 2011, is amended to read as
21 follows:

22 **230.1 Liability of county and state.**

23 1. The necessary and legal costs and expenses attending
24 the taking into custody, care, investigation, admission,
25 commitment, and support of a person with mental illness
26 admitted or committed to a state hospital shall be paid by a
27 county or by the state as follows:

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

33 ~~b. By the state when~~ if such person has no ~~legal settlement~~
34 residence in this state, ~~when~~ if the person's ~~legal settlement~~
35 residence is unknown, ~~or~~ if the costs and expenses are covered

1 by the medical assistance program under chapter 249A, or if the
2 person is under eighteen years of age.

3 2. ~~The legal settlement~~ county of residence of any person
4 ~~found mentally ill with mental illness~~ who is a patient of
5 any state institution shall be ~~that the person's county of~~
6 residence existing at the time of admission ~~thereto~~ to the
7 institution.

8 3. A county of ~~legal settlement~~ residence is not liable
9 for costs and expenses associated with a person with mental
10 illness unless the costs and expenses are for services and
11 other support authorized for the person through the ~~central~~
12 ~~point of coordination process~~ county's regional administrator.
13 For the purposes of this chapter, ~~"central point of coordination~~
14 ~~process"~~ "regional administrator" means the same as defined in
15 section ~~331.440~~ 331.438A.

16 Sec. 107. Section 230.2, Code 2011, is amended to read as
17 follows:

18 **230.2 Finding of ~~legal settlement~~ residence.**

19 If a person's ~~legal settlement~~ residency status is
20 disputed, ~~legal settlement~~ the residency shall be determined
21 in accordance with section ~~225C.8~~ 331.438F. Otherwise, the
22 district court may, when the person is ordered placed in a
23 hospital for psychiatric examination and appropriate treatment,
24 or as soon thereafter as the court obtains the proper
25 information, determine and enter of record whether the ~~legal~~
26 ~~settlement~~ residence of the person is one of the following:

- 27 1. In the county from which the person was placed in the
28 hospital~~;~~.
- 29 2. In ~~some other~~ another county of the state~~;~~.
- 30 3. In ~~some~~ a foreign state or country~~;~~ or.
- 31 4. Unknown.

32 Sec. 108. Section 230.3, Code 2011, is amended to read as
33 follows:

34 **230.3 Certification of settlement.**

35 If a person's ~~legal settlement~~ county of residence

1 is determined ~~through by~~ the county's ~~central point of~~
2 ~~coordination process~~ regional administrator to be in another
3 county of this state, the ~~county making the determination~~
4 regional administrator shall certify the determination to the
5 superintendent of the hospital to which the person is admitted
6 or committed. The certification shall be accompanied by a copy
7 of the evidence supporting the determination. Upon receiving
8 the certification, the superintendent shall charge the expenses
9 already incurred and unadjusted, and all future expenses of
10 the person, to the county determined to be the county of ~~legal~~
11 settlement residence.

12 Sec. 109. Section 230.4, Code 2011, is amended to read as
13 follows:

14 **230.4 Certification to debtor county.**

15 A determination of a person's ~~legal settlement~~ county of
16 residence made in accordance with section 230.2 or 230.3 shall
17 be sent by the court or the county to the county auditor of
18 the county of ~~legal settlement~~ residence. The certification
19 shall be accompanied by a copy of the evidence supporting the
20 determination. The auditor shall provide the certification
21 to the board of supervisors of the auditor's county, and it
22 shall be conclusively presumed that the person has a ~~legal~~
23 settlement residence in the notified county unless that county
24 disputes the finding of ~~legal settlement~~ residence as provided
25 in section ~~225C.8~~ 331.438F.

26 Sec. 110. Section 230.5, Code 2011, is amended to read as
27 follows:

28 **230.5 Nonresidents.**

29 If a person's ~~legal settlement~~ residence is determined in
30 accordance with section 230.2 or 230.3 to be in a foreign state
31 or country, or is unknown, the court or the ~~county~~ regional
32 administrator shall immediately certify the determination
33 to the department's administrator. The certification shall
34 be accompanied by a copy of the evidence supporting the
35 determination. A court order issued pursuant to section

1 229.13 shall direct that the patient be hospitalized at the
2 appropriate state hospital for persons with mental illness.

3 Sec. 111. Section 230.8, Code 2011, is amended to read as
4 follows:

5 **230.8 Transfers of persons with mental illness — expenses.**

6 The transfer to any state hospitals or to the places of
7 their ~~legal settlement~~ residence of persons with mental illness
8 who have no ~~legal settlement~~ residence in this state or whose
9 ~~legal settlement~~ residence is unknown, shall be made according
10 to the directions of the administrator, and when practicable
11 by employees of the state hospitals, ~~and the.~~ The actual
12 and necessary expenses of such transfers shall be paid on
13 itemized vouchers sworn to by the claimants and approved by the
14 administrator, and the amount of the expenses is appropriated
15 to the department from any funds in the state treasury not
16 otherwise appropriated.

17 Sec. 112. Section 230.9, Code 2011, is amended to read as
18 follows:

19 **230.9 Subsequent discovery of residence.**

20 If, after a person has been received by a state hospital for
21 persons with mental illness as a ~~state case~~ patient whose ~~legal~~
22 ~~settlement~~ residence is supposed to be outside this state ~~or~~
23 ~~unknown~~, the administrator determines that the ~~legal settlement~~
24 residence of the person was, at the time of admission or
25 commitment, in a county of this state, the administrator shall
26 certify the determination and charge all legal costs and
27 expenses pertaining to the admission or commitment and support
28 of the person to the county of ~~legal settlement~~ residence. The
29 certification shall be sent to the county of ~~legal settlement~~
30 residence. The certification shall be accompanied by a copy
31 of the evidence supporting the determination. The costs and
32 expenses shall be collected as provided by law in other cases.
33 If the person's ~~legal settlement~~ residency status has been
34 determined in accordance with section ~~225C.8~~ 331.438F, the
35 legal costs and expenses shall be charged to the county ~~or as a~~

1 ~~state case of residence~~ in accordance with that determination.

2 Sec. 113. Section 230.10, Code 2011, is amended to read as
3 follows:

4 **230.10 Payment of costs.**

5 All legal costs and expenses attending the taking into
6 custody, care, investigation, and admission or commitment of
7 a person to a state hospital for persons with mental illness
8 under a finding that ~~such the~~ person has a ~~legal settlement~~
9 residency in another county of this state shall be charged
10 against the county of ~~legal settlement~~ residence.

11 Sec. 114. Section 230.11, Code 2011, is amended to read as
12 follows:

13 **230.11 Recovery of costs from state.**

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

27 Sec. 115. Section 230.12, Code 2011, is amended to read as
28 follows:

29 **230.12 ~~Legal settlement~~ Residency disputes.**

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

35 Sec. 116. Section 230.20, subsection 2, paragraph b, Code

1 2011, is amended to read as follows:

2 *b.* The per diem costs billed to each county shall not exceed
3 the per diem costs billed to the county in the fiscal year
4 beginning July 1, 1996. However, the per diem costs billed
5 to a county may be adjusted annually to reflect increased
6 costs to the extent of the percentage increase in the total
7 of county fixed budgets pursuant to the allowed growth factor
8 adjustment authorized by the general assembly for the fiscal
9 year in accordance with section 331.439, Code 2011, and annual
10 percentage increases in state support provided to the regional
11 mental health and disability service system under chapter 331.

12 Sec. 117. Section 230.32, Code 2011, is amended to read as
13 follows:

14 **230.32 Support of nonresident patients on leave.**

15 The cost of support of patients without ~~legal settlement~~
16 residence in this state, who are placed on convalescent
17 leave or removed from a state mental institute to any health
18 care facility licensed under chapter 135C for rehabilitation
19 purposes, shall be paid from the hospital support fund
20 and shall be charged on abstract in the same manner as
21 state inpatients, until such time as the patient becomes
22 self-supporting or qualifies for support under existing
23 statutes.

24 Sec. 118. Section 231.56A, subsection 2, Code 2011, is
25 amended to read as follows:

26 2. The target population of the projects shall be any
27 older individual residing in Iowa who is at risk of or who is
28 experiencing abuse, neglect, or exploitation which may include
29 but is not limited to an older individual who is the subject of
30 a report of suspected dependent adult abuse pursuant to chapter
31 235B. This subsection shall not apply to an older individual
32 who is receiving assistance under a ~~county management plan~~
33 ~~approved pursuant to section 331.439~~ regional mental health and
34 disability services system under chapter 331.

35 Sec. 119. Section 232.2, subsection 4, paragraph f,

1 subparagraph (3), Code 2011, is amended to read as follows:

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

20 Sec. 120. Section 235.7, subsection 2, Code 2011, is amended
21 to read as follows:

22 2. *Membership.* The department may authorize the governance
23 boards of decategorization of child welfare and juvenile
24 justice funding projects established under section 232.188 to
25 appoint the transition committee membership and may utilize
26 the boundaries of decategorization projects to establish
27 the service areas for transition committees. The committee
28 membership may include but is not limited to department of
29 human services staff involved with foster care, child welfare,
30 and adult services, juvenile court services staff, staff
31 involved with county general relief under chapter 251 or 252,
32 or ~~of the central point of coordination process~~ regional
33 mental health and disability services implemented under
34 ~~section 331.440~~ chapter 331, school district and area education
35 agency staff involved with special education, and a child's

1 court appointed special advocate, guardian ad litem, service
2 providers, and other persons knowledgeable about the child.

3 Sec. 121. Section 235A.15, subsection 2, paragraph c,
4 subparagraph (9), Code Supplement 2011, is amended to read as
5 follows:

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

12 Sec. 122. Section 235B.6, subsection 2, paragraph c,
13 subparagraph (6), Code Supplement 2011, is amended to read as
14 follows:

15 (6) 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 information concerns a person employed by
20 or being considered by the agency for employment.

21 Sec. 123. Section 249A.12, Code 2011, is amended to read as
22 follows:

23 **249A.12 Assistance to persons with mental retardation —**
24 **state cases.**

25 1. Assistance may be furnished under this chapter to an
26 otherwise eligible recipient who is a resident of a health
27 care facility licensed under chapter 135C and certified as an
28 intermediate care facility for persons with mental retardation.

29 ~~2. A county shall reimburse the department on a monthly~~
30 ~~basis for that portion of the cost of assistance provided~~
31 ~~under this section to a recipient with legal settlement in~~
32 ~~the county, which is not paid from federal funds, if the~~
33 ~~recipient's placement has been approved by the appropriate~~
34 ~~review organization as medically necessary and appropriate.~~
35 ~~The department's goal for the maximum time period for~~

~~1 submission of a claim to a county is not more than sixty
2 days following the submission of the claim by the provider
3 of the service to the department. The department's goal for
4 completion and crediting of a county for cost settlement for
5 the actual costs of a service under a home and community-based
6 services waiver is within two hundred seventy days of the close
7 of a fiscal year for which cost reports are due from providers.
8 The department shall place all reimbursements from counties
9 in the appropriation for medical assistance, and may use the
10 reimbursed funds in the same manner and for any purpose for
11 which the appropriation for medical assistance may be used.~~

12 ~~3.~~ 2. If a county reimburses reimbursed the department for
13 medical assistance provided under this section, Code 2011, and
14 the amount of medical assistance is subsequently repaid through
15 a medical assistance income trust or a medical assistance
16 special needs trust as defined in section 633C.1, the
17 department shall reimburse the county on a proportionate basis.
18 The department shall adopt rules to implement this subsection.

19 ~~4.~~ 3. a. Effective July 1, 1995, the state shall be
20 responsible for all of the nonfederal share of the costs of
21 intermediate care facility for persons with mental retardation
22 services provided under medical assistance to minors.
23 Notwithstanding ~~subsection 2~~ and contrary provisions of section
24 222.73, Code 2011, effective July 1, 1995, a county is not
25 required to reimburse the department and shall not be billed
26 for the nonfederal share of the costs of such services provided
27 to minors.

28 b. The state shall be responsible for all of the nonfederal
29 share of medical assistance home and community-based services
30 waivers for persons with intellectual disabilities services
31 provided to minors, and a county is not required to reimburse
32 the department and shall not be billed for the nonfederal share
33 of the costs of the services.

34 c. Effective February 1, 2002, the state shall be
35 responsible for all of the nonfederal share of the costs of

1 intermediate care facility for persons with mental retardation
2 services provided under medical assistance attributable to the
3 assessment fee for intermediate care facilities for individuals
4 with mental retardation imposed pursuant to section 249A.21.
5 ~~Notwithstanding subsection 2, effective~~ Effective February 1,
6 2003, a county is not required to reimburse the department and
7 shall not be billed for the nonfederal share of the costs of
8 such services attributable to the assessment fee.

9 ~~5.~~ 4. a. The mental health and disability services
10 commission shall recommend to the department the actions
11 necessary to assist in the transition of individuals being
12 served in an intermediate care facility for persons with
13 mental retardation, who are appropriate for the transition,
14 to services funded under a medical assistance home and
15 community-based services waiver for persons with intellectual
16 disabilities in a manner which maximizes the use of existing
17 public and private facilities. The actions may include but are
18 not limited to submitting any of the following or a combination
19 of any of the following as a request for a revision of the
20 medical assistance home and community-based services waiver for
21 persons with intellectual disabilities:

22 (1) Allow for the transition of intermediate care
23 facilities for persons with mental retardation licensed under
24 chapter 135C, to services funded under the medical assistance
25 home and community-based services waiver for persons with
26 intellectual disabilities. The request shall be for inclusion
27 of additional persons under the waiver associated with the
28 transition.

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

31 (3) Allow for exception provisions in which an intermediate
32 care facility for persons with mental retardation which does
33 not meet size and other facility-related requirements under
34 the waiver in effect on June 30, 1996, may convert to a waiver
35 service for a set period of time such as five years. Following

1 the set period of time, the facility would be subject to the
2 waiver requirements applicable to services which were not
3 operating under the exception provisions.

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

21 ~~6.~~ 5. *a.* The provisions of the home and community-based
22 services waiver for persons with intellectual disabilities
23 shall include adult day care, prevocational, and transportation
24 services. Transportation shall be included as a separately
25 payable service.

26 *b.* The department of human services shall seek federal
27 approval to amend the home and community-based services waiver
28 for persons with intellectual disabilities to include day
29 habilitation services. Inclusion of day habilitation services
30 in the waiver shall take effect upon receipt of federal
31 approval.

32 ~~*c.* The person's county of legal settlement shall pay for~~
33 ~~the nonfederal share of the cost of services provided under~~
34 ~~the waiver, and the state shall pay for the nonfederal share~~
35 ~~of such costs if the person has no legal settlement or the~~

1 ~~legal settlement is unknown so that the person is deemed to be~~
2 ~~a state case.~~

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

9 ~~7. 6.~~ When paying the necessary and legal expenses for
10 intermediate care facility for persons with mental retardation
11 services, the cost requirements of section 222.60 shall
12 be considered fulfilled when payment is made in accordance
13 with the medical assistance payment rates established by
14 the department for intermediate care facilities for persons
15 with mental retardation, and the state ~~or a county of legal~~
16 ~~settlement~~ shall not be obligated for any amount in excess of
17 the rates.

18 ~~8. 7.~~ If a person with mental retardation has no legal
19 ~~settlement or the legal settlement is unknown so that the~~
20 ~~person is deemed to be a state case and services associated~~
21 ~~with the mental retardation can be covered under a medical~~
22 ~~assistance home and community-based services waiver or other~~
23 ~~medical assistance program provision, the nonfederal share of~~
24 ~~the medical assistance program costs for such coverage shall~~
25 ~~be paid from the appropriation made for the medical assistance~~
26 ~~program.~~

27 Sec. 124. Section 249A.26, subsection 2, Code 2011, is
28 amended to read as follows:

29 2. a. Except as provided for disallowed costs in section
30 249A.27, ~~the county of legal settlement shall pay for fifty~~
31 ~~percent of the nonfederal share of the cost and the state shall~~
32 ~~have responsibility for the remaining fifty~~ pay one hundred
33 percent of the nonfederal share of the cost of case management
34 provided to adults, day treatment, and partial hospitalization
35 provided under the medical assistance program for persons

1 with mental retardation, a developmental disability, or
2 chronic mental illness. For purposes of this section, persons
3 with mental disorders resulting from Alzheimer's disease
4 or ~~substance abuse~~ a substance-related disorder shall not
5 be considered ~~chronically mentally ill~~ to be persons with
6 chronic mental illness. ~~To the maximum extent allowed under~~
7 ~~federal law and regulations, the department shall consult with~~
8 ~~and inform a county of legal settlement's central point of~~
9 ~~coordination process, as defined in section 331.440, regarding~~
10 ~~the necessity for and the provision of any service for which~~
11 ~~the county is required to provide reimbursement under this~~
12 ~~subsection.~~

13 *b.* The state shall pay for one hundred percent of the
14 nonfederal share of the costs of case management provided for
15 adults, day treatment, partial hospitalization, and the home
16 and community-based services waiver services for persons who
17 have no ~~legal settlement~~ residence in this state or the ~~legal~~
18 ~~settlement~~ whose residence is unknown so that the persons are
19 deemed to be state cases.

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

23 Sec. 125. Section 249A.26, subsections 3, 4, 7, and 8, Code
24 2011, are amended to read as follows:

25 ~~3. To the maximum extent allowed under federal law and~~
26 ~~regulations, a person with mental illness or mental retardation~~
27 ~~shall not be eligible for any service which is funded in~~
28 ~~whole or in part by a county share of the nonfederal portion~~
29 ~~of medical assistance funds unless the person is referred~~
30 ~~through the central point of coordination process, as defined~~
31 ~~in section 331.440. However, to the extent federal law allows~~
32 ~~referral of a medical assistance recipient to a service without~~
33 ~~approval of the central point of coordination process, the~~
34 ~~county of legal settlement shall be billed for the nonfederal~~
35 ~~share of costs for any adult person for whom the county would~~

1 ~~otherwise be responsible.~~

2 4. ~~The county of legal settlement~~ state shall pay for one
3 hundred percent of the nonfederal share of the cost of services
4 provided to adult persons with chronic mental illness who
5 qualify for habilitation services in accordance with the rules
6 adopted for the services. ~~The state shall pay for one hundred~~
7 ~~percent of the nonfederal share of the cost of such services~~
8 ~~provided to such persons who have no legal settlement or the~~
9 ~~legal settlement is unknown so that the persons are deemed to~~
10 ~~be state cases.~~

11 7. ~~Unless a county has paid or is paying for the nonfederal~~
12 ~~share of the costs of a person's home and community-based~~
13 ~~waiver services or placement in an intermediate care facility~~
14 ~~for persons with mental retardation under the county's mental~~
15 ~~health, mental retardation, and developmental disabilities~~
16 ~~services fund, or unless a county of legal settlement would~~
17 ~~become liable for the costs of services for a person at the~~
18 ~~level of care provided in an intermediate care facility for~~
19 ~~persons with mental retardation due to the person reaching the~~
20 ~~age of majority, the~~ The state shall pay for the nonfederal
21 share of the costs of an eligible person's services under the
22 home and community-based services waiver for persons with brain
23 injury.

24 8. If a dispute arises between different counties or between
25 the department and a county as to the legal settlement of a
26 person who ~~receives~~ received medical assistance for which the
27 nonfederal share ~~is~~ was payable in whole or in part by a county
28 of legal settlement in accordance with Code 2011, and cannot
29 be resolved by the parties, the dispute shall be resolved as
30 provided in section 225C.8, Code 2011.

31 Sec. 126. Section 252.6, Code 2011, is amended to read as
32 follows:

33 **252.6 Enforcement of liability.**

34 1. Upon the failure of such relatives to assist or maintain
35 a poor person who has made application for assistance, the

1 county board of supervisors, service area advisory board
2 created under section 217.43, or state division of child and
3 family services of the department of human services may apply
4 to the district court of the county where the poor person
5 resides or may be found for an order to compel the assistance
6 or maintenance.

7 2. If the assistance or maintenance needed is provided by
8 a county through the regional mental health and disability
9 services system implemented under chapter 331, application
10 for the assistance and maintenance shall be made through the
11 regional administrator of the person's county of residence.
12 For the purposes of this subsection, "regional administrator"
13 means the same as defined in section 331.438A.

14 Sec. 127. Section 252.23, Code 2011, is amended to read as
15 follows:

16 **252.23 Legal settlement disputes.**

17 If the alleged settlement is disputed, then, within thirty
18 days after notice as provided in section 252.22, a copy of
19 the notices sent and received shall be filed in the office of
20 the clerk of the district court of the county against which
21 claim is made, and a cause docketed without other pleadings,
22 and tried as an ordinary action, in which the county granting
23 the assistance shall be plaintiff, and the other defendant,
24 and the burden of proof shall be upon the county granting the
25 assistance. However, a ~~legal settlement~~ dispute concerning
26 the liability of a person's county of residence for assistance
27 provided through the regional mental health and disability
28 services system implemented under chapter 331 in connection
29 with services initiated under chapter 222, 230, or 249A shall
30 be resolved as provided in section ~~225C-8~~ 331.438F.

31 Sec. 128. Section 252.24, Code 2011, is amended to read as
32 follows:

33 **252.24 County of settlement liable.**

34 1. The county where the settlement is shall be liable to
35 the county granting assistance for all reasonable charges and

1 expenses incurred in the assistance and care of a poor person.
2 2. When assistance is furnished by any governmental agency
3 of the county, township, or city, the assistance shall be
4 deemed to have been furnished by the county in which the
5 agency is located and the agency furnishing the assistance
6 shall certify the correctness of the costs of the assistance
7 to the board of supervisors of that county and that county
8 shall collect from the county of the person's settlement. The
9 amounts collected by the county where the agency is located
10 shall be paid to the agency furnishing the assistance. This
11 statute applies to services and supplies furnished as provided
12 in section 139A.18.

13 3. Notwithstanding subsection 2, if assistance or
14 maintenance is provided by a county through the regional mental
15 health and disability services system implemented under chapter
16 331, liability for the assistance and maintenance is the
17 responsibility of the person's county of residence.

18 Sec. 129. Section 331.432, subsection 3, Code Supplement
19 2011, is amended to read as follows:

20 3. Except as authorized in section 331.477, transfers of
21 moneys between the county ~~mental health, mental retardation,~~
22 ~~and developmental disabilities~~ services fund for mental health
23 and disability services and any other fund are prohibited.

24 Sec. 130. Section 331.502, subsection 11, Code 2011, is
25 amended to read as follows:

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

31 Sec. 131. Section 347.16, subsection 3, Code 2011, is
32 amended to read as follows:

33 3. Care and treatment may be furnished in a county public
34 hospital to any sick or injured person who has legal settlement
35 outside the county which maintains the hospital, subject to

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

18 Sec. 132. Section 437A.8, subsection 4, paragraph d, Code
19 2011, is amended to read as follows:

20 d. (1) Notwithstanding paragraph "a", a taxpayer who owns
21 or leases a new electric power generating plant and who has
22 no other operating property in the state of Iowa except for
23 operating property directly serving the new electric power
24 generating plant as described in section 437A.16 shall pay
25 the replacement generation tax associated with the allocation
26 of the local amount to the county treasurer of the county in
27 which the local amount is located and shall remit the remaining
28 replacement generation tax, if any, to the director according
29 to paragraph "a" for remittance of the tax to county treasurers.
30 The director shall notify each taxpayer on or before August 31
31 following a tax year of its remaining replacement generation
32 tax to be remitted to the director. All remaining replacement
33 generation tax revenues received by the director shall be
34 deposited in the ~~property tax relief general fund created in~~
35 ~~section 426B.1, and shall be distributed as provided in section~~

1 ~~426B.2~~ of the state.

2 (2) If a taxpayer has paid an amount of replacement tax,
3 penalty, or interest which was deposited into the ~~property tax~~
4 relief general fund of the state and which was not due, all of
5 the provisions of section 437A.14, subsection 1, paragraph "b",
6 shall apply with regard to any claim for refund or credit filed
7 by the taxpayer. The director shall have sole discretion as to
8 whether the erroneous payment will be refunded to the taxpayer
9 or credited against any replacement tax due, or to become due,
10 from the taxpayer that would be subject to deposit in the
11 ~~property tax relief general fund of the state~~.

12 Sec. 133. Section 437A.15, subsection 3, paragraph f, Code
13 Supplement 2011, is amended to read as follows:

14 f. Notwithstanding the provisions of this section, if
15 a taxpayer is a municipal utility or a municipal owner of
16 an electric power facility financed under the provisions
17 of chapter 28F or 476A, the assessed value, other than the
18 local amount, of a new electric power generating plant shall
19 be allocated to each taxing district in which the municipal
20 utility or municipal owner is serving customers and has
21 electric meters in operation in the ratio that the number of
22 operating electric meters of the municipal utility or municipal
23 owner located in the taxing district bears to the total number
24 of operating electric meters of the municipal utility or
25 municipal owner in the state as of January 1 of the tax year.
26 If the municipal utility or municipal owner of an electric
27 power facility financed under the provisions of chapter 28F
28 or 476A has a new electric power generating plant but the
29 municipal utility or municipal owner has no operating electric
30 meters in this state, the municipal utility or municipal owner
31 shall pay the replacement generation tax associated with the
32 new electric power generating plant allocation of the local
33 amount to the county treasurer of the county in which the local
34 amount is located and shall remit the remaining replacement
35 generation tax, if any, to the director at the times contained

1 in section 437A.8, subsection 4, for remittance of the tax to
2 the county treasurers. All remaining replacement generation
3 tax revenues received by the director shall be deposited in the
4 ~~property tax relief general fund created in section 426B.1,~~
5 ~~and shall be distributed as provided in section 426B.2 of the~~
6 state.

7 Sec. 134. Section 445.5, subsection 1, paragraph h, Code
8 Supplement 2011, is amended by striking the paragraph.

9 Sec. 135. REPEAL. Sections 222.73, 222.74, 222.75, 225C.7,
10 and 225C.8, Code 2011, are repealed.

11 Sec. 136. EFFECTIVE DATE. This division of this Act takes
12 effect July 1, 2013.

13 EXPLANATION

14 This bill relates to redesign of publicly funded mental
15 health and disability services by requiring certain core
16 services and addressing other services and providing for
17 establishment of regions. The bill is organized into
18 divisions.

19 CORE SERVICES. This division specifies core services and
20 service management requirements applicable to the regional
21 service system required by the bill.

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

35 New Code section 331.439A requires MH/DS provided by

1 counties to be delivered in accordance with a regional service
2 system management plan approved by the region's governing board
3 and implemented by the regional administrator. The plans are
4 required to include a policies and procedures manual for the
5 funding administered by the region, submission of an annual
6 management plan review, submission of three-year strategic
7 plans addressing the effort to achieve various purposes
8 identified in Code section 225C.1, and authorizing a region to
9 either directly implement a system of service management or to
10 contract with a private entity for service management. The
11 plan is required to include various elements and the commission
12 is directed to specify the elements in administrative rules.

13 New Code section 331.439A also authorizes a region to
14 provide assistance to other disability service populations
15 subject to availability of funding and to implement waiting
16 lists for services as a financial management tool.

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

34 New Code section 331.439C specifies requirements for
35 diagnoses, functional assessments, and other requirements for

1 eligibility in the regional system. Other requirements include
2 an age of at least 18 years and compliance with financial
3 eligibility provisions and determination of eligibility for
4 individualized services to be made by the functional assessment
5 provisions specified in the bill's amendment to Code section
6 331.439. For mental health services, a person must have had a
7 diagnosable mental health, behavioral, or emotional disorder
8 during the preceding 12-month period. For intellectual
9 disability services, an intellectual disability diagnosis or
10 an intelligence quotient of 70 or less is required. For brain
11 injury services, a diagnosis of brain injury is required.

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

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

32 New Code section 331.440B addresses regional service system
33 financing. The financing of each regional service system is
34 limited to a fixed budget amount subject to an allowed growth
35 adjustment to be recommended by the commission and the governor

1 two years prior to application. The region is required to
2 implement the region's service system management plan by
3 budgeting for 99 percent of the funding anticipated to be
4 available for the plan for a fiscal year.

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

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

14 The new Code provisions of the Code chapter are applicable
15 beginning July 1, 2013.

16 WORKFORCE DEVELOPMENT AND REGULATION. This division relates
17 to workforce development and regulation applicable to the
18 administration and service providers for the regional service
19 system.

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

27 New Code section 225C.6D requires the department of
28 human services to establish an outcomes and performance
29 measures committee for the regional service system. Various
30 stakeholders are specified for the committee membership.

31 New Code section 225C.6E requires the departments of
32 human services, inspections and appeals, and public health
33 to comply with various provisions in efforts to improve the
34 regulatory requirements applied to the regional service system
35 administration and service providers.

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

5 Provisionally numbered Code section 230A.106, specifying the
6 core service required to be offered by a center, is amended
7 to allow a center to provide an assertive community treatment
8 program in lieu of day treatment, partial hospitalization, or
9 psychosocial rehabilitation services.

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

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

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

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

1 counties to a region.

2 New Code section 331.438C requires the counties comprising
3 a region to enter into a Code chapter 28E agreement for the
4 joint exercise of governmental powers to form a regional
5 administrator entity to function on behalf of the counties.
6 The regional administrator is required to enter into
7 performance-based contracts with the department to manage for
8 the counties the MH/DS not funded by the medical assistance
9 (Medicaid) program and for coordinating with the department
10 such services that are funded by the Medicaid program. The
11 regional administrator is under the control of a governing
12 board. Elected county supervisors of the participating
13 counties and at least three individuals who utilize MH/DS or
14 actively involved relatives of such individuals are required
15 slots for each governing board. The membership cannot include
16 representatives of the department or service providers. A
17 regional advisory committee for each board is required to
18 include individuals who utilize services or actively involved
19 relatives, service providers, governing board members, and
20 others.

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

31 New Code section 331.438E requires the counties comprising
32 a MH/DS region to enter into a Code chapter 28E agreement.
33 The agreement is required to address various specific
34 organizational provisions, administrative provisions, and
35 financial provisions.

1 New Code section 331.438F requires a county to pay for the
2 public costs of the MH/DS for the county's residents that
3 are not covered by the Medicaid program and are provided
4 in accordance with the county's approved regional services
5 management plan. If the county is part of a region that has
6 agreed to pool funding and liability for services, the regional
7 administrator performs the county's responsibilities on behalf
8 of the county. A dispute resolution process is provided to
9 address disputes between counties or regions or the department,
10 as applicable.

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

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

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

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

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

5 New Code section 135P.5 requires an application for a
6 license and sets the annual licensure fee at \$25.

7 New Code section 135P.6 requires the department of
8 inspections and appeals to ascertain the adequacy of the
9 facility before issuing a license and requires the applicant
10 to have been awarded a certificate of need for the facility
11 through the department of public health under Code chapter 135.

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

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

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

21 New Code section 135P.10 requires the department of
22 inspections and appeals to adopt rules for the facilities in
23 consultation with the department of human services and for the
24 department to coordinate its rules adoption and enforcement
25 efforts.

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

33 New Code section 135P.12 requires the department's
34 findings regarding licensure to be made public but other
35 information relating to a facility is to be kept confidential.

1 Disclosure of information regarding residents is prohibited
2 except as provided in Code section 217.30, relating to the
3 confidentiality of records pertaining to individuals receiving
4 services or assistance from the department of human services.

5 New Code section 135P.13 provides for judicial review of
6 departmental action in accordance with Code chapter 17A and for
7 a petition for the review to be filed in the court of the county
8 in which the subacute care facility is located or proposed to
9 be located.

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

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

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

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

33 CONFORMING AMENDMENTS — CENTRAL POINT OF COORDINATION,
34 LEGAL SETTLEMENT, AND COUNTY MENTAL HEALTH, MENTAL RETARDATION,
35 AND DEVELOPMENTAL DISABILITIES SERVICES FUNDS. This division

1 provides conforming amendments to change references to county
2 central point of coordination administrators to regional
3 administrators, county of legal settlement to county of
4 residence, and county mental health, mental retardation, and
5 developmental disabilities services funds under Code section
6 331.424A to generally apply to the provisions for MH/DS
7 regions. The Code provisions for the affected Code sections
8 are repealed on July 1, 2013, pursuant to 2011 Iowa Acts,
9 chapter 123 (SF 209).

10 References to county mental health, mental retardation, and
11 developmental disabilities services funds under Code section
12 331.424A are amended in the following Code sections: section
13 123.38, relating to alcoholic beverage permits and licenses;
14 section 218.99, requiring counties to be notified of patient
15 personal accounts in DHS state institutions; section 225C.12,
16 relating to partial reimbursement to counties for local
17 inpatient mental health care and treatment; and section 226.9C,
18 authorizing a net general fund appropriation for the dual
19 diagnosis program located at the state mental health institute
20 at Mount Pleasant.

21 References to the "central point of coordination process"
22 (CPC process) are amended to instead refer to the "regional
23 administrator" of the county of residence in the following Code
24 sections: section 218.99, requiring counties to be notified of
25 patient personal accounts in DHS state institutions; section
26 222.2, providing a definition of CPC process; section 222.13,
27 relating to voluntary admissions to a state resource center;
28 section 222.13A, relating to voluntary admission of a minor
29 to a state resource center; section 222.28, authorizing the
30 court to appoint a commission of inquiry to examine a person
31 to determine the person's mental condition; section 222.59,
32 requiring the superintendent of a state resource center
33 to coordinate in assisting location of a community-based
34 placement instead of a state resource center; section 222.60,
35 relating to the costs paid by county and state and requiring a

1 diagnosis; section 222.61, relating to determination of legal
2 settlement; section 222.62, relating to legal settlement in
3 another county; section 222.63, relating to an objection to
4 a finding of legal settlement; section 222.64, relating to
5 state financial responsibility when a person is in a foreign
6 state or is unknown; section 225.11, relating to initiation
7 of commitment proceedings for the state psychiatric hospital
8 connected to the state university of Iowa; section 225.15,
9 relating to examination and treatment of a respondent at
10 the state psychiatric hospital; section 225.17, relating to
11 payment for the cost of treatment at the state psychiatric
12 hospital; section 225C.2, relating to definitions, is amended
13 to strike the CPC definition; section 225C.5, relating to
14 the MH-DS commission membership; section 225C.6A, relating
15 to data requirements addressed in the disability services
16 system redesign enacted in 2004; section 225C.14, providing
17 requirements for a preliminary diagnostic evaluation for
18 admission to a state mental health institute; section 225C.16,
19 providing for referrals for evaluations for persons applying
20 for voluntary admission to a state mental health institute;
21 section 225C.19, relating to an emergency mental health
22 crisis system; section 226.9C, authorizing a net general
23 fund appropriation for the dual diagnosis program at the
24 Mount Pleasant state mental health institute; section 227.10,
25 relating to transfers from a county or private institution
26 to a state hospital for persons with mental illness; section
27 229.1, relating to definitions; section 229.1B, specifying that
28 a person is subject to the CPC process, notwithstanding any
29 provision of Code chapter 229 to the contrary; section 229.11,
30 authorizing a judge to order immediate custody of a person
31 alleged to have a serious mental impairment; section 229.13,
32 relating to evaluation orders for psychiatric treatment;
33 section 229.14, relating to the report of a psychiatric
34 evaluation; section 229.14A, relating to the notice and hearing
35 for a placement order; section 229.42, relating to costs

1 paid by a county for a voluntary admission to a state mental
2 health institute; section 230.1, relating to the liability of
3 counties and the state for costs associated with admission of a
4 person with mental illness to a state hospital; section 230.3,
5 providing for certification of legal settlement of a person
6 with mental illness admitted to a hospital; section 232.2,
7 relating to involvement of the CPC process in the transition
8 team of a specific child aging to adulthood while in foster
9 care; section 235.7, relating to appointment of transition
10 committees for children in an area who are aging to adulthood
11 while in child welfare services; and section 249A.26, relating
12 to state and county participation in funding for services to
13 persons with disabilities.

14 Code chapter 252 provisions regarding determinations of
15 county of legal settlement (Code sections 252.6, 252.23, and
16 252.24) are amended to provide that in provisions involving the
17 MH/DS administered through the regional system, the county of
18 residence is responsible and any disputes are to be settled in
19 accordance with new Code section 331.438F.

20 References to "county of legal settlement" are amended to
21 be "county of residence" or the state in the following Code
22 sections: section 218.99, requiring counties to be notified of
23 patient personal accounts in DHS state institutions; section
24 222.10, relating to the duty of a peace officer to detain a
25 person with mental retardation who departs from an institution
26 in another state without proper authority; section 222.13,
27 relating to voluntary admissions to a state resource center;
28 section 222.13A, relating to voluntary admission of a minor to
29 a state resource center; section 222.31, relating to liability
30 for charges at a state resource center; section 222.49,
31 relating to payment for costs of proceedings; section 222.50,
32 requiring the county of legal settlement to pay charges;
33 section 222.60, relating to the costs paid by county and
34 state and requiring a diagnosis; section 222.61, relating to
35 determination of legal settlement; section 222.62, relating to

1 legal settlement in another county; section 222.63, relating to
2 an objection to a finding of legal settlement; section 222.64,
3 providing for state financial responsibility when a person is
4 in a foreign state or is unknown; section 222.65, requiring the
5 state administrator to investigate a person's residency when
6 placed in a state resource center; section 222.66, providing
7 a standing appropriation for the transfer expenses of state
8 cases to a state resource center; section 222.67, relating to
9 charges when legal settlement was initially unknown; section
10 222.68, requiring the county of legal settlement to reimburse
11 the county that initially paid the charges; section 222.69,
12 providing a standing appropriation for the admission or
13 commitment expenses of state cases; section 222.70, requiring
14 a dispute resolution process to be used for legal settlement
15 disputes; section 222.77, providing for the county of legal
16 settlement to pay the costs of support of patients placed on
17 leave from a state resources center; section 222.78, relating
18 to parents and other persons liable for the support of a
19 patient in a state resource center; section 222.79, relating
20 to the certification of statements of charges for purposes of
21 Code section 222.78; section 222.80, providing for liability
22 for the costs of persons admitted or committed to a private
23 facility; section 222.82, relating to collection of claims
24 under Code section 222.78 or other provisions of Code chapter
25 222; section 222.86, relating to payment of excess amounts from
26 resource center patient personal deposit funds to the county
27 of legal settlement; section 222.92, relating to operation of
28 the state resource center on the basis of a net general fund
29 appropriation; section 226.9C, relating to the net general
30 fund appropriations provisions for the dual diagnosis program
31 at the Mount Pleasant state mental health institute; section
32 226.45, relating to payment of excess amounts from state mental
33 health institute patient personal deposit funds to the county
34 of legal settlement; section 229.9A, relating to the mental
35 health advocate of the county of legal settlement; section

1 229.12, relating to the presence of the mental health advocate
2 at civil commitment hearings; section 229.19, relating to the
3 duties of the patient advocate; section 229.24, relating to
4 the provision of civil commitment court records to the county
5 of legal settlement; section 229.31, relating to a commission
6 of inquiry; section 229.42, relating to hospitalization costs
7 paid on voluntary cases by the county of legal settlement;
8 section 229.43, relating to nonresidents on convalescent leave;
9 section 230.1, relating to the liability of counties and the
10 state for costs associated with admission of a person with
11 mental illness to a state hospital; section 230.2, relating to
12 finding of legal settlement for persons with mental illness;
13 section 230.3, providing for certification of legal settlement
14 of a person with mental illness admitted to a hospital; section
15 230.4, providing for evidence to accompany the certification
16 of legal settlement for a person with mental illness; section
17 230.5, relating to legal settlement of nonresidents; section
18 230.8, relating to transfer expenses of persons with mental
19 illness with no legal settlement; section 230.9, relating to
20 charges when legal settlement was initially unknown; section
21 230.10, requiring all costs attending the taking into custody,
22 care, investigation, and admission or commitment of a person
23 to a state hospital for persons with mental illness to be paid
24 by the county of legal settlement; section 230.11, relating
25 to recovery of costs from the state for state cases; section
26 230.12, relating to settlement of legal settlement disputes
27 for support of persons with mental illness; section 230.32,
28 relating to support of persons who are nonresidents of this
29 state; section 249A.12, relating to assistance to persons with
30 mental retardation paid under the Medicaid program; section
31 249A.26, addressing state and county participation in funding
32 for services to persons with disabilities, including case
33 management; section 331.502, relating to the duties of the
34 county auditor; and section 347.16, relating to the cost of
35 care provided in county hospitals.

1 Miscellaneous provisions are also amended. Code section
2 222.22, relating to representation for a person with mental
3 retardation in commitment proceedings, is amended to shift
4 the responsibility to pay for counsel from the county to the
5 state. Code section 225.23, requiring counties to collect
6 claims paid by the state on behalf of committed or voluntary
7 private patients at the state psychiatric hospital, is
8 amended to shift this responsibility to the department of
9 administrative services. Code section 225C.6, relating to the
10 duties of the mental health and disability services commission,
11 is amended to include a requirement to adopt rules for core
12 disability services. Code section 230.20, relating to the
13 billing to counties for patient charges at the state mental
14 health institutes, is amended to change the cap on inflation
15 increases from current law's percentage increase in the allowed
16 growth factor adjustment to the annual percentage increase
17 in the state support provided to the regional service system
18 under Code chapter 331. Code section 231.56A, relating to
19 the elder abuse initiative, emergency shelter, and support
20 services projects involving the department on aging, is amended
21 to eliminate a reference to county MH/MR/DD management plans.
22 Code sections 235A.15 and 235B.6, relating to the child abuse
23 and elder abuse registries and allowing employment record
24 checks for the administrator of an MH/MR/DD agency providing
25 services under a county management plan is amended to refer
26 instead to regional management plans. Code section 331.432,
27 restricting county authority to transfer between funds, is
28 amended to replace a reference to the county mental health,
29 mental retardation, and developmental disabilities services
30 fund with a general reference to county funds for mental health
31 and disability services. Code section 445.5, requiring the
32 county treasurer to notify each land titleholder of the amount
33 of property tax reduction on each parcel as a result of the
34 moneys received from the state property tax relief fund, is
35 amended to eliminate the requirement.

1 Current law provides for certain electrical power
2 replacement generation tax revenues to be credited to the
3 property tax relief fund for distribution to counties to
4 reduce mental health, mental retardation, and developmental
5 disabilities levies. The property tax relief fund and the
6 county levy provisions are repealed effective July 1, 2013,
7 pursuant to 2011 Iowa Acts, chapter 123 (SF 209). The bill
8 provides for the revenues to instead be deposited in the
9 general fund of the state. The bill amends these Code sections
10 to reflect the change: section 437A.8, relating to return
11 and payment requirements for taxes on electricity and natural
12 gas providers; and section 437A.15, relating to allocation of
13 replacement tax revenues.

14 Code section 222.49, relating to the costs of proceedings
15 for involuntary commitment of persons with mental retardation,
16 is amended to provide that the responsibility to pay costs is
17 with either the county or the state.

18 The bill repeals these Code sections: section 222.73,
19 relating to billing of charges to counties for services
20 provided at the state resource centers; section 222.74,
21 relating to sending of duplicate statements to counties of the
22 billing statements under Code section 222.73; section 222.75,
23 relating to penalties for failure to pay the charges billed
24 under Code section 222.73; section 225C.7, establishing the
25 mental health and developmental disabilities community services
26 fund and a reference to the fund in Code section 225C.4 is
27 stricken; and section 225C.8, relating to the legal settlement
28 dispute resolution process replaced by the bill.