

**House File 2456 - Reprinted**

HOUSE FILE 2456  
BY COMMITTEE ON HUMAN  
RESOURCES

(SUCCESSOR TO HF 2327)

(As Amended and Passed by the House February 27, 2018)

**A BILL FOR**

1 An Act relating to behavioral health, including provisions  
2 relating to involuntary commitments and hospitalizations,  
3 the disclosure of mental health information to law  
4 enforcement professionals, and mental health and disability  
5 services.

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

1 Section 1. Section 125.80, subsection 3, Code 2018, is  
2 amended to read as follows:

3 3. If the report of a court-designated licensed physician  
4 or mental health professional is to the effect that the  
5 respondent is not a person with a substance-related disorder,  
6 the court, without taking further action, ~~may~~ shall terminate  
7 the proceeding and dismiss the application on its own motion  
8 and without notice.

9 Sec. 2. Section 125.81, Code 2018, is amended by adding the  
10 following new subsection:

11 NEW SUBSECTION. 2A. A respondent shall be released from  
12 detention prior to the commitment hearing if a licensed  
13 physician or mental health professional examines the respondent  
14 and determines the respondent no longer meets the criteria for  
15 detention under subsection 1 and provides notification to the  
16 court.

17 Sec. 3. Section 125.82, subsection 4, Code 2018, is amended  
18 to read as follows:

19 4. The respondent's welfare is paramount, and the hearing  
20 shall be tried as a civil matter and conducted in as informal a  
21 manner as is consistent with orderly procedure. The hearing  
22 may be held by video conference at the discretion of the  
23 court. Discovery as permitted under the Iowa rules of civil  
24 procedure is available to the respondent. The court shall  
25 receive all relevant and material evidence, but the court is  
26 not bound by the rules of evidence. A presumption in favor of  
27 the respondent exists, and the burden of evidence and support  
28 of the contentions made in the application shall be upon the  
29 person who filed the application. If upon completion of the  
30 hearing the court finds that the contention that the respondent  
31 is a person with a substance-related disorder has not been  
32 sustained by clear and convincing evidence, the court shall  
33 deny the application and terminate the proceeding.

34 Sec. 4. Section 135G.6, Code 2018, is amended by striking  
35 the section and inserting in lieu thereof the following:

1     **135G.6 Inspection — conditions for issuance.**

2     The department shall issue a license to an applicant under  
3 this chapter if the department has ascertained that the  
4 applicant's facilities and staff are adequate to provide the  
5 care and services required of a subacute care facility.

6     Sec. 5. Section 228.1, Code 2018, is amended by adding the  
7 following new subsection:

8     NEW SUBSECTION. 3A. "*Law enforcement professional*" means  
9 a law enforcement officer as defined in section 80B.3, county  
10 attorney as defined in section 331.101, probation or parole  
11 officer, or jailer.

12     Sec. 6. NEW SECTION. **228.7A Disclosures to law enforcement**  
13 **professionals.**

14     1. Mental health information relating to an individual may  
15 be disclosed by a mental health professional, at the minimum  
16 consistent with applicable laws and standards of ethical  
17 conduct, to a law enforcement professional if all of the  
18 following apply:

19     a. The disclosure is made in good faith.

20     b. The disclosure is necessary to prevent or lessen a  
21 serious and imminent threat to the health or safety of the  
22 individual or to a clearly identifiable victim or victims.

23     c. The individual has the apparent intent and ability to  
24 carry out the threat.

25     2. A mental health professional shall not be held criminally  
26 or civilly liable for failure to disclose mental health  
27 information relating to an individual to a law enforcement  
28 professional except in circumstances where the individual has  
29 communicated to the mental health professional an imminent  
30 threat of physical violence against the individual's self or  
31 against a clearly identifiable victim or victims.

32     3. A mental health professional discharges the  
33 professional's duty to disclose pursuant to subsection 1 by  
34 making reasonable efforts to communicate the threat to a law  
35 enforcement professional.

1 Sec. 7. Section 229.1, subsection 20, Code 2018, is amended  
2 by adding the following new paragraph:

3 NEW PARAGRAPH. *d.* Has a history of lack of compliance with  
4 treatment and any of the following apply:

5 (1) Lack of compliance has been a significant factor in the  
6 need for emergency hospitalization.

7 (2) Lack of compliance has resulted in one or more acts of  
8 serious physical injury to the person's self or others or an  
9 attempt to physically injure the person's self or others.

10 Sec. 8. Section 229.10, subsection 3, Code 2018, is amended  
11 to read as follows:

12 3. If the report of one or more of the court-designated  
13 physicians or mental health professionals is to the effect  
14 that the individual is not seriously mentally impaired, the  
15 court ~~may~~ shall without taking further action terminate the  
16 proceeding and dismiss the application on its own motion and  
17 without notice.

18 Sec. 9. Section 229.11, Code 2018, is amended by adding the  
19 following new subsection:

20 NEW SUBSECTION. 1A. A respondent shall be released from  
21 detention prior to the hospitalization hearing if a licensed  
22 physician or mental health professional examines the respondent  
23 and determines the respondent no longer meets the criteria for  
24 detention under subsection 1 and provides notification to the  
25 court.

26 Sec. 10. Section 229.12, subsection 3, paragraph a, Code  
27 2018, is amended to read as follows:

28 *a.* The respondent's welfare shall be paramount and the  
29 hearing shall be conducted in as informal a manner as may be  
30 consistent with orderly procedure, but consistent therewith  
31 the issue shall be tried as a civil matter. The hearing may  
32 be held by video conference at the discretion of the court.

33 Such discovery as is permitted under the Iowa rules of civil  
34 procedure shall be available to the respondent. The court  
35 shall receive all relevant and material evidence which may be

1 offered and need not be bound by the rules of evidence. There  
2 shall be a presumption in favor of the respondent, and the  
3 burden of evidence in support of the contentions made in the  
4 application shall be upon the applicant.

5 Sec. 11. Section 229.13, subsection 7, paragraph a,  
6 subparagraphs (2) and (3), Code 2018, are amended to read as  
7 follows:

8 (2) Once in protective custody, the respondent shall be  
9 given the choice of being treated by the appropriate medication  
10 which may include the use of oral medicine or injectable  
11 antipsychotic medicine by a mental health professional acting  
12 within the scope of the mental health professional's practice  
13 at an outpatient psychiatric clinic, hospital, or other  
14 suitable facility or being placed for treatment under the  
15 care of a hospital or other suitable facility for inpatient  
16 treatment.

17 (3) If the respondent chooses to be treated by the  
18 appropriate medication which may include the use of oral  
19 medicine or injectable antipsychotic medicine but the mental  
20 health professional acting within the scope of the mental  
21 health professional's practice at the outpatient psychiatric  
22 clinic, hospital, or other suitable facility determines that  
23 the respondent's behavior continues to be likely to result in  
24 physical injury to the respondent's self or others if allowed  
25 to continue, the mental health professional acting within  
26 the scope of the mental health professional's practice shall  
27 comply with the provisions of subparagraph (1) and, following  
28 notice and hearing held in accordance with the procedures in  
29 section 229.12, the court may order the respondent treated  
30 on an inpatient basis requiring full-time custody, care, and  
31 treatment in a hospital until such time as the chief medical  
32 officer reports that the respondent does not require further  
33 treatment for serious mental impairment or has indicated the  
34 respondent is willing to submit to treatment on another basis  
35 as ordered by the court.

1     Sec. 12. Section 229.22, subsection 2, paragraph b, Code  
2 2018, is amended to read as follows:

3     *b.* If the magistrate orders that the person be detained,  
4 the magistrate shall, by the close of business on the next  
5 working day, file a written order with the clerk in the county  
6 where it is anticipated that an application may be filed  
7 under [section 229.6](#). The order may be filed by facsimile if  
8 necessary. A peace officer from the law enforcement agency  
9 that took the person into custody, if no request was made  
10 under paragraph "a", may inform the magistrate that an arrest  
11 warrant has been issued for or charges are pending against the  
12 person and request that any written order issued under this  
13 paragraph require the facility or hospital to notify the law  
14 enforcement agency about the discharge of the person prior to  
15 discharge. The order shall state the circumstances under which  
16 the person was taken into custody or otherwise brought to a  
17 facility or hospital, and the grounds supporting the finding  
18 of probable cause to believe that the person is seriously  
19 mentally impaired and likely to injure the person's self or  
20 others if not immediately detained. The order shall also  
21 include any law enforcement agency notification requirements if  
22 applicable. The order shall confirm the oral order authorizing  
23 the person's detention including any order given to transport  
24 the person to an appropriate facility or hospital. A peace  
25 officer from the law enforcement agency that took the person  
26 into custody may also request an order, separate from the  
27 written order, requiring the facility or hospital to notify the  
28 law enforcement agency about the discharge of the person prior  
29 to discharge. The clerk shall provide a copy of the written  
30 order or any separate order to the chief medical officer of the  
31 facility or hospital to which the person was originally taken,  
32 to any subsequent facility to which the person was transported,  
33 and to any law enforcement department, or ambulance service,  
34 or transportation service under contract with a mental health  
35 and disability services region that transported the person

1 pursuant to the magistrate's order. A transportation service  
2 that contracts with a mental health and disability services  
3 region for purposes of this paragraph shall provide a secure  
4 transportation vehicle and shall employ staff that has received  
5 or is receiving mental health training.

6 Sec. 13. Section 331.397, Code 2018, is amended to read as  
7 follows:

8 **331.397 Regional core services.**

9 1. For the purposes of **this section**, unless the context  
10 otherwise requires, "*domain*" means a set of similar services  
11 that can be provided depending upon a person's service needs.

12 2. *a.* (1) A region shall work with service providers to  
13 ensure that services in the required core service domains in  
14 subsections 4 and 5 are available to residents of the region,  
15 regardless of potential payment source for the services.

16 (2) Subject to the available appropriations, the director  
17 of human services shall ensure the ~~initial~~ core service domains  
18 listed in **subsection subsections 4 and 5** are covered services  
19 for the medical assistance program under **chapter 249A** to the  
20 greatest extent allowable under federal regulations. The  
21 medical assistance program shall reimburse Medicaid enrolled  
22 providers for Medicaid covered services under subsections 4  
23 and 5 when the services are medically necessary, the Medicaid  
24 enrolled provider submits an appropriate claim for such  
25 services, and no other third-party payer is responsible for  
26 reimbursement of such services. Within funds available, the  
27 region shall pay for such services for eligible persons when  
28 payment through the medical assistance program or another  
29 third-party payment is not available, unless the person is on a  
30 waiting list for such payment or it has been determined that  
31 the person does not meet the eligibility criteria for any such  
32 service.

33 *b.* Until funding is designated for other service  
34 populations, eligibility for the service domains listed in this  
35 section shall be limited to such persons who are in need of

1 mental health or intellectual disability services. However, if  
2 a county in a region was providing services to an eligibility  
3 class of persons with a developmental disability other than  
4 intellectual disability or a brain injury prior to formation of  
5 the region, the class of persons shall remain eligible for the  
6 services provided when the region is was formed, ~~provided that~~  
7 ~~funds are available to continue such services without limiting~~  
8 ~~or reducing core services.~~

9 c. It is the intent of the general assembly to address  
10 the need for funding so that the availability of the service  
11 domains listed in this section may be expanded to include such  
12 persons who are in need of developmental disability or brain  
13 injury services.

14 3. Pursuant to recommendations made by the director of human  
15 services, the state commission shall adopt rules as required by  
16 section 225C.6 to define the services included in the ~~initial~~  
17 ~~and additional~~ core service domains listed in this section.  
18 The rules shall provide service definitions, service provider  
19 standards, service access standards, and service implementation  
20 dates, and shall provide consistency, to the extent possible,  
21 with similar service definitions under the medical assistance  
22 program.

23 a. The rules relating to the credentialing of a person  
24 directly providing services shall require all of the following:

25 a. (1) The person shall provide services and represent the  
26 person as competent only within the boundaries of the person's  
27 education, training, license, certification, consultation  
28 received, supervised experience, or other relevant professional  
29 experience.

30 b. (2) The person shall provide services in substantive  
31 areas or use intervention techniques or approaches that  
32 are new only after engaging in appropriate study, training,  
33 consultation, and supervision from a person who is competent in  
34 those areas, techniques, or approaches.

35 c. (3) If generally recognized standards do not exist



1 with respect to an emerging area of practice, the person  
2 shall exercise careful judgment and take responsible steps,  
3 including obtaining appropriate education, research, training,  
4 consultation, and supervision, in order to ensure competence  
5 and to protect from harm the persons receiving the services in  
6 the emerging area of practice.

7 b. The rules relating to the availability of intensive  
8 mental health services specified in subsection 5 shall specify  
9 that the minimum amount of services provided statewide shall  
10 be as follows:

11 (1) Twenty-two assertive community treatment teams.

12 (2) Six access centers.

13 (3) Intensive residential service homes that provide  
14 services to up to one hundred twenty persons.

15 4. The ~~initial~~ core service domains shall include the  
16 following:

17 a. Treatment designed to ameliorate a person's condition,  
18 including but not limited to all of the following:

19 (1) Assessment and evaluation.

20 (2) Mental health outpatient therapy.

21 (3) Medication prescribing and management.

22 (4) Mental health inpatient treatment.

23 b. Basic crisis response provisions, including but not  
24 limited to all of the following:

25 (1) Twenty-four-hour access to crisis response.

26 (2) Evaluation.

27 (3) Personal emergency response system.

28 c. Support for community living, including but not limited  
29 to all of the following:

30 (1) Home health aide.

31 (2) Home and vehicle modifications.

32 (3) Respite.

33 (4) Supportive community living.

34 d. Support for employment or for activities leading to  
35 employment providing an appropriate match with an individual's

1 abilities based upon informed, person-centered choices made  
2 from an array of options, including but not limited to all of  
3 the following:

- 4 (1) Day habilitation.
- 5 (2) Job development.
- 6 (3) Supported employment.
- 7 (4) Prevocational services.

8 e. Recovery services, including but not limited to all of  
9 the following:

- 10 (1) Family support.
- 11 (2) Peer support.

12 f. Service coordination including coordinating physical  
13 health and primary care, including but not limited to all of  
14 the following:

- 15 (1) Case management.
- 16 (2) Health homes.

17 5. a. Provided that federal matching funds are available  
18 under the Iowa health and wellness plan pursuant to chapter  
19 249N, the following intensive mental health services in  
20 strategic locations throughout the state shall be provided  
21 within the following core service domains:

22 (1) Access centers that are located in crisis residential  
23 and subacute residential settings with sixteen beds or fewer  
24 that provide immediate, short-term assessments for persons with  
25 serious mental illness or substance use disorders who do not  
26 need inpatient psychiatric hospital treatment, but who do need  
27 significant amounts of supports and services not available in  
28 the persons' homes or communities.

29 (2) Assertive community treatment services.

30 (3) Comprehensive facility and community-based crisis  
31 services, including all of the following:

- 32 (a) Mobile response.
- 33 (b) Twenty-three-hour crisis observation and holding.
- 34 (c) Crisis stabilization community-based services.
- 35 (d) Crisis stabilization residential services.

1     (4) Subacute services provided in facility and  
2 community-based settings.

3     (5) Intensive residential service homes for persons  
4 with severe and persistent mental illness in scattered site  
5 community-based residential settings that provide intensive  
6 services and that operate twenty-four hours a day.

7     b. The department shall accept arrangements between multiple  
8 regions sharing intensive mental health services under this  
9 subsection.

10     ~~5.~~ 6. A region shall ensure that access is available  
11 to providers of core services that demonstrate competencies  
12 necessary for all of the following:

13     a. Serving persons with co-occurring conditions.

14     b. Providing evidence-based services.

15     c. Providing trauma-informed care that recognizes the  
16 presence of trauma symptoms in persons receiving services.

17     ~~6.~~ 7. A region shall ensure that services within the  
18 following additional core service domains are available  
19 to persons not eligible for the medical assistance program  
20 under [chapter 249A](#) or receiving other third-party payment for  
21 the services, when public funds are made available for such  
22 services:

23     ~~a. Comprehensive facility and community-based crisis~~  
24 ~~services, including but not limited to all of the following:~~

25     ~~(1) Twenty-four-hour crisis hotline.~~

26     ~~(2) Mobile response.~~

27     ~~(3) Twenty-three-hour crisis observation and holding, and~~  
28 ~~crisis stabilization facility and community-based services.~~

29     ~~(4) Crisis residential services.~~

30     ~~b. Subacute services provided in facility and~~  
31 ~~community-based settings.~~

32     ~~c.~~ a. Justice system-involved services, including but not  
33 limited to all of the following:

34     (1) Jail diversion.

35     (2) Crisis intervention training.

1 (3) Civil commitment prescreening.

2 ~~d.~~ b. Advances in the use of evidence-based treatment,  
3 including but not limited to all of the following:

4 (1) Positive behavior support.

5 ~~(2) Assertive community treatment.~~

6 ~~(3)~~ (2) Peer self-help drop-in centers.

7 ~~7.~~ 8. A regional service system may provide funding for  
8 other appropriate services or other support and may implement  
9 demonstration projects for an initial period of up to three  
10 years to model the use of research-based practices. In  
11 considering whether to provide such funding, a region may  
12 consider the following criteria for research-based practices:  
13 a. Applying a person-centered planning process to identify  
14 the need for the services or other support.

15 b. The efficacy of the services or other support is  
16 recognized as an evidence-based practice, is deemed to be an  
17 emerging and promising practice, or providing the services is  
18 part of a demonstration and will supply evidence as to the  
19 services' effectiveness.

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

25 Sec. 14. Section 331.424A, subsection 9, Code 2018, is  
26 amended to read as follows:

27 9. a. For the fiscal year beginning July 1, 2017, and each  
28 subsequent fiscal year, the county budgeted amount determined  
29 for each county shall be the amount necessary to meet the  
30 county's financial obligations for the payment of services  
31 provided under the regional service system management plan  
32 approved pursuant to [section 331.393](#), not to exceed an amount  
33 equal to the product of the regional per capita expenditure  
34 target amount multiplied by the county's population, ~~and, for~~  
35 ~~fiscal years beginning on or after July 1, 2021, reduced by~~

1 ~~the amount of the county's cash flow reduction amount for the~~  
2 ~~fiscal year calculated under subsection 4, if applicable.~~

3 b. If a county officially joins a different region, the  
4 county's budgeted amount shall be the amount necessary to meet  
5 the county's financial obligations for payment of services  
6 provided under the new region's regional service system  
7 management plan approved pursuant to section 331.393, not to  
8 exceed an amount equal to the product of the new region's  
9 regional per capita expenditure target amount multiplied by the  
10 county's population.

11 Sec. 15. DEPARTMENT OF HUMAN SERVICES — CIVIL COMMITMENT  
12 PRESCREENING ASSESSMENTS — RULES. The department of human  
13 services, in coordination with the mental health and disability  
14 services commission, shall adopt rules pursuant to chapter 17A  
15 relating to civil commitment prescreening assessments provided  
16 by a mental health and disability services region or an entity  
17 contracting with a mental health and disability service region.  
18 The rules shall provide for all of the following:

19 1. The provision of civil commitment prescreening  
20 assessments by a licensed physician or mental health  
21 professional within four hours of an emergency detention of  
22 an individual believed to be mentally ill to determine if  
23 inpatient psychiatric hospitalization is necessary.

24 2. The coordination of appropriate levels of care  
25 to include securing an inpatient psychiatric bed when  
26 inpatient psychiatric hospitalization is needed and  
27 utilizing community-based resources and services such as  
28 crisis observation and crisis stabilization services and  
29 subacute care and detoxification centers and facilitating  
30 outpatient treatment appointments when inpatient psychiatric  
31 hospitalization is not needed.

32 3. The provision of ongoing consultations by a licensed  
33 physician or mental health professional while the individual  
34 remains in the emergency room.

35 4. Requiring appropriate documentation and reports to be

1 submitted by a licensed physician or mental health professional  
2 to a treating hospital and the court as necessary.

3 Sec. 16. PROGRAM IMPLEMENTATION — ADOPTION OF  
4 ADMINISTRATIVE RULES.

5 1. The department of human services shall submit a notice  
6 of intended action to the administrative rules coordinator and  
7 the Iowa administrative code editor pursuant to section 17A.4,  
8 subsection 1, paragraph "a", not later than August 15, 2018,  
9 for the adoption of rules to implement the standards of core  
10 services specified in this Act.

11 2. The provisions of this Act and rules adopted in  
12 accordance with this Act shall minimize any delay or disruption  
13 of services or plans for the implementation of such services in  
14 effect on July 1, 2018.

15 3. The rules adopted by the department relating to access  
16 centers shall provide for all of the following:

17 a. The access centers shall meet all of the following  
18 criteria:

19 (1) An access center shall serve individuals with a  
20 serious mental health or substance use disorder need who are  
21 otherwise medically stable, who are not in need of an inpatient  
22 psychiatric level of care, and who do not have alternative,  
23 safe, effective services immediately available.

24 (2) Access center services shall be provided on a no reject,  
25 no eject basis.

26 (3) An access center shall accept and serve individuals who  
27 are court-ordered to participate in mental health or substance  
28 use disorder treatment.

29 (4) Access center providers shall be accredited under 441  
30 IAC 24 to provide crisis stabilization residential services and  
31 shall be licensed to provide subacute mental health services  
32 as defined in section 135G.1.

33 (5) An access center shall be licensed as a substance abuse  
34 treatment program pursuant to chapter 125 or have a cooperative  
35 agreement with and immediate access to licensed substance abuse

1 treatment services or medical care that incorporates withdrawal  
2 management.

3 (6) An access center shall provide or arrange for the  
4 provision of necessary physical health services.

5 (7) An access center shall provide navigation and warm  
6 handoffs to the next service provider as well as linkages to  
7 needed services including housing, employment, and shelter  
8 services.

9 b. The rules shall include access center designation  
10 criteria and standards that allow and encourage multiple mental  
11 health and disability services regions to strategically locate  
12 and share access center services including bill-back provisions  
13 to provide for reimbursement of a region when the resident of  
14 another region utilizes an access center or other non-Medicaid  
15 covered services located in that region.

16 4. The department shall establish uniform, statewide  
17 standards for assertive community treatment based on national  
18 accreditation standards, including allowances for nationally  
19 recognized small team standards. The statewide standards  
20 shall require that assertive teams meet fidelity to nationally  
21 recognized practice standards as determined by an independent  
22 review of each team that includes peer review. The department  
23 shall ensure that Medicaid managed care organization  
24 utilization management requirements do not exceed the standards  
25 developed by the department.

26 5. The rules relating to intensive residential service  
27 homes shall provide for all of the following:

28 a. That an intensive residential service home be enrolled  
29 with the Iowa Medicaid enterprise as a section 1915(i) home and  
30 community-based services habilitation waiver or intellectual  
31 disability waiver-supported community living provider.

32 b. That an intensive residential service home have adequate  
33 staffing that includes appropriate specialty training including  
34 applied behavior analysis as appropriate.

35 c. Coordination with the individual's clinical mental

1 health and physical health treatment.

2 d. Be licensed as a substance abuse treatment program  
3 pursuant to chapter 125 or have a cooperative agreement  
4 with and timely access to licensed substance abuse treatment  
5 services for those with a demonstrated need.

6 e. Accept court-ordered commitments.

7 f. Have a no reject, no eject policy for an individual  
8 referred to the home based on the severity of the individual's  
9 mental health or co-occurring needs.

10 g. Be smaller in size, preferably providing services to  
11 four or fewer individuals and no more than sixteen individuals,  
12 and be located in a neighborhood setting to maximize community  
13 integration and natural supports.

14 h. The department of human services shall provide guidance  
15 for objective utilization review criteria.

16 6. The department of human services and the department of  
17 public health shall provide a single statewide twenty-four-hour  
18 crisis hotline that incorporates warmline services which may be  
19 provided through expansion of the YourLifeIowa platform.

20 Sec. 17. COMMITMENT PROCESS REVIEW. The department of  
21 human services, in cooperation with the department of public  
22 health, representative members of the judicial branch, the Iowa  
23 hospital association, the Iowa medical society, the national  
24 alliance on mental illness, the Iowa state sheriffs' and  
25 deputies' association, Iowa behavioral health association,  
26 and other affected or interested stakeholders shall review  
27 the commitment processes under chapters 125 and 229 and shall  
28 report recommendations for improvements in the processes  
29 and any amendments to law to increase efficiencies and more  
30 appropriately utilize the array of mental health and disability  
31 services available based upon an individual's needs to the  
32 governor and the general assembly by December 31, 2018.

33 Sec. 18. TERTIARY CARE PSYCHIATRIC HOSPITALS. The  
34 departments of human services and inspections and appeals,  
35 representative members of the Iowa hospital association,



1 managed care organizations, the national alliance on mental  
2 illness, the mental health institutes, and other affected or  
3 interested stakeholders shall review the role of tertiary care  
4 psychiatric hospitals in the array of mental health services  
5 and shall report recommendations for providing tertiary  
6 psychiatric services to the governor and the general assembly  
7 by November 30, 2018. The recommendations shall address  
8 the role and responsibilities of tertiary care psychiatric  
9 hospitals in the mental health array of services in the state,  
10 the viability of utilizing the mental health institutes as  
11 tertiary care psychiatric hospitals, any potential sustainable  
12 funding, and admissions criteria.

13 Sec. 19. MENTAL HEALTH AND DISABILITY SERVICES FUNDING —  
14 FISCAL VIABILITY REVIEW DURING 2018 LEGISLATIVE INTERIM. The  
15 legislative council is requested to authorize a study committee  
16 to analyze the viability of the mental health and disability  
17 services funding including the methodology used to calculate  
18 and determine the base expenditure amount, the county budgeted  
19 amount, the regional per capita expenditure amount, the  
20 statewide per capita expenditure target amount, and the cash  
21 flow reduction amount. The study committee shall consist of  
22 five members of the senate, three of whom shall be appointed  
23 by the majority leader of the senate and two of whom shall  
24 be appointed by the minority leader of the senate, and five  
25 members of the house of representatives, three of whom shall  
26 be appointed by the speaker of the house of representatives  
27 and two of whom shall be appointed by the minority leader  
28 of the house of representatives. The study committee shall  
29 meet during the 2018 legislative interim to make appropriate  
30 recommendations for consideration during the 2019 legislative  
31 session in a report submitted to the general assembly by  
32 January 15, 2019.

33 Sec. 20. DIRECTIVE TO DEPARTMENT OF HUMAN SERVICES —  
34 PSYCHIATRIC BED TRACKING SYSTEM. The department of human  
35 services shall amend its administrative rules pursuant to

1 chapter 17A to require subacute mental health care facilities  
2 to participate in the psychiatric bed tracking system and  
3 to report the number of beds available for children and  
4 adults with a co-occurring mental illness and substance abuse  
5 disorder.

6     Sec. 21. ASSERTIVE COMMUNITY TREATMENT — REIMBURSEMENT  
7 RATES. The department of human services shall review the  
8 reimbursement rates for assertive community treatment and  
9 shall report recommendations for reimbursement rates to the  
10 governor and the general assembly by December 15, 2018. The  
11 recommendations shall address any potential sustainable  
12 funding.

13     Sec. 22. DEPARTMENT OF HUMAN SERVICES. The department of  
14 human services shall adopt rules pursuant to chapter 17A to  
15 administer this Act.