

House File 2417 - Reprinted

HOUSE FILE 2417
BY COMMITTEE ON HUMAN
RESOURCES

(SUCCESSOR TO HSB 637)

(As Amended and Passed by the House March 5, 2014)

A BILL FOR

1 An Act relating to the redesign of mental health and
2 disabilities services administered by regions comprised of
3 counties.

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

1 Section 1. Section 135.180, subsection 3, Code 2014, is
2 amended to read as follows:

3 3. The program shall provide stipends to support
4 psychiatrist positions with an emphasis on securing and
5 retaining medical directors at community mental health centers,
6 ~~providers of mental health services to county residents~~
7 ~~pursuant to a waiver approved under section 225C.7, subsection~~
8 ~~3, designated under chapter 230A~~ and hospital psychiatric units
9 that are located in mental health professional shortage areas.

10 Sec. 2. Section 222.1, Code 2014, is amended to read as
11 follows:

12 **222.1 Purpose of chapter — state resource centers — special**
13 **unit at state mental health institute.**

14 1. This chapter addresses the public and private services
15 available in this state to meet the needs of persons with an
16 intellectual disability. The responsibility of counties, of
17 the mental health and disability service regions formed by
18 counties, and of the state for the costs and administration of
19 publicly funded services shall be as set out in section 222.60
20 and other pertinent sections of this chapter.

21 ~~1.~~ 2. The Glenwood state resource center and the Woodward
22 state resource center are established and shall be maintained
23 as the state's regional resource centers for the purpose of
24 providing treatment, training, instruction, care, habilitation,
25 and support of persons with an intellectual disability or other
26 disabilities in this state, and providing facilities, services,
27 and other support to the communities located in the region
28 being served by a state resource center. In addition, the
29 state resource centers are encouraged to serve as a training
30 resource for community-based program staff, medical students,
31 and other participants in professional education programs. A
32 resource center may request the approval of the council on
33 human services to change the name of the resource center for
34 use in communication with the public, in signage, and in other
35 forms of communication.

1 ~~2.~~ 3. A special intellectual disability unit may be
2 maintained at one of the state mental health institutes for the
3 purposes set forth in sections 222.88 to 222.91.

4 Sec. 3. Section 222.2, subsection 3, Code 2014, is amended
5 by striking the subsection.

6 Sec. 4. Section 222.2, Code 2014, is amended by adding the
7 following new subsections:

8 NEW SUBSECTION. 5A. *"Mental health and disability services*
9 *region"* means a mental health and disability services region
10 formed in accordance with section 331.389.

11 NEW SUBSECTION. 5B. *"Regional administrator"* means the
12 regional administrator of a mental health and disabilities
13 services region, as defined in section 331.388.

14 Sec. 5. Section 222.6, Code 2014, is amended to read as
15 follows:

16 **222.6 State districts.**

17 The administrator shall divide the state into two districts
18 in such manner that one of the resource centers shall be
19 located within each of the districts. Such districts may
20 from time to time be changed. After such districts have been
21 established, the administrator shall notify all boards of
22 supervisors, regional administrators of the mental health and
23 disability services regions, county auditors, and clerks of
24 the district courts of the action. Thereafter, unless the
25 administrator otherwise orders, all admissions or commitments
26 of persons with an intellectual disability from a district
27 shall be to the resource center located within such district.

28 Sec. 6. Section 222.12, subsection 2, Code 2014, is amended
29 to read as follows:

30 2. Notice of the death of the patient, and the cause
31 of death, shall be sent to the ~~county board of supervisors~~
32 regional administrator of the mental health and disability
33 services region of the patient's county of residence and to
34 the judge of the court that had jurisdiction over a committed
35 patient. The fact of death with the time, place, and alleged

1 cause shall be entered upon the docket of the court.

2 Sec. 7. Section 222.13, Code 2014, is amended to read as
3 follows:

4 **222.13 Voluntary admissions.**

5 1. If an adult person is believed to be a person with
6 an intellectual disability, the adult person or the adult
7 person's guardian may submit a request in writing through the
8 ~~central point of coordination process for the county board of~~
9 ~~supervisors of~~ regional administrator of the mental health and
10 disability services region for the adult person's county of
11 residence to apply to the superintendent of any state resource
12 center for the voluntary admission of the adult person either
13 as an inpatient or an outpatient of the resource center. The
14 ~~board of supervisors~~ regional administrator shall, on forms
15 prescribed by the department's administrator, apply to the
16 superintendent of the resource center in the district for
17 the admission of the adult person to the resource center.
18 An application for admission to a special unit of any adult
19 person believed to be in need of any of the services provided
20 by the special unit under section 222.88 may be made in the
21 same manner, upon request of the adult person or the adult
22 person's guardian. The superintendent shall accept the
23 application if a preadmission diagnostic evaluation, ~~performed~~
24 authorized through the ~~central point of coordination process~~
25 regional administrator, confirms or establishes the need for
26 admission, except that an application shall not be accepted if
27 the institution does not have adequate facilities available or
28 if the acceptance will result in an overcrowded condition.

29 2. If the resource center ~~has no~~ does not have an
30 appropriate program for the treatment of an adult ~~or minor~~
31 person with an intellectual disability applying under this
32 section or section 222.13A, the ~~board of supervisors~~ regional
33 administrator shall arrange for the placement of the person in
34 any public or private facility within or without the state,
35 approved by the director ~~of the department~~ of human services,

1 which offers appropriate services for the person, as determined
2 ~~through the central point of coordination process by the~~
3 regional administrator.

4 3. Upon applying for admission of an adult ~~or minor~~ person
5 to a resource center, or a special unit, or upon arranging for
6 the placement of the person in a public or private facility,
7 the ~~board of supervisors~~ regional administrator shall make a
8 full investigation into the financial circumstances of that
9 person and those liable for that person's support under section
10 222.78 to determine whether or not any of them are able to
11 pay the expenses arising out of the admission of the person
12 to a resource center, special treatment unit, or public or
13 private facility. If the ~~board~~ regional administrator finds
14 that the person or those legally responsible for the person
15 are presently unable to pay the expenses, the ~~board~~ regional
16 administrator shall ~~direct that~~ authorize the expenses to be
17 paid by the county region. The ~~board~~ regional administrator
18 may review its finding at any subsequent time while the person
19 remains at the resource center, or is otherwise receiving care
20 or treatment for which this chapter obligates the county region
21 to pay. If the ~~board~~ regional administrator finds upon review
22 that the person or those legally responsible for the person
23 are presently able to pay the expenses, the finding shall
24 apply only to the charges incurred during the period beginning
25 on the date of the review and continuing thereafter, unless
26 and until the ~~board~~ regional administrator again changes its
27 finding. If the ~~board~~ regional administrator finds that the
28 person or those legally responsible for the person are able
29 to pay the expenses, the ~~board~~ regional administrator shall
30 direct that the charges be so paid to the extent required by
31 section 222.78, and the county auditor of the person's county
32 of residence shall be responsible for the collection of the
33 charges.

34 Sec. 8. Section 222.13A, Code 2014, is amended to read as
35 follows:

1 **222.13A Voluntary admissions — minors.**

2 1. If a minor is believed to be a person with an
3 intellectual disability, the minor's parent, guardian, or
4 custodian may ~~request the county board of supervisors to~~
5 apply to the department for admission of the minor as a
6 voluntary patient in a state resource center. If the resource
7 center does not have appropriate services for the minor's
8 treatment, the ~~board of supervisors~~ department may arrange for
9 the admission of the minor in a public or private facility
10 within or without the state, approved by the director of human
11 services, which offers appropriate services for the minor's
12 treatment.

13 2. Upon receipt of an application for voluntary admission of
14 a minor, the ~~board of supervisors~~ department shall provide for
15 a preadmission diagnostic evaluation of the minor to confirm
16 or establish the need for the admission. The preadmission
17 diagnostic evaluation shall be performed by a person who meets
18 the qualifications of a qualified intellectual disability
19 professional who is designated ~~through the central point of~~
20 coordination process by the department.

21 3. During the preadmission diagnostic evaluation, the
22 minor shall be informed both orally and in writing that the
23 minor has the right to object to the voluntary admission. If
24 the preadmission diagnostic evaluation determines that the
25 voluntary admission is appropriate but the minor objects to
26 the admission, the minor shall not be admitted to the state
27 resource center unless the court approves of the admission. A
28 petition for approval of the minor's admission may be submitted
29 to the juvenile court by the minor's parent, guardian, or
30 custodian.

31 4. As soon as practicable after the filing of a petition for
32 approval of the voluntary admission, the court shall determine
33 whether the minor has an attorney to represent the minor in the
34 proceeding. If the minor does not have an attorney, the court
35 shall assign to the minor an attorney. If the minor is unable

1 to pay for an attorney, the attorney shall be compensated by
2 the county at an hourly rate to be established by the ~~county~~
3 ~~board of supervisors~~ regional administrator in substantially
4 the same manner as provided in section 815.7.

5 5. The court shall order the admission of a minor who
6 objects to the admission, only after a hearing in which it
7 is shown by clear and convincing evidence that both of the
8 following circumstances exist:

9 a. The minor needs and will substantially benefit from
10 treatment or habilitation.

11 b. A placement which involves less restriction of the
12 minor's liberties for the purposes of treatment or habilitation
13 is not feasible.

14 Sec. 9. Section 222.14, Code 2014, is amended to read as
15 follows:

16 **222.14 Care by ~~county~~ region pending admission.**

17 If the institution is unable to receive a patient, the
18 superintendent shall notify the ~~county board of supervisors~~
19 ~~of~~ regional administrator for the county from which the
20 application in behalf of the prospective patient was made of
21 the time when such person may be received. Until such time as
22 the patient is able to be received by the institution, or when
23 application has been made for admission to a public or private
24 facility as provided in section 222.13 and the application is
25 pending, the care of ~~said person~~ the patient shall be provided
26 as arranged by the ~~county board of supervisors~~ regional
27 administrator.

28 Sec. 10. Section 222.22, Code 2014, is amended to read as
29 follows:

30 **222.22 Time of appearance.**

31 The time of appearance shall not be less than five days
32 after completed service unless the court orders otherwise.
33 Appearance on behalf of the person who is alleged to have
34 an intellectual disability may be made by any citizen of the
35 county or by any relative. The district court shall assign

1 counsel for the person who is alleged to have an intellectual
2 disability. Counsel shall prior to proceedings personally
3 consult with the person who is alleged to have an intellectual
4 disability unless the judge appointing counsel certifies that
5 in the judge's opinion, consultation shall serve no useful
6 purpose. The certification shall be made a part of the record.
7 An attorney assigned by the court shall be compensated by the
8 county at an hourly rate to be established by the ~~county board~~
9 ~~of supervisors~~ regional administrator for the person's county
10 of residence in substantially the same manner as provided in
11 section 815.7.

12 Sec. 11. Section 222.28, Code 2014, is amended to read as
13 follows:

14 **222.28 Commission to examine.**

15 The court may, at or prior to the final hearing, appoint
16 a commission of one qualified physician and one qualified
17 psychologist, designated ~~through the central point of~~
18 ~~coordination process~~ by the regional administrator for the
19 person's county of residence, who shall make a personal
20 examination of the person alleged to have an intellectual
21 disability for the purpose of determining the mental condition
22 of the person.

23 Sec. 12. Section 222.31, subsection 1, paragraph b, Code
24 2014, is amended to read as follows:

25 *b.* (1) Commit the person to the state resource center
26 designated by the administrator to serve the ~~county~~ mental
27 health and disability services region in which the hearing
28 is being held, or to a special unit. The court shall, prior
29 to issuing an order of commitment, request that a diagnostic
30 evaluation of the person be made by a person qualified to
31 perform the diagnostic evaluation. The cost of the evaluation
32 shall be defrayed by the committed person's county of
33 residence unless otherwise ordered by the court. The cost
34 of the evaluation to be charged may be equal to but shall
35 not exceed the actual cost of the evaluation. An order of

1 commitment shall not be issued unless the superintendent of the
2 institution recommends that the order be issued and advises the
3 court that adequate facilities for the care of the person are
4 available.

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

27 Sec. 13. Section 222.59, subsection 1, unnumbered paragraph
28 1, Code 2014, is amended to read as follows:

29 Upon receiving a request from an authorized requester, the
30 superintendent of a state resource center shall coordinate
31 with the ~~central point of coordination process~~ regional
32 administrator for the person's county of residence or
33 the department, as applicable, in assisting the requester
34 in identifying available community-based services as an
35 alternative to continued placement of a patient in the state

1 resource center. For the purposes of this section, "authorized
2 requester" means the parent, guardian, or custodian of a minor
3 patient, the guardian of an adult patient, or an adult patient
4 who does not have a guardian. The assistance shall identify
5 alternatives to continued placement which are appropriate to
6 the patient's needs and shall include but are not limited to
7 any of the following:

8 Sec. 14. Section 222.60, subsection 1, Code 2014, is amended
9 to read as follows:

10 1. All necessary and legal expenses for the cost of
11 admission or commitment or for the treatment, training,
12 instruction, care, habilitation, support and transportation of
13 persons with an intellectual disability, as provided for in
14 the ~~county~~ applicable regional service system management plan
15 ~~provisions~~ implemented pursuant to section 331.439, ~~subsection~~
16 ~~± 331.393~~, in a state resource center, or in a special unit,
17 or any public or private facility within or without the state,
18 approved by the director of human services, shall be paid by
19 either:

20 a. The If the person is not eligible for the medical
21 assistance program and the service is covered by the regional
22 service system management plan of the person's county of
23 residence, the county of residence.

24 b. The state when the person is eligible for the medical
25 assistance program, or when the person is a resident in another
26 state, or in a foreign country, or the residence is unknown.
27 The For persons addressed by this paragraph other than those
28 eligible for the medical assistance program, the payment
29 responsibility shall be deemed to be a state case.

30 Sec. 15. Section 222.60, subsection 2, Code 2014, is amended
31 to read as follows:

32 2. a. Prior to the regional administrator for a county of
33 residence approving the payment of expenses for a person under
34 this section, the ~~county~~ regional administrator may require
35 that the person be diagnosed to determine if the person has

1 an intellectual disability or that the person be evaluated to
2 determine the appropriate level of services required to meet
3 the person's needs relating to an intellectual disability. The
4 diagnosis and the evaluation may be performed concurrently and
5 shall be performed by an individual or individuals approved
6 by the regional administrator for the person's county who
7 are qualified to perform the diagnosis or the evaluation.
8 Following the initial approval for payment of expenses, the
9 county regional administrator may require that an evaluation be
10 performed at reasonable time periods.

11 *b.* The cost of a ~~county-required~~ regional
12 administrator-required diagnosis and an evaluation is
13 at the county's expense. For a state case, the state may apply
14 the diagnosis and evaluation provisions of this subsection at
15 the state's expense.

16 *c.* A diagnosis or an evaluation under this section may be
17 part of a ~~county's central point of coordination process under~~
18 ~~section 331.440~~ diagnosis and assessment process implemented
19 by the applicable regional administrator, provided that a
20 diagnosis is performed only by an individual qualified as
21 provided in this section.

22 Sec. 16. Section 222.61, Code 2014, is amended to read as
23 follows:

24 **222.61 Residency determined.**

25 When a county receives an application on behalf of any
26 person for admission to a resource center or a special unit
27 or when a court issues an order committing any person to a
28 resource center or a special unit, the board of supervisors
29 shall refer the determination of residency to the ~~central point~~
30 ~~of coordination process~~ regional administrator for the county
31 to determine and certify that the residence of the person is
32 in one of the following:

- 33 1. In the county in which the application is received or in
34 which the court is located.
- 35 2. In some other county of the state.

1 3. In another state or in a foreign country.

2 4. Unknown.

3 Sec. 17. Section 222.62, Code 2014, is amended to read as
4 follows:

5 **222.62 Residency in another county.**

6 When the board of supervisors determines through the ~~central~~
7 ~~point of coordination process~~ regional administrator for the
8 county that the residency of the person is other than in the
9 county in which the application is received, the determination
10 shall be certified to the superintendent of the resource
11 center or the special unit where the person is a patient. The
12 certification shall be accompanied by a copy of the evidence
13 supporting the determination. ~~The~~ If the person is not
14 eligible for the medical assistance program, the superintendent
15 shall charge the expenses already incurred and unadjusted, and
16 all future expenses of the patient, to the county certified to
17 be the county of residency.

18 Sec. 18. Section 222.63, Code 2014, is amended to read as
19 follows:

20 **222.63 Finding of residency — objection.**

21 A ~~board of supervisors' certification utilizing the~~
22 ~~central point of coordination process~~ through the regional
23 administrator for a county that a person's residency is
24 in another county shall be sent to the ~~auditor of regional~~
25 administrator for the county of residence. The certification
26 shall be accompanied by a copy of the evidence supporting the
27 determination. ~~The auditor of regional administrator for~~
28 the county of residence shall submit the certification to
29 the regional governing board of supervisors of the auditor's
30 for the county and it shall be conclusively presumed that
31 the patient has residency in that county unless the regional
32 administrator for that county disputes the determination of
33 residency as provided in section 331.394.

34 Sec. 19. Section 222.64, Code 2014, is amended to read as
35 follows:

1 **222.64 Foreign state or country or unknown residency.**

2 If the residency of the person is determined by a regional
3 administrator on behalf of a county or by the state to be in
4 a foreign state or country or is determined to be unknown,
5 the ~~county~~ regional administrator or the state shall certify
6 the determination ~~to the administrator~~. The certification
7 shall be accompanied by a copy of the evidence supporting the
8 determination. The care of the person shall be as arranged
9 by the ~~county~~ regional administrator or the state or by an
10 order as the court may enter. Application for admission or
11 order of commitment may be made pending investigation by the
12 administrator.

13 Sec. 20. Section 222.73, subsection 2, paragraph a,
14 subparagraph (6), Code 2014, is amended to read as follows:

15 (6) A county shall not be billed for the cost of a patient
16 unless the patient's admission is authorized through the
17 ~~applicable central point of coordination process~~ regional
18 administrator. The state resource center and the ~~county~~
19 regional administrator shall work together to locate
20 appropriate alternative placements and services, and to educate
21 patients and the family members of patients regarding such
22 alternatives.

23 Sec. 21. Section 222.73, subsection 2, paragraph b, Code
24 2014, is amended to read as follows:

25 *b.* The per diem costs billed to each county shall not exceed
26 the per diem costs billed to the county in the fiscal year
27 beginning July 1, 1996. However, the per diem costs billed
28 to a county may be adjusted ~~in~~ for a fiscal year to reflect
29 increased costs to the extent of the percentage increase in the
30 ~~total of county fixed budgets pursuant to the allowed growth~~
31 ~~factor adjustment authorized~~ statewide per capita expenditure
32 target amount, if any per capita growth amount is authorized by
33 the general assembly for that fiscal year in accordance with
34 section ~~331.439~~ 331.424A.

35 Sec. 22. Section 222.74, Code 2014, is amended to read as

1 follows:

2 **222.74 Duplicate to county.**

3 When certifying to the department amounts to be charged
4 against each county as provided in section 222.73, the
5 superintendent shall send to the county auditor of and the
6 regional administrator for each county against which the
7 superintendent has so certified any amount, a duplicate of
8 the certification statement. The county auditor upon receipt
9 of the duplicate certification statement and approval by the
10 regional administrator for payment of the certified amount
11 shall enter it to the credit of the state in the ledger of
12 state accounts, and shall immediately issue a notice to the
13 county treasurer authorizing the treasurer to transfer the
14 amount from the county fund to the general state revenue. The
15 county treasurer shall file the notice as authority for making
16 the transfer and shall include the amount transferred in the
17 next remittance of state taxes to the treasurer of state,
18 designating the fund to which the amount belongs.

19 Sec. 23. Section 222.92, subsection 3, paragraph a, Code
20 2014, is amended to read as follows:

21 a. Moneys received by the state from billings to counties
22 and regional administrators for the counties.

23 Sec. 24. Section 225.1, Code 2014, is amended to read as
24 follows:

25 **225.1 Establishment — definitions.**

26 1. There shall be established a The state psychiatric
27 hospital, is established. The hospital shall be especially
28 designed, kept, and administered for the care, observation,
29 and treatment of those persons who are afflicted with abnormal
30 mental conditions.

31 2. For the purposes of this chapter, unless the context
32 otherwise requires:

33 a. "Mental health and disability services region" means
34 a mental health and disability services region approved in
35 accordance with section 331.389.

1 b. "Regional administrator" means the administrator of a
2 mental health and disability services region, as defined in
3 section 331.388.

4 Sec. 25. Section 225.10, unnumbered paragraph 1, Code 2014,
5 is amended to read as follows:

6 Persons suffering from mental diseases may be admitted to
7 the state psychiatric hospital as voluntary public patients
8 if a physician authorized to practice medicine or osteopathic
9 medicine in the state of Iowa files information with the ~~board~~
10 ~~of supervisors~~ regional administrator of the person's county
11 of residence ~~or the board's designee~~, stating all of the
12 following:

13 Sec. 26. Section 225.11, Code 2014, is amended to read as
14 follows:

15 **225.11 Initiating commitment procedures.**

16 When a court finds upon completion of a hearing held pursuant
17 to section 229.12 that the contention that a respondent is
18 seriously mentally impaired has been sustained by clear and
19 convincing evidence, and the application filed under section
20 229.6 also contends or the court otherwise concludes that it
21 would be appropriate to refer the respondent to the state
22 psychiatric hospital for a complete psychiatric evaluation and
23 appropriate treatment pursuant to section 229.13, the judge
24 may order that a financial investigation be made in the manner
25 prescribed by section 225.13. If the costs of a respondent's
26 evaluation or treatment are payable in whole or in part by
27 a county, an order under this section shall be for referral
28 of the respondent through the ~~central point of coordination~~
29 ~~process~~ regional administrator for the respondent's county of
30 residence for an evaluation and referral of the respondent
31 to an appropriate placement or service, which may include
32 the state psychiatric hospital for additional evaluation or
33 treatment. ~~For purposes of this chapter, "central point of~~
34 ~~coordination process" means the same as defined in section~~
35 ~~331.440.~~

1 Sec. 27. Section 225.12, Code 2014, is amended to read as
2 follows:

3 **225.12 Voluntary public patient — physician's report.**

4 A physician filing information under section 225.10 shall
5 include a written report to the ~~county board of supervisors~~
6 ~~or the board's designee~~ regional administrator for the
7 county of residence of the person named in the information,
8 giving a history of the case as will be likely to aid in the
9 observation, treatment, and hospital care of the person named
10 ~~in the information~~ and describing the history in detail.

11 Sec. 28. Section 225.13, Code 2014, is amended to read as
12 follows:

13 **225.13 Financial condition.**

14 The ~~county board of supervisors or the board's designee~~
15 regional administrator of the county of residence of a person
16 being admitted to the state psychiatric hospital is responsible
17 for investigating the financial condition of ~~a person being~~
18 ~~admitted to the state psychiatric hospital~~ the person and of
19 those legally responsible for the person's support.

20 Sec. 29. Section 225.15, Code 2014, is amended to read as
21 follows:

22 **225.15 Examination and treatment.**

23 1. When a respondent arrives at the state psychiatric
24 hospital, the admitting physician shall examine the respondent
25 and determine whether or not, in the physician's judgment, the
26 respondent is a fit subject for observation, treatment, and
27 hospital care. If, upon examination, the physician decides
28 that the respondent should be admitted to the hospital, the
29 respondent shall be provided a proper bed in the hospital. The
30 physician who has charge of the respondent shall proceed with
31 observation, medical treatment, and hospital care as in the
32 physician's judgment are proper and necessary, in compliance
33 with sections 229.13 to 229.16. After the respondent's
34 admission, the observation, medical treatment, and hospital
35 care of the respondent may be provided by a mental health

1 professional, as defined in section 228.1, who is licensed as a
2 physician, advanced registered nurse practitioner, or physician
3 assistant.

4 2. A proper and competent nurse shall also be assigned to
5 look after and care for the respondent during observation,
6 treatment, and care. Observation, treatment, and hospital care
7 under this section which are payable in whole or in part by a
8 county shall only be provided as determined through the ~~central~~
9 ~~point of coordination process~~ regional administrator of the
10 respondent's county of residence.

11 Sec. 30. Section 225.16, subsection 1, Code 2014, is amended
12 to read as follows:

13 1. If the ~~county board of supervisors or the board's~~
14 ~~designee~~ regional administrator for a person's county of
15 residence finds from the physician's information which was
16 filed under the provisions of section 225.10 that it would
17 be appropriate for the person to be admitted to the state
18 psychiatric hospital, and the report of the ~~county board of~~
19 ~~supervisors or the board's designee~~ regional administrator made
20 pursuant to section 225.13 shows that the person and those who
21 are legally responsible for the person are not able to pay the
22 expenses incurred at the hospital, or are able to pay only a
23 part of the expenses, the person shall be considered to be a
24 voluntary public patient and the ~~board of supervisors~~ regional
25 administrator shall direct that the person shall be sent to the
26 state psychiatric hospital at the state university of Iowa for
27 observation, treatment, and hospital care.

28 Sec. 31. Section 225.17, subsection 2, Code 2014, is amended
29 to read as follows:

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

1 only be provided as determined through the ~~central point of~~
2 ~~coordination process~~ regional administrator of the respondent's
3 county of residence.

4 Sec. 32. Section 225.18, Code 2014, is amended to read as
5 follows:

6 **225.18 Attendants.**

7 The ~~county board of supervisors or the board's designee~~
8 regional administrator may appoint ~~a person~~ an attendant to
9 accompany the committed public patient or the voluntary public
10 patient or the committed private patient from the place where
11 the patient may be to the state psychiatric hospital, or to
12 accompany the patient from the hospital to a place as may be
13 designated by the ~~county~~ regional administrator. If a patient
14 is moved pursuant to this section, at least one attendant shall
15 be of the same gender as the patient.

16 Sec. 33. Section 225.19, Code 2014, is amended to read as
17 follows:

18 **225.19 Compensation for attendant.**

19 An individual appointed by the ~~county board of supervisors~~
20 ~~or the board's designee~~ regional administrator in accordance
21 with section 225.18 to accompany a person to or from the
22 hospital or to make an investigation and report on any question
23 involved in the matter shall receive three dollars per day for
24 the time actually spent in making the investigation and actual
25 necessary expenses incurred in making the investigation or
26 trip. This section does not apply to an appointee who receives
27 fixed compensation or a salary.

28 Sec. 34. Section 225.21, Code 2014, is amended to read as
29 follows:

30 **225.21 Compensation claims — filing — approval.**

31 The person making claim to compensation under section 225.19
32 shall file the claim in the office of the county auditor.
33 The claim is subject to review and approval by the ~~board of~~
34 ~~supervisors or the board's designee~~ regional administrator for
35 the county.

1 Sec. 35. Section 225.24, Code 2014, is amended to read as
2 follows:

3 **225.24 Collection of preliminary expense.**

4 Unless a committed private patient or those legally
5 responsible for the patient's support offer to settle the
6 amount of the claims, the county auditor of the person's county
7 of residence shall collect, by action if necessary, the amount
8 of all claims for per diem and expenses that have been approved
9 by the ~~county board of supervisors or the board's designee~~
10 regional administrator for the county and paid by the county
11 as provided under section 225.21. Any amount collected shall
12 be credited to the ~~county treasury~~ county's mental health and
13 disabilities services fund created in accordance with section
14 331.424A.

15 Sec. 36. Section 225.27, Code 2014, is amended to read as
16 follows:

17 **225.27 Discharge — transfer.**

18 The state psychiatric hospital may, at any time, discharge
19 any patient as recovered, as improved, or as not likely to
20 be benefited by further treatment. If the patient being so
21 discharged was involuntarily hospitalized, the hospital shall
22 notify the committing judge or court of the discharge as
23 required by section 229.14 or section 229.16, whichever is
24 applicable, and the applicable regional administrator. Upon
25 receiving the notification, the court shall issue an order
26 confirming the patient's discharge from the hospital or from
27 care and custody, as the case may be, and shall terminate the
28 proceedings pursuant to which the order was issued. The court
29 or judge shall, if necessary, appoint a person to accompany the
30 discharged patient from the state psychiatric hospital to such
31 place as the hospital or the court may designate, or authorize
32 the hospital to appoint such attendant.

33 Sec. 37. Section 225C.2, subsection 2, Code 2014, is amended
34 by striking the subsection.

35 Sec. 38. Section 225C.5, subsection 1, paragraph f, Code

1 2014, is amended to read as follows:

2 *f.* Two members shall be staff members of regional
3 ~~administrators of the central point of coordination process~~
4 ~~established in accordance with section 331.440~~ selected from
5 nominees submitted by the community services affiliate of the
6 Iowa state association of counties.

7 Sec. 39. Section 225C.6, subsection 1, paragraph i,
8 subparagraph (1), Code 2014, is amended to read as follows:

9 (1) The extent to which services to persons with
10 disabilities are actually available to persons in each county
11 and mental health and disability services region in the state
12 and the quality of those services.

13 Sec. 40. Section 225C.6, subsection 1, paragraph m, Code
14 2014, is amended to read as follows:

15 *m.* Identify disability services outcomes and indicators to
16 support the ability of eligible persons with a disability to
17 live, learn, work, and recreate in communities of the persons'
18 choice. The identification duty includes but is not limited to
19 responsibility for identifying, collecting, and analyzing data
20 as necessary to issue reports on outcomes and indicators at the
21 county, region, and state levels.

22 Sec. 41. Section 225C.13, subsection 1, Code 2014, is
23 amended to read as follows:

24 1. The administrator assigned, in accordance with section
25 218.1, to control the state mental health institutes and
26 the state resource centers may enter into agreements under
27 which a facility or portion of a facility administered by the
28 administrator is leased to a department or division of state
29 government, a county or group of counties, a mental health and
30 disability services region, or a private nonprofit corporation
31 organized under chapter 504. A lease executed under this
32 section shall require that the lessee use the leased premises
33 to deliver either disability services or other services
34 normally delivered by the lessee.

35 Sec. 42. Section 225C.14, Code 2014, is amended to read as

1 follows:

2 **225C.14 Preliminary diagnostic evaluation.**

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

18 2. As used in this section and sections 225C.15, 225C.16
19 and 225C.17, the term "*medical emergency*" means a situation
20 in which a prospective patient is received at a state mental
21 health institute in a condition which, in the opinion of the
22 chief medical officer, or that officer's physician designee,
23 requires the immediate admission of the person notwithstanding
24 the policy stated in subsection 1.

25 Sec. 43. Section 225C.15, Code 2014, is amended to read as
26 follows:

27 **225C.15 County implementation of evaluations.**

28 The ~~board of supervisors of~~ regional administrator for a
29 county shall, ~~no later than July 1, 1982,~~ require that the
30 policy stated in section 225C.14 be followed with respect
31 to admission of persons from that county to a state mental
32 health institute. A community mental health center which is
33 supported, directly or in affiliation with other counties, by
34 that county may perform the preliminary diagnostic evaluations
35 for that county, unless the performance of the evaluations

1 is not covered by the agreement entered into by the ~~county~~
2 regional administrator and the center, and the center's
3 director certifies to the ~~board of supervisors~~ regional
4 administrator that the center does not have the capacity to
5 perform the evaluations, in which case the ~~board of supervisors~~
6 regional administrator shall proceed under section 225C.17.

7 Sec. 44. Section 225C.16, Code 2014, is amended to read as
8 follows:

9 **225C.16 Referrals for evaluation.**

10 1. The chief medical officer of a state mental health
11 institute, or that officer's physician designee, shall advise
12 a person residing in that county who applies for voluntary
13 admission, or a person applying for the voluntary admission
14 of another person who resides in that county, in accordance
15 with section 229.41, that the ~~board of supervisors~~ regional
16 administrator for the county has implemented the policy
17 stated in section 225C.14, and shall advise that a preliminary
18 diagnostic evaluation of the prospective patient be sought,
19 if that has not already been done. This subsection does not
20 apply when voluntary admission is sought in accordance with
21 section 229.41 under circumstances which, in the opinion of the
22 chief medical officer or that officer's physician designee,
23 constitute a medical emergency.

24 2. The clerk of the district court in that county shall
25 refer a person applying for authorization for voluntary
26 admission, or for authorization for voluntary admission of
27 another person, in accordance with section 229.42, to the
28 ~~appropriate entity designated through the central point of~~
29 ~~coordination process~~ regional administrator of the person's
30 county of residence under section 225C.14 for the preliminary
31 diagnostic evaluation unless the applicant furnishes a written
32 statement from the appropriate entity which indicates that the
33 evaluation has been performed and that the person's admission
34 to a state mental health institute is appropriate. This
35 subsection does not apply when authorization for voluntary

1 admission is sought under circumstances which, in the opinion
2 of the chief medical officer or that officer's physician
3 designee, constitute a medical emergency.

4 3. Judges of the district court in that county or the
5 judicial hospitalization referee appointed for that county
6 shall so far as possible arrange for the entity designated
7 through the ~~central point of coordination process~~ regional
8 administrator under section 225C.14 to perform a prehearing
9 examination of a respondent required under section 229.8,
10 subsection 3, paragraph "b".

11 4. The chief medical officer of a state mental health
12 institute shall promptly submit to the appropriate entity
13 designated through the ~~central point of coordination process~~
14 regional administrator under section 225C.14 a report of the
15 voluntary admission of a patient under the medical emergency
16 ~~clauses~~ provisions of subsections 1 and 2. The report shall
17 explain the nature of the emergency which necessitated the
18 admission of the patient without a preliminary diagnostic
19 evaluation by the designated entity.

20 Sec. 45. Section 225C.17, Code 2014, is amended to read as
21 follows:

22 **225C.17 Alternative diagnostic facility.**

23 If a county is not served by a community mental health
24 center having the capacity to perform the required preliminary
25 diagnostic evaluations, the ~~board of supervisors~~ regional
26 administrator for the county shall arrange for the evaluations
27 to be performed by an alternative diagnostic facility for
28 the period until the county is served by a community mental
29 health center with the capacity to provide that service. An
30 alternative diagnostic facility may be the outpatient service
31 of a state mental health institute or any other mental health
32 facility or service able to furnish the requisite professional
33 skills to properly perform a preliminary diagnostic evaluation
34 of a person whose admission to a state mental health institute
35 is being sought or considered on either a voluntary or an

1 involuntary basis.

2 Sec. 46. Section 225C.19, subsection 3, paragraphs a, b, and
3 c, Code 2014, are amended to read as follows:

4 a. Standards for accrediting or approving emergency mental
5 health crisis services providers. Such providers may include
6 but are not limited to a community mental health center
7 designated under chapter 230A, a provider approved in a waiver
8 adopted by the commission to provide services to a county
9 in lieu of a community mental health center, a unit of the
10 department or other state agency, a county, a mental health
11 and disability services region, or any other public or private
12 provider who meets the accreditation or approval standards for
13 an emergency mental health crisis services provider.

14 b. Identification by the division of geographic regions,
15 groupings of mental health and disability services regions,
16 service areas, or other means of distributing and organizing
17 the emergency mental health crisis services system to ensure
18 statewide availability of the services.

19 c. Coordination of emergency mental health crisis services
20 with all of the following:

21 (1) The district and juvenile courts.

22 (2) Law enforcement.

23 (3) Judicial district departments of correctional services.

24 (4) ~~County central point of coordination processes~~ Mental
25 health and disability services regions.

26 (5) Other mental health, substance abuse, and co-occurring
27 mental illness and substance abuse services available through
28 the state and counties to serve both children and adults.

29 Sec. 47. Section 225C.20, Code 2014, is amended to read as
30 follows:

31 **225C.20 Responsibilities of counties for individual case**
32 **management services.**

33 Individual case management services funded under medical
34 assistance shall be provided by the department except when a
35 ~~county or a consortium of counties~~ regional administrator for a

1 county contracts with the department to provide the services.
2 A ~~county or consortium of counties~~ regional administrator
3 may contract for one or more counties of the region to be
4 the provider at any time and the department shall agree to
5 the contract so long as the contract meets the standards for
6 case management adopted by the department. The ~~county or~~
7 ~~consortium of counties~~ regional administrator may subcontract
8 for the provision of case management services so long as the
9 subcontract meets the same standards. A ~~county board of~~
10 ~~supervisors~~ regional administrator may change the provider
11 of individual case management services at any time. If the
12 current or proposed contract is with the department, the ~~county~~
13 ~~board of supervisors~~ regional administrator shall provide
14 written notification of a change at least ninety days before
15 the date the change will take effect.

16 Sec. 48. Section 225C.54, subsection 1, Code 2014, is
17 amended to read as follows:

18 1. The mental health services system for children and youth
19 shall be initially implemented by the division commencing
20 with the fiscal year beginning July 1, 2008. The division
21 shall begin implementation by utilizing a competitive bidding
22 process to allocate state block grants to develop services
23 through existing community mental health centers, ~~providers~~
24 ~~approved in a waiver adopted by the commission to provide~~
25 ~~services to a county in lieu of a community mental health~~
26 ~~center,~~ designated under chapter 230A and other local service
27 partners. The implementation shall be limited to the extent of
28 the appropriations provided for the children's system.

29 Sec. 49. Section 226.1, Code 2014, is amended by adding the
30 following new subsection:

31 NEW SUBSECTION. 4. For the purposes of this chapter unless
32 the context otherwise requires:

33 a. "Administrator" means the person assigned by the
34 director of human services to control the state mental health
35 institutes.

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

2 *c.* "Mental health and disability services region" means
3 a mental health and disability services region formed in
4 accordance with section 331.389.

5 *d.* "Regional administrator" means the regional administrator
6 of a mental health and disabilities services region, as defined
7 in section 331.388.

8 Sec. 50. Section 226.9C, subsection 2, paragraphs a and c,
9 Code 2014, are amended to read as follows:

10 *a.* A county may split the charges between the ~~county's~~
11 county mental health, ~~intellectual disability, and~~
12 ~~developmental and~~ disabilities services fund created pursuant
13 to section 331.424A and the county's budget for substance abuse
14 expenditures.

15 *c.* (1) Prior to an individual's admission for dual
16 diagnosis treatment, the individual shall have been
17 prescreened. The person performing the prescreening shall
18 be either the mental health professional, as defined in
19 section 228.1, who is contracting with the ~~county central~~
20 ~~point of coordination process~~ regional administrator for the
21 county's mental health and disability services region to
22 provide the prescreening or a mental health professional with
23 the requisite qualifications. A mental health professional
24 with the requisite qualifications shall meet all of the
25 following qualifications: is a mental health professional as
26 defined in section 228.1, is an alcohol and drug counselor
27 certified by the nongovernmental Iowa board of substance abuse
28 certification, and is employed by or providing services for a
29 facility, as defined in section 125.2.

30 (2) Prior to an individual's admission for dual diagnosis
31 treatment, the individual shall have been screened through a
32 county's ~~central point of coordination process implemented~~
33 ~~pursuant to section 331.440~~ regional administrator to determine
34 the appropriateness of the treatment.

35 Sec. 51. Section 226.32, Code 2014, is amended to read as

1 follows:

2 **226.32 Overcrowded conditions.**

3 The administrator shall order the discharge or removal
4 from the hospital of incurable and harmless patients whenever
5 it is necessary to make room for recent cases. If a patient
6 who is to be so discharged entered the hospital voluntarily,
7 the administrator shall notify the ~~auditor of regional~~
8 administrator for the county interested at least ten days in
9 advance of the day of actual discharge.

10 Sec. 52. Section 226.34, subsection 2, Code 2014, is amended
11 to read as follows:

12 2. If a patient in a mental health institute dies from any
13 cause, the superintendent of the institute shall within three
14 days of the date of death, send by certified mail a written
15 notice of death to all of the following:

16 a. The decedent's nearest relative.

17 b. The clerk of the district court of the county from which
18 the patient was committed.

19 c. The sheriff of the county from which the patient was
20 committed.

21 d. The regional administrator for the county from which the
22 patient was committed.

23 Sec. 53. Section 227.1, Code 2014, is amended to read as
24 follows:

25 **227.1 Supervision Definitions — supervision.**

26 1. For the purposes of this chapter, unless the context
27 otherwise requires:

28 a. "Administrator" means the person assigned by the director
29 of human services in the appropriate division of the department
30 to administer mental health and disability services.

31 b. "Department" means the department of human services.

32 c. "Mental health and disability services region" means
33 a mental health and disability services region formed in
34 accordance with section 331.389.

35 d. "Regional administrator" means the regional administrator

1 of a mental health and disabilities services region, as defined
2 in section 331.388.

3 2. All The regulatory requirements for county and private
4 institutions wherein where persons with mental illness or an
5 intellectual disability are kept admitted, committed, or placed
6 shall be under the supervision of the administrator.

7 Sec. 54. Section 227.2, subsection 1, unnumbered paragraph
8 1, Code 2014, is amended to read as follows:

9 The director of inspections and appeals shall make, or cause
10 to be made, at least one licensure inspection each year of
11 every county care facility. Either the administrator of the
12 division or the director of the department of inspections and
13 appeals, in cooperation with each other, upon receipt of a
14 complaint or for good cause, may make, or cause to be made,
15 a review of a county care facility or of any other private
16 or county institution where persons with mental illness or
17 an intellectual disability reside. A licensure inspection
18 or a review shall be made by a competent and disinterested
19 person who is acquainted with and interested in the care of
20 persons with mental illness and persons with an intellectual
21 disability. The objective of a licensure inspection or a
22 review shall be an evaluation of the programming and treatment
23 provided by the facility. After each licensure inspection of a
24 county care facility, the person who made the inspection shall
25 consult with the ~~county authorities~~ regional administrator
26 for the county in which the facility is located on plans and
27 practices that will improve the care given patients and. The
28 person shall also make recommendations to the administrator of
29 the division and the director of public health for coordinating
30 and improving the relationships between the administrators of
31 county care facilities, the administrator of the division,
32 the director of public health, the superintendents of state
33 mental health institutes and resource centers, community
34 mental health centers, mental health and disability services
35 regions, and other cooperating agencies, to cause improved

1 and more satisfactory care of patients. A written report of
2 each licensure inspection of a county care facility under this
3 section shall be filed by the person with the administrator
4 of the division and the director of public health and shall
5 include:

6 Sec. 55. Section 227.2, subsection 1, paragraph f, Code
7 2014, is amended to read as follows:

8 *f.* The recommendations given to and received from ~~county~~
9 ~~authorities~~ the regional administrator on methods and practices
10 that will improve the conditions under which the county care
11 facility is operated.

12 Sec. 56. Section 227.2, subsection 2, Code 2014, is amended
13 to read as follows:

14 2. A copy of the written report prescribed by subsection
15 1 shall be furnished to the county board of supervisors,
16 to the ~~county mental health and intellectual disability~~
17 ~~coordinating board or to its advisory board if the county board~~
18 ~~of supervisors constitutes ex officio the coordinating board~~
19 regional administrator for the county, to the administrator
20 of the county care facility inspected and to its certified
21 volunteer long-term care ombudsman, and to the department on
22 aging.

23 Sec. 57. Section 227.4, Code 2014, is amended to read as
24 follows:

25 **227.4 Standards for care of persons with mental illness or an**
26 **intellectual disability in county care facilities.**

27 The administrator, in cooperation with the department of
28 inspections and appeals, shall recommend and the mental health
29 and disability services commission created in section 225C.5
30 shall adopt, or amend and adopt, standards for the care of and
31 services to persons with mental illness or an intellectual
32 disability residing in county care facilities. The standards
33 shall be enforced by the department of inspections and appeals
34 as a part of the licensure inspection conducted pursuant to
35 chapter 135C. The objective of the standards is to ensure

1 that persons with mental illness or an intellectual disability
2 who are residents of county care facilities are not only
3 adequately fed, clothed, and housed, but are also offered
4 reasonable opportunities for productive work and recreational
5 activities suited to their physical and mental abilities and
6 offering both a constructive outlet for their energies and, if
7 possible, therapeutic benefit. When recommending standards
8 under this section, the administrator shall designate an
9 advisory committee representing administrators of county care
10 facilities, ~~county mental health and developmental disabilities~~
11 ~~regional planning councils~~ regional administrators, mental
12 health and disabilities services region governing boards,
13 and county care facility certified volunteer long-term care
14 ombudsmen to assist in the establishment of standards.

15 Sec. 58. Section 227.10, Code 2014, is amended to read as
16 follows:

17 **227.10 Transfers from county or private institutions.**

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

1 Sec. 59. Section 227.11, Code 2014, is amended to read as
2 follows:

3 **227.11 Transfers from state hospitals.**

4 A regional administrator for the county chargeable with
5 the expense of a patient in a state hospital for persons with
6 mental illness shall transfer the patient to a county or
7 private institution for persons with mental illness that is in
8 compliance with the applicable rules when the administrator
9 of the division or the administrator's designee orders the
10 transfer on a finding that the patient is suffering from
11 chronic mental illness or from senility and will receive equal
12 benefit by being so transferred. A county shall transfer to
13 its county care facility any patient in a state hospital for
14 persons with mental illness upon request of the superintendent
15 of the state hospital in which the patient is confined
16 pursuant to the superintendent's authority under section
17 229.15, subsection 5, and approval by the ~~board of supervisors~~
18 ~~of~~ regional administrator for the county of the patient's
19 residence. In no case shall a patient be thus transferred
20 except upon compliance with section 229.14A or without the
21 written consent of a relative, friend, or guardian if such
22 relative, friend, or guardian pays the expense of the care of
23 such patient in a state hospital. Patients transferred to a
24 public or private facility under this section may subsequently
25 be placed on convalescent or limited leave or transferred to
26 a different facility for continued full-time custody, care,
27 and treatment when, in the opinion of the attending physician
28 or the chief medical officer of the hospital from which the
29 patient was so transferred, the best interest of the patient
30 would be served by such leave or transfer. For any patient
31 who is involuntarily committed, any transfer made under this
32 section is subject to the placement hearing requirements of
33 section 229.14A.

34 Sec. 60. Section 227.12, Code 2014, is amended to read as
35 follows:

1 **227.12 Difference of opinion.**

2 When a difference of opinion exists between the
3 administrator of the division and the authorities in charge
4 of any private or county hospital in regard to the ~~removal~~
5 transfer of a patient or patients as herein provided in
6 sections 227.10 and 227.11, the matter shall be submitted to
7 the district court of the county in which such hospital is
8 situated and shall be summarily tried as an equitable action,
9 and the judgment of the district court shall be final.

10 Sec. 61. Section 227.14, Code 2014, is amended to read as
11 follows:

12 **227.14 Caring for persons with mental illness from other**
13 **counties.**

14 ~~Boards of supervisors of counties having no~~ The regional
15 administrator for a county that does not have proper facilities
16 for caring for persons with mental illness may, with the
17 consent of the administrator of the division, provide for such
18 care at the expense of the county in any convenient and proper
19 county or private institution for persons with mental illness
20 which is willing to receive ~~them~~ the persons.

21 Sec. 62. Section 229.1, subsection 3, Code 2014, is amended
22 by striking the subsection.

23 Sec. 63. Section 229.1, Code 2014, is amended by adding the
24 following new subsections:

25 NEW SUBSECTION. 8A. *"Mental health and disability services*
26 *region"* means a mental health and disability services region
27 formed in accordance with section 331.389.

28 NEW SUBSECTION. 14A. *"Regional administrator"* means the
29 regional administrator of a mental health and disabilities
30 services region, as defined in section 331.388.

31 Sec. 64. Section 229.1B, Code 2014, is amended to read as
32 follows:

33 **229.1B ~~Central point of coordination process~~ Regional**
34 **administrator.**

35 Notwithstanding any provision of this chapter to the

1 contrary, any person whose hospitalization expenses are
2 payable in whole or in part by a county shall be subject
3 to all administrative requirements of the ~~central point of~~
4 ~~coordination process~~ regional administrator for the county.

5 Sec. 65. Section 229.2, subsection 1, paragraph b,
6 subparagraph (3), Code 2014, is amended to read as follows:

7 (3) As soon as is practicable after the filing of a
8 petition for juvenile court approval of the admission of the
9 minor, the juvenile court shall determine whether the minor
10 has an attorney to represent the minor in the hospitalization
11 proceeding, and if not, the court shall assign to the minor
12 an attorney. If the minor is financially unable to pay for
13 an attorney, the attorney shall be compensated by the county
14 at an hourly rate to be established by the ~~county board of~~
15 ~~supervisors~~ regional administrator for the county in which the
16 proceeding is held in substantially the same manner as provided
17 in section 815.7.

18 Sec. 66. Section 229.8, subsection 1, Code 2014, is amended
19 to read as follows:

20 1. Determine whether the respondent has an attorney
21 who is able and willing to represent the respondent in the
22 hospitalization proceeding, and if not, whether the respondent
23 is financially able to employ an attorney and capable of
24 meaningfully assisting in selecting one. In accordance with
25 those determinations, the court shall if necessary allow the
26 respondent to select, or shall assign to the respondent, an
27 attorney. If the respondent is financially unable to pay an
28 attorney, the attorney shall be compensated by the county
29 at an hourly rate to be established by the ~~county board of~~
30 ~~supervisors~~ regional administrator for the county in which the
31 proceeding is held in substantially the same manner as provided
32 in section 815.7.

33 Sec. 67. Section 229.10, subsection 1, paragraph a, Code
34 2014, is amended to read as follows:

35 a. An examination of the respondent shall be conducted by

1 one or more licensed physicians, as required by the court's
2 order, within a reasonable time. If the respondent is detained
3 pursuant to section 229.11, subsection 1, paragraph "b",
4 the examination shall be conducted within twenty-four hours.
5 If the respondent is detained pursuant to section 229.11,
6 subsection 1, paragraph "a" or "c", the examination shall
7 be conducted within forty-eight hours. If the respondent
8 so desires, the respondent shall be entitled to a separate
9 examination by a licensed physician of the respondent's own
10 choice. The reasonable cost of the examinations shall, if the
11 respondent lacks sufficient funds to pay the cost, be paid by
12 the regional administrator from county funds upon order of the
13 court.

14 Sec. 68. Section 229.11, subsection 1, unnumbered paragraph
15 1, Code 2014, is amended to read as follows:

16 If the applicant requests that the respondent be taken into
17 immediate custody and the judge, upon reviewing the application
18 and accompanying documentation, finds probable cause to believe
19 that the respondent has a serious mental impairment and is
20 likely to injure the respondent or other persons if allowed
21 to remain at liberty, the judge may enter a written order
22 directing that the respondent be taken into immediate custody
23 by the sheriff or the sheriff's deputy and be detained until
24 the hospitalization hearing. The hospitalization hearing shall
25 be held no more than five days after the date of the order,
26 except that if the fifth day after the date of the order is a
27 Saturday, Sunday, or a holiday, the hearing may be held on the
28 next succeeding business day. If the expenses of a respondent
29 are payable in whole or in part by a county, for a placement
30 in accordance with paragraph "a", the judge shall give notice
31 of the placement to the ~~central point of coordination process~~
32 regional administrator for the county in which the court is
33 located, and for a placement in accordance with paragraph "b"
34 or "c", the judge shall order the placement in a hospital or
35 facility designated through the ~~central point of coordination~~

1 ~~process~~ regional administrator. The judge may order the
2 respondent detained for the period of time until the hearing
3 is held, and no longer, in accordance with paragraph "a", if
4 possible, and if not then in accordance with paragraph "b",
5 or, only if neither of these alternatives is available, in
6 accordance with paragraph "c". Detention may be:

7 Sec. 69. Section 229.13, subsection 1, paragraph a, Code
8 2014, is amended to read as follows:

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

14 Sec. 70. Section 229.14, subsection 2, paragraph a, Code
15 2014, is amended to read as follows:

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

23 Sec. 71. Section 229.14A, subsections 7 and 9, Code 2014,
24 are amended to read as follows:

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

32 9. A placement made pursuant to an order entered under
33 section 229.13 or 229.14 or this section shall be considered to
34 be authorized through the ~~central point of coordination process~~
35 county's regional administrator.

1 Sec. 72. Section 229.19, subsection 1, paragraphs a and b,
2 Code 2014, are amended to read as follows:

3 a. In each county with a population of three hundred
4 thousand or more inhabitants the ~~board of supervisors~~ county's
5 regional administrator shall appoint an individual who has
6 demonstrated by prior activities an informed concern for the
7 welfare and rehabilitation of persons with mental illness,
8 and who is not an officer or employee of the department of
9 human services nor of any agency or facility providing care
10 or treatment to persons with mental illness, to act as an
11 advocate representing the interests of patients involuntarily
12 hospitalized by the court, in any matter relating to the
13 patients' hospitalization or treatment under section 229.14
14 or 229.15. In each county with a population of under three
15 hundred thousand inhabitants, the chief judge of the judicial
16 district encompassing the county shall appoint the advocate.

17 b. The court or, if the advocate is appointed by the
18 ~~county board of supervisors~~ regional administrator, the ~~board~~
19 regional administrator shall assign the advocate appointed from
20 a patient's county of residence to represent the interests
21 of the patient. If a patient has no county of residence or
22 the patient is a state case, the court or, if the advocate
23 is appointed by the ~~county board of supervisors~~ regional
24 administrator, the ~~board~~ regional administrator shall assign
25 the advocate appointed ~~from~~ for the county where the hospital
26 or facility is located to represent the interests of the
27 patient.

28 Sec. 73. Section 229.19, subsection 3, Code 2014, is amended
29 to read as follows:

30 3. The court or, if the advocate is appointed by the ~~county~~
31 ~~board of supervisors~~ regional administrator, the ~~board~~ regional
32 administrator shall prescribe reasonable compensation for the
33 services of the advocate. The compensation shall be based
34 upon the reports filed by the advocate with the court. The
35 advocate's compensation shall be paid by the county in which

1 the court is located, either on order of the court or, if
2 the advocate is appointed by the ~~county board of supervisors~~
3 regional administrator, on the direction of the ~~board~~ regional
4 administrator. If the advocate is appointed by the court, the
5 advocate is an employee of the state for purposes of chapter
6 669. If the advocate is appointed by the ~~county board of~~
7 ~~supervisors~~ regional administrator, the advocate is an employee
8 of the county for purposes of chapter 670. If the patient or
9 the person who is legally liable for the patient's support is
10 not indigent, the ~~board~~ regional administrator shall recover
11 the costs of compensating the advocate from that person. If
12 that person has an income level as determined pursuant to
13 section 815.9 greater than one hundred percent but not more
14 than one hundred fifty percent of the poverty guidelines, at
15 least one hundred dollars of the advocate's compensation shall
16 be recovered in the manner prescribed by the ~~county board of~~
17 ~~supervisors~~ regional administrator. If that person has an
18 income level as determined pursuant to section 815.9 greater
19 than one hundred fifty percent of the poverty guidelines, at
20 least two hundred dollars of the advocate's compensation shall
21 be recovered in substantially the same manner ~~prescribed by the~~
22 ~~county board of supervisors~~ as provided in section 815.9.

23 Sec. 74. Section 229.24, subsection 3, unnumbered paragraph
24 1, Code 2014, is amended to read as follows:

25 If all or part of the costs associated with hospitalization
26 of an individual under this chapter are chargeable to a county
27 of residence, the clerk of the district court shall provide
28 to the regional administrator for the county of residence and
29 to the regional administrator for the county in which the
30 hospitalization order is entered the following information
31 pertaining to the individual which would be confidential under
32 subsection 1:

33 Sec. 75. Section 229.42, subsection 1, Code 2014, is amended
34 to read as follows:

35 1. If a person wishing to make application for voluntary

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

29 Sec. 76. Section 230.1, subsection 3, Code 2014, is amended
30 to read as follows:

31 3. A county of residence is not liable for costs and
32 expenses associated with a person with mental illness unless
33 the costs and expenses are for services and other support
34 authorized for the person through the ~~central point of~~
35 ~~coordination process~~ county's regional administrator. For

1 the purposes of this chapter, ~~"central point of coordination~~
2 ~~process"~~ "regional administrator" means the same as defined in
3 section ~~331.440~~ 331.388.

4 Sec. 77. Section 230.3, Code 2014, is amended to read as
5 follows:

6 **230.3 Certification of residence.**

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

18 Sec. 78. Section 230.20, subsection 2, paragraph b, Code
19 2014, is amended to read as follows:

20 *b.* The per diem costs billed to each county shall not exceed
21 the per diem costs billed to the county in the fiscal year
22 beginning July 1, 1996. However, the per diem costs billed to
23 a county may be adjusted annually to reflect increased costs,
24 to the extent of the percentage increase in the ~~total of county~~
25 ~~fixed budgets pursuant to the allowed growth factor adjustment~~
26 statewide per capita expenditure target amount, if any per
27 capita growth amount is authorized by the general assembly for
28 the fiscal year in accordance with section ~~331.439~~ 426B.3.

29 Sec. 79. Section 232.2, subsection 4, paragraph f,
30 subparagraph (3), Code 2014, is amended to read as follows:

31 (3) The transition plan shall be developed and reviewed
32 by the department in collaboration with a child-centered
33 transition team. The transition team shall be comprised of
34 the child's caseworker and persons selected by the child,
35 persons who have knowledge of services available to the child,

1 and any person who may reasonably be expected to be a service
2 provider for the child when the child becomes an adult or to
3 become responsible for the costs of services at that time.
4 If the child is reasonably likely to need or be eligible for
5 adult services, the transition team membership shall include
6 representatives from the adult services system. The adult
7 services system representatives may include but are not limited
8 to the administrator of county general relief under chapter
9 251 or 252 or of the ~~central point of coordination process~~
10 ~~implemented under section 331.440~~ regional administrator of
11 the county mental health and disabilities services region, as
12 defined in section 331.388. The membership of the transition
13 team and the meeting dates for the team shall be documented in
14 the transition plan.

15 Sec. 80. Section 235.7, subsection 2, Code 2014, is amended
16 to read as follows:

17 2. *Membership.* The department may authorize the governance
18 boards of decategorization of child welfare and juvenile
19 justice funding projects established under section 232.188 to
20 appoint the transition committee membership and may utilize
21 the boundaries of decategorization projects to establish
22 the service areas for transition committees. The committee
23 membership may include but is not limited to department of
24 human services staff involved with foster care, child welfare,
25 and adult services, juvenile court services staff, staff
26 involved with county general relief under chapter 251 or 252,
27 or of the ~~central point of coordination process implemented~~
28 ~~under section 331.440~~ a regional administrator of the county
29 mental health and disabilities services region, as defined
30 in section 331.388, in the area, school district and area
31 education agency staff involved with special education, and a
32 child's court appointed special advocate, guardian ad litem,
33 service providers, and other persons knowledgeable about the
34 child.

35 Sec. 81. Section 235A.15, subsection 2, paragraph c,

1 subparagraph (9), Code 2014, is amended to read as follows:

2 (9) To the administrator of an agency providing mental
3 health, intellectual disability, or developmental disability
4 services under a ~~county management plan developed pursuant~~
5 ~~to section 331.439~~ regional service system management plan
6 implemented in accordance with section 331.393, if the data
7 concerns a person employed by or being considered by the agency
8 for employment.

9 Sec. 82. Section 235B.6, subsection 2, paragraph c,
10 subparagraph (6), Code 2014, is amended to read as follows:

11 (6) To the administrator of an agency providing mental
12 health, intellectual disability, or developmental disability
13 services under a ~~county management plan developed pursuant~~
14 ~~to section 331.439~~ regional service system management plan
15 implemented in accordance with section 331.393, if the
16 information concerns a person employed by or being considered
17 by the agency for employment.

18 Sec. 83. Section 426B.2, subsection 2, Code 2014, is amended
19 to read as follows:

20 2. As used in this chapter, and in ~~sections 331.438 and~~
21 ~~331.439~~ section 331.424A, for purposes of population-based
22 funding calculations, "population" means the population shown
23 by the latest preceding certified federal census or the
24 latest applicable population estimate issued by the federal
25 government, whichever is most recent and available as of July
26 1 of the fiscal year preceding the fiscal year to which the
27 funding calculations apply.

28 Sec. 84. Section 426B.5, subsection 1, Code 2014, is amended
29 by striking the subsection.

30 Sec. 85. Section 426B.5, subsections 2 and 3, Code 2014, are
31 amended to read as follows:

32 2. *Risk pool.*

33 a. For the purposes of this ~~subsection~~ section, unless the
34 context otherwise requires, :

35 (1) "Mental health and disability services region" means

1 a mental health and disability services region formed in
2 accordance with section 331.389.

3 (2) "Regional administrator" means the regional
4 administrator of a mental health and disabilities services
5 region, as defined in section 331.388.

6 (3) ~~"services~~ "Services fund" means a county's mental
7 ~~health, intellectual disability, and developmental~~ disabilities
8 services fund created in pursuant to section 331.424A.

9 b. A risk pool is created in the property tax relief fund.
10 The pool shall consist of the moneys credited to the pool by
11 law.

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

35 d. A county regional administrator must apply to the risk

1 pool board for assistance from the risk pool on or before
2 October 31. The purpose of the assistance shall be to provide
3 financial support for services provided by one or more of the
4 counties comprising the regional administrator's mental health
5 and disability services region. The risk pool board shall
6 make its final decisions on or before December 15 regarding
7 acceptance or rejection of the applications for assistance and
8 the total amount accepted shall be considered obligated.

9 e. Basic eligibility for risk pool assistance requires that
10 a county meet all of the following conditions:

11 (1) The county is in compliance with the regional service
12 system management plan requirements of section ~~331.439~~ 331.393.

13 (2) The county levied the maximum amount allowed for the
14 county's services fund under section 331.424A for the fiscal
15 year of application for risk pool assistance.

16 (3) In the fiscal year that commenced two years prior to
17 the fiscal year of application, the county's services fund
18 ending balance under generally accepted accounting principles
19 was equal to or less than twenty percent of the county's actual
20 gross expenditures for that fiscal year.

21 f. The board shall review the fiscal year-end financial
22 records for all counties that are granted risk pool assistance.
23 If the board determines a county's actual need for risk pool
24 assistance was less than the amount of risk pool assistance
25 granted to the county, the county shall refund the difference
26 between the amount of assistance granted and the actual need.
27 The county shall submit the refund within thirty days of
28 receiving notice from the board. Refunds shall be credited
29 to the risk pool. The mental health and disability services
30 commission shall adopt rules pursuant to chapter 17A providing
31 criteria for the purposes of this lettered paragraph and as
32 necessary to implement the other provisions of this subsection.

33 g. The board shall determine application requirements to
34 ensure prudent use of risk pool assistance. The board may
35 accept or reject an application for assistance in whole or in

1 part. The decision of the board is final.

2 *h.* The total amount of risk pool assistance shall be limited
3 to the amount available in the risk pool for a fiscal year. Any
4 unobligated balance in the risk pool at the close of a fiscal
5 year shall remain in the risk pool for distribution in the
6 succeeding fiscal year.

7 *i.* Risk pool assistance shall only be made available to
8 address one or more of the following circumstances:

9 (1) Continuing support for mandated services.

10 (2) Avoiding the need for reduction or elimination of
11 critical services when the reduction or elimination places
12 consumers' health or safety at risk.

13 (3) Avoiding the need for reduction or elimination of a
14 mobile crisis team or other critical emergency services when
15 the reduction or elimination places the public's health or
16 safety at risk.

17 (4) Avoiding the need for reduction or elimination of
18 the services or other support provided to entire disability
19 populations.

20 (5) Avoiding the need for reduction or elimination of
21 services or other support that maintain consumers in a
22 community setting, creating a risk that the consumers would be
23 placed in more restrictive, higher cost settings.

24 *j.* Subject to the amount available and obligated from the
25 risk pool for a fiscal year, the department of human services
26 shall annually calculate the amount of moneys due to eligible
27 counties in accordance with the board's decisions and that
28 amount is appropriated from the risk pool to the department
29 for payment of the moneys due. The department shall authorize
30 the issuance of warrants payable to the county treasurer for
31 the amounts due and the warrants shall be issued on or before
32 January 1.

33 *k.* On or before March 1 and September 1 of each fiscal year,
34 the department of human services shall provide the risk pool
35 board with a report of the financial condition of each funding

1 source administered by the board. The report shall include
2 but is not limited to an itemization of the funding source's
3 balances, types and amount of revenues credited, and payees
4 and payment amounts for the expenditures made from the funding
5 source during the reporting period.

6 1. If the board has made its decisions but has determined
7 that there are otherwise qualifying requests for risk pool
8 assistance that are beyond the amount available in the risk
9 pool fund for a fiscal year, the board shall compile a list of
10 such requests and the supporting information for the requests.
11 The list and information shall be submitted to the mental
12 health and disability services commission, the department of
13 human services, and the general assembly.

14 3. *Incentive pool.*

15 a. An incentive pool is created in the property tax relief
16 fund. The incentive pool shall consist of the moneys credited
17 to the incentive pool by law.

18 b. Moneys available in the incentive pool for a fiscal
19 year shall be distributed to those ~~counties~~ mental health and
20 disability services regions that either meet or show progress
21 toward meeting the purposes and intent described in section
22 ~~331.439, subsection 1, paragraph "c"~~ 225C.1. The moneys
23 received by a county region from the incentive pool shall be
24 used to build community capacity to support individuals covered
25 by the ~~county's~~ region's regional service system management
26 plan approved under section ~~331.439~~ 331.393, in meeting such
27 purposes.

28 Sec. 86. REPEAL. Sections 225C.7, 225C.12, 225C.18, and
29 226.47, Code 2014, are repealed.