

Fall 2006

History of the County/State Partnership for Mental Health, Mental Retardation and Developmental Disability Services

Selected Milestones

1994: HF 2430 was the initial legislation.

- The “Base Year” (1994 Actual Expenditures for Mental Health and Developmental Disability Services)
- Defined what was included in the “State Payment” to counties.
- Established the “Single Entry Point Process” (CPC’s)
- Established the “County Management Plans”

1995: SF 69

- The “capped services fund” (a designated fund for Mental Health/Developmental Disabilities expenses.) & deleted supplemental levy authority for these expenses

1996: SF 2030 amended:

- “Base Year” to either the 1994 Actual Expenditures or 1996 Budgeted Expenditures

1997:

- Defined the “Allowed Growth” distribution formula
- Changed the State County Management growth recommendation timeframe
- Changed Voluntary Hospitalization Procedure to include the “Single Point of Entry” process

1998:

- Created the “Per Capita Expenditure Target Pool” and “Incentive and Efficiencies Pool” distribution formulas.
- Created the “Risk Pool”.

1999:

- Changed the “County Management Plan” from an annual plan to remain in effect unless amended, as of April 1, 2000.
- Instituted a three-year “Strategic Plan” to be submitted on April 1, 2000 and every third year thereafter, to the Department of Human Services for informational purposes only.
- Instituted an “Annual Review” to be submitted to the Department of Human Services for informational purposes only.

2000:

2001:

- Adult Rehabilitative Option Services for persons with chronic mental illness were approved for the Medicaid State Plan.
- Amended funding allocation for the “Per Capita Pool”.
- Enacted a funding protocol for involuntary hospitalizations that included the “single entry point process”
- Reduced the “Allowed Growth Allocation” for FY2002 by \$18 million and included the community services block grant in the allocation formula.

2002:

- Reduced the “Allowed Growth Allocation” (and others) by another 2.6%.

①

2003:

- Allowed Home and Community Based Services to be provided in Residential Care Facilities

2004:

- Instructed the Mental Health, Mental Retardation, Developmental Disabilities and Brain Injury Commission to start planning the implementation of the Adult System Redesign.

2005:

- Adult Day Services (Day Habilitation and Pre-Vocational) were started in the Home and Community Based Waiver Program.
- Implemented improved resolution process for legal settlement disputes.

2006:

- Moved the State Payment Program to the Counties for management.



**LEGISLATIVE
SERVICES AGENCY**

Serving the Iowa Legislature

Glen Dickinson, Director

*Fall
2009*

John C. Pollak
Division Administrator 2
State Capitol
Des Moines, IA 50319

Phone: 515.281.3818
E-mail: john.pollak@legis.state.ia.us

August 18, 2009

TO: Co-chairpersons Jack Hatch and Lisa Heddens, Members of the Adult Mental Health and Developmental Disabilities (MH/DD) Stakeholder Task Force, and Members of the Task Force's Work Group

FROM: John Pollak, Legal Services Division, Legislative Services Agency

RE: Background Information for Work Group

Work Group Task. The Co-chairpersons have asked the Work Group to develop short-term and long-term options for reforming the adult MH/DD services system and funding, including the following:

1. The current funding environment and temporary availability of federal stimulus package moneys may affect the county MH/DD service fund ending balances used for the distribution of allowed growth and risk pool funding. Provide options to address funding eligibility requirements, including ending balances, distribution requirements, and other elements.
2. The prospects for significant new state funding in the next few years are limited, federal funding availability is unknown, and local funding options are capped. Provide options for pilot projects that will use existing funding more efficiently and allow testing of new funding options.

Current Environment. In addition to the elements addressed in the Work Group task, the following provides a list of other elements comprising the current environment.

1. Counties have the legal responsibility to provide services; levy authority is capped at a specific dollar amount based on the amount levied in 1996 (other levy limitations restrict the rate rather than a dollar amount).
2. The dollar amount limitation prohibits counties from any increase in local revenue for these services beyond the 1996 level, even though property values have substantially increased since then.
3. The State is responsible for funding of all system growth above the 1996 level, but state revenue shortages typically have precluded significant increases.
4. The methodology for distributing state growth funding has become increasingly complex in order to target counties with the greatest need.
5. State funding is inadequate — growing numbers of counties have negative fund balances (at the close of FY 2008, 24 counties had negative fund balances, and another 28 counties had fund balances of less than 5 percent).
6. More counties are implementing waiting lists for services. As of July 2009, six counties have implemented waiting lists.

③

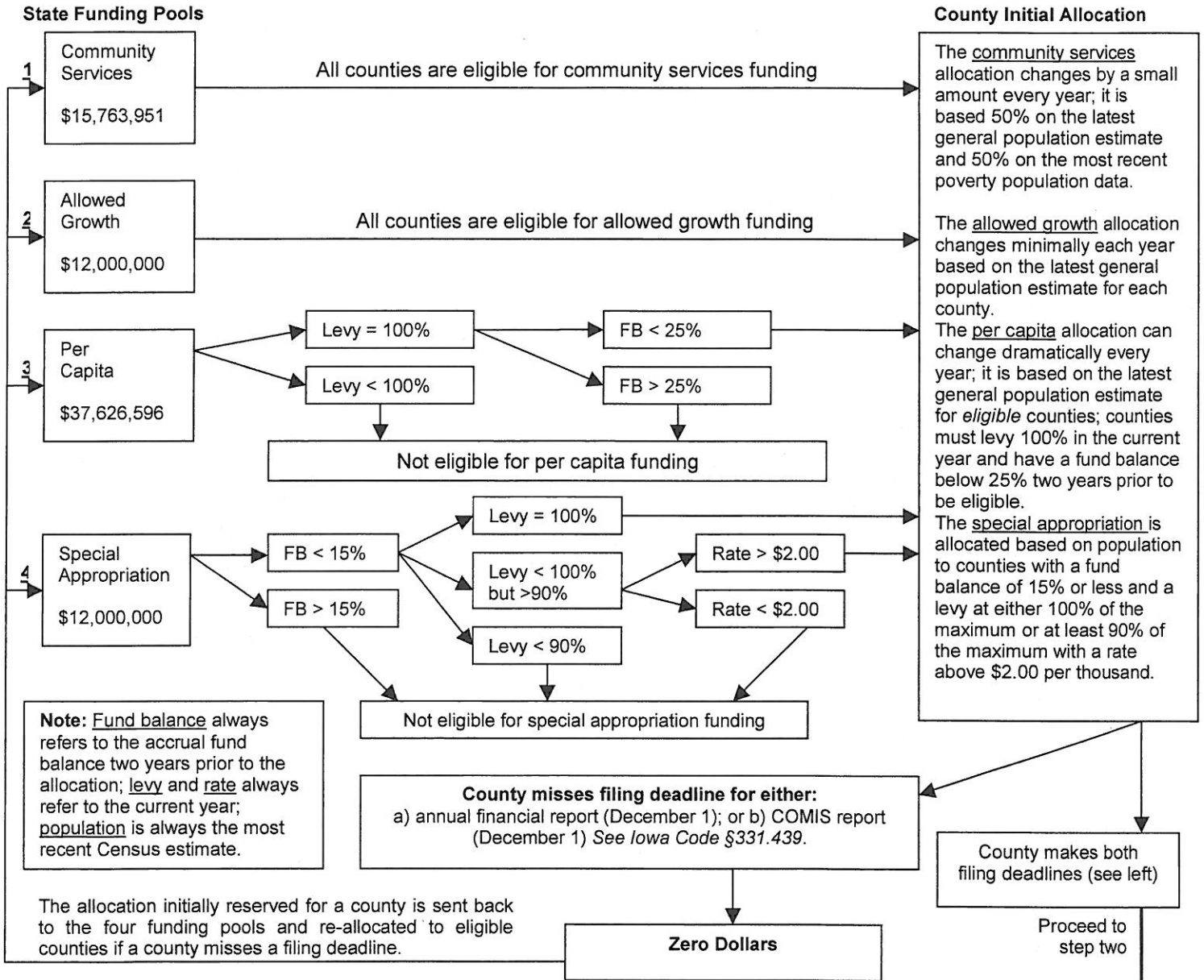
7. If funding remains static, the county obligation to pay the nonfederal share of Medicaid for adult MH/MR/DD services will eventually preclude county payment for any other adult MH/MR/DD services.
8. The latest revenue projections for FY 2009 and 2010 are for declines in overall state revenues.
9. Due to across-the-board budget cuts in FY 2009, the state funding distributed to counties for services was subject to an \$8.2 million reduction. The property tax replacement portion was restored by the General Assembly.
10. For the 27-month period beginning October 1, 2008, the federal funding available to counties for adult MH/MR/DD services through the Medicaid program is subject to increase under the federal American Recovery and Reinvestment Act of 2009. It is estimated the additional federal funding for counties will be \$75 million from FY 2009 to FY 2011.
11. Risk pool funding has historically been insufficient to fulfill requests (in Fall 2008, 15 counties submitted \$5.3 million in requests for the \$1 million in funding available for FY 2009).
12. In order to adjust for the scattered county shortfalls in adult MH/MR/DD services funding that are not adequately addressed by growth funding distribution formulas, the General Assembly made a \$10 million appropriation to the MH/MR/DD Risk Pool for FY 2010 from federal stimulus funding, a \$9 million increase over the previous year's appropriation amount. In addition, the application process was accelerated to distribute the funding more quickly. However, it was later determined that federal requirements would forestall or limit the use of the stimulus moneys for this purpose. Options for a substitute funding source and other alternatives are being developed but may require a legislative enactment during the 2010 Legislative Session.
13. The 1996 reforms did not address inequities among the counties; significant differences in funding, levy rates, and services still exist.

Goals. Previous efforts at reform have had these sometimes conflicting goals:

1. Improve overall system.
2. Improve equity.
3. Reduce complexity.
4. Eliminate the legal settlement system for determining financial responsibility.
5. Encourage efficiency — an area should have a big enough population to support the system yet be geographically small enough to provide reasonable access to consumers.
6. Establish a base level of services while encouraging local efforts to creatively meet consumer needs.
7. Eliminate waiting lists.
8. Do a better job of meeting individual consumer needs.
9. Enhance accountability.

Step one – initial allocation – based on four distinct funding pools

Start Here!

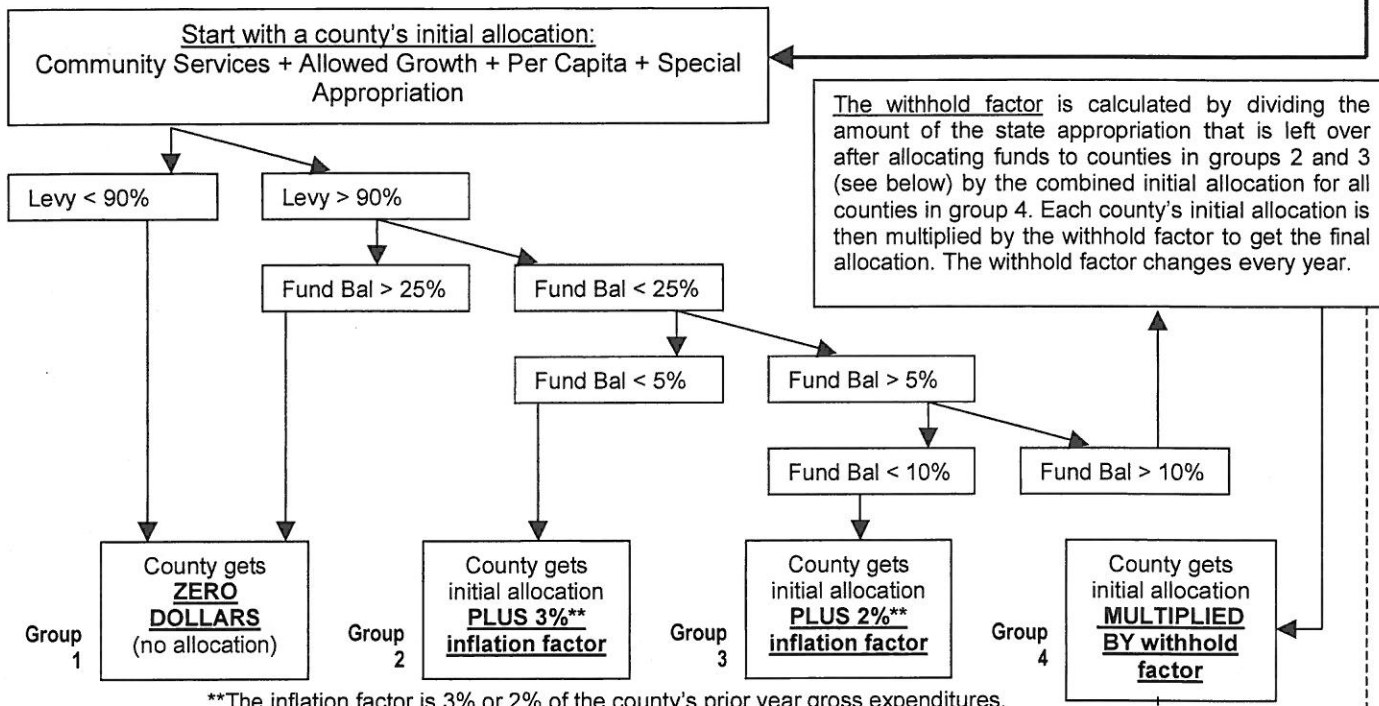


Withholding

The four state funding pools add up to an initial allocation of \$77,537,297. But the state only appropriated \$69,872,721 to counties for Mental Health Allowed Growth. We need a mechanism to get from the initial allocation to the final allocation – that mechanism is called the “withhold factor.” This year the withhold factor is \$7,664,576, the difference between the initial allocation and final allocation. The withhold factor only affects counties that are levying at least 90% in the current year and have fund balances between 10% and 25% one year prior to the allocation. See how it works in step two.

But first, the obvious question: Why doesn’t the state just allocate enough money to each of the funding pools to match the appropriation? That would eliminate the withhold factor and the entire step two of this process. In fact, we’d be done right now if the state did that. But as you notice, the criteria for receiving funding from the pools are not the same. By “over-allocating” money to one pool or another and then using the withhold factor, the state can reward – or penalize – counties for exhibiting certain behavior. For instance, when the state “over-allocates” money to the per capita fund, it rewards counties levying 100%. So who gets penalized when those counties get rewarded? The counties levying between 90% and 100% with a fund balance between 10% and 25%. Their penalty comes in the form of a withhold factor, which reduces their final allocation. The withholding process is really just a rather complicated tool that the Legislature uses to make policy decisions.

Step two – final allocation – only four options – necessary because of the withhold factor



**The inflation factor is 3% or 2% of the county's prior year gross expenditures.

A note about withholding – "The Ledge"

There is one final twist to the mental health allowed growth funding allocation: the ledge. The ledge only affects certain counties in group 4 above (those that are levying at least 90% and have fund balances between 10% and 15%) and is best explained with an example. Let's say County 'A' levies 100% and has a 9% fund balance; the county would fall in group 3 and receive its initial allocation plus the 2% inflation factor. Now let's say County 'B' levies 100% and has an 11% fund balance; it would fall in group 4 and receive only its initial allocation multiplied by the withhold factor. Even though County 'B' is only 1 percentage point above the 10% fund balance limit, it could potentially "lose" tens or even hundreds of thousands of dollars. The lost money is the amount of a county's initial allocation that it loses because of the withhold factor. Let's say that County 'B' has expenses of \$500,000, a fund balance of \$55,000 and an initial allocation of \$150,000, and the withhold factor is 50%. The result is that County 'B,' which is over the 10% fund balance level for group 3 by only \$5,000, loses \$75,000 in state funding by the move to group 4. The ledge is designed to prevent that situation.

The ledge says that a county in group 4 with a fund balance between 10% and 15% can only lose an amount of money equal to the amount by which its fund balance exceeds 10%. (In FY 2010 there is no ledge protection for group 4 counties with fund balances between 15% and 25%.) In our example above, County 'B' could only lose \$5,000 – not \$75,000. The difference between the county's allowed loss and its loss due to the withhold factor (\$70,000 in our example) is "added back" (the ledge is also called the "add-back") in to get the county's final allocation. But remember, it's all coming out of the same state appropriation. So when one county gets some funding "added back" due to the ledge, that changes the withhold factor for every other county in group 4. So after we go through the process outlined in step two above and get to the final allocation for group 4, that might not be the final allocation. We need to check to see if the ledge applies to any counties. If it does, we need to give those counties extra money (their add-back funding) and then re-calculate the withhold factor for all the remaining counties. Then we need to check again to see if the new withhold factor subjects any other counties to the ledge, and if so give them their money and re-calculate the withhold for the remaining counties. This goes on and on until no more counties are subject to the ledge. Then, finally – mercifully – the allocation process is over. Until next year.

Withhold Factor Calculation – Sample

Available Money
 Combined initial allocation = Withhold Factor
 (group 4 counties only)

$$\frac{\$2,000,000}{\$4,000,000} = 50\% \text{ Withhold Factor}$$

Calculation for Individual Counties
 Initial Allocation * Withhold Factor = Final Allocation

$$\$150,000 * 50\% = \$75,000$$

Note: Starting in FY 2010, any allocation factor using fund balance will be based on the fund balance two years prior to the year of distribution. Additionally, starting in FY 2010, a county will be required to levy at least 90% of its maximum mental health levy in order to be eligible for any allowed growth funding. Any county levying less than 90% in FY 2010 will go in group 1 (above) and receive zero dollars.

Report of Adult Mental Health and Developmental Disabilities Service System Workgroup to Adult MH/DD Stakeholder Task Force January 2010

I. Background

The legislation, (2009 Iowa Acts, H.F. 811, Sec. 56) required the chairpersons (Senator Jack Hatch and Representative Lisa Heddens) to consult with the ranking members (Senator David Johnson and Representative Dave Heaton) of the Joint Appropriations Subcommittee on Health and Human Services in appointing a task force of stakeholders for the 2009 Legislative Interim to address both funding and services issues associated with the service system administered by counties for adult mental health and developmental disabilities services and report recommendations to the Governor and the General Assembly for action during the 2010 Legislative Session. Due to the current budget situation and funding limitations, the chairpersons and ranking members asked the members of the Joint Subcommittee, particularly those who served on the two related subcommittees during the 2009 Legislative Session, to serve as the task force and hold one meeting during the late fall to receive recommendations from a stakeholder workgroup, formed and facilitated by legislative staff, to develop materials and options.

Legislative leadership scheduled time for the workgroup to meet with legislators on Wednesday, January 13, 2010, from 3-4:30 p.m. at the Statehouse in Committee Room 116.

II. Members

Legislative staff from the four caucuses and the Legislative Services Agency planned and facilitated the meetings but did not vote. The 11 voting members were appointed by the chairpersons and ranking members and represented the following:

- Department of Human Services - Medicaid, MH/DD, Other (3)
- Iowa State Association of Counties - association staff and county central point of coordination administrators (CPCs) (3)
- Service Providers - Association of Community Providers and other (2)
- Consumers and Advocates (3)

A membership and staff list is attached.

III. Charge

The workgroup was charged by the legislators to develop short-term and long-term options for reforming the adult MH/DD services system and funding, including the following:

- A. The current funding environment and temporary availability of federal stimulus package moneys may affect the county MH/DD service fund ending balances used for the distribution of allowed growth and risk pool funding. Provide options to address funding eligibility requirements, including ending balances, distribution requirements, and other elements.
- B. The prospects for significant new state funding in the next few years are limited, federal funding availability is unknown, and local funding options are capped. Provide options for pilot projects that will use existing funding more efficiently and allow testing of new funding options.

IV. MH/DD Workgroup System Reform Options

Approved following workgroup meeting on 11/18/09.

Overview. This listing describes the options discussed by the workgroup during the six meetings held on August 26, September 23, October 7 and 21, and November 4 and 18, 2009. Unless indicated otherwise, the numbering of the items under each part does not indicate a priority order but instead is for reference purposes only.

A. System Transformation Values and Principles

On September 23, 2009, the workgroup accepted the following system values and principles outlined in the strategic plan undertaken by the Department of Human Services (DHS):

1. Public awareness and support for inclusion:
 - a. Foster welcoming communities that recognize and respect the potential of all Iowans, and are receptive to their participation in and contributions to society.
 - b. Ensure that the public is well informed about mental health and disability, and ready to take responsibility for prevention and early intervention.
2. Access to services and supports: Promote policies and practices that facilitate timely access to appropriate services and supports.
3. Empowerment: Emphasize the ability of people to do the following:
 - a. Make informed choices about their personal goals, about the activities that will make their lives meaningful, and about the amounts and types of services to be received.
 - b. Understand the consequences and accept responsibility for those choices.
4. Collaboration and partnership in building community capacity: Align state and local policies and programs to support the legislative vision of resiliency and recovery for Iowans with mental illness, and the ability of Iowans with disabilities to live, learn, work, and recreate in communities of their choice.
5. Quality: Improve quality by measuring results and fund services that achieve results.
6. Individualized and person-centered: Provide a comprehensive, integrated, and consistent array of supports, and services that are individualized and flexible.
7. Consumer and family driven: Persons and their families are active participants in developing policies and in evaluating effectiveness of providers, supports, and services.
8. Provider accountability: Ensure high-quality mental health and disability supports and services by focusing on client goals and outcomes.



9. Government responsibility and accountability: Adequately fund and manage supports and services that promote the ability of lowans to live, learn, work, and recreate in communities of their choice.

B. Funding Distribution Formula Options

1. During the period that federal stimulus funding is provided to counties through an enhanced Medicaid match rate, disregard the federal stimulus amount to be received by each county. (Accepted by workgroup on October 7 – See part VI for full list of options considered by the workgroup)
2. These funding formula-related options were accepted by the workgroup on November 18, 2009:
 - a. Allow counties the option of returning all or a portion of allowed growth funding that would otherwise cause the county to carry an excess ending balance. The funding would have to be returned before the end of the fiscal year and would be credited to the risk pool for distribution in the succeeding fiscal year. (offered on November 4)
 - b. Allow unused FY 2009-2010 risk pool funding to be used to reduce waiting lists in that same fiscal year for State Payment Program Services. (offered on November 4)

C. Near-term System Change Options (for enactment during the 2010 Legislative Session)

1. Highest Priorities. On October 7 and November 18, 2009, the workgroup identified the following items as having the highest priority for further development:
 - a. Phase in a shift in funding responsibility from the counties to the state for each of the following:
 - (1) The costs of mental health commitments. Under mental health commitment costs, several related service areas were mentioned, including hospitalization, hearing costs, transportation, and mental health advocates.
 - (2) All institutional costs.
 - (3) The nonfederal share of Medicaid funded services. In return, the state would reduce allowed growth and property tax relief funding provided to counties under current law. The following phase-in order was suggested: State Resource Centers, State Mental Health Institutes, other intermediate care facilities for persons with mental retardation (ICFMRs), civil commitment costs, and Medicaid home and community-based waivers for persons with intellectual disabilities (formerly mental retardation).
 - b. Shifting from a county dollar cap on MH/DD services levies to a rate cap.
 - c. Working on state investments in community capacity building.

9

- d. Developing the case rate approach for funding distribution and other measures for distributing funding based upon persons' county of residence rather than legal settlement.
2. Lower Priority Options. The following options were discussed on October 7 and November 18, 2009, and determined by the workgroup to have a lower priority:
- a. Regularly evaluate service arrays and address in funding formulas.
 - b. Combine mental health, substance abuse, and suicide prevention programs.
 - c. Switch to a Medicaid-type of service arrangement with state-identified mandatory and optional services.
 - d. Create efficiencies and strive for changes in Medicaid documentation to be more cost effective; this may include a future workgroup to bring together representatives of the federal Centers for Medicare and Medicaid Services (CMS), providers, counties, and the Iowa Medicaid Enterprise (IME) for documentation redevelopment. (offered August 26 & revised following November 18 meeting)
 - e. Shift and revise current non-MH/DD funding streams for purposes of restoring or enhancing MH/DD services. Options offered include eliminating certain tax credits, reducing state employee salaries by 5 percent rather than laying off employees, requiring school districts to spend down fund balances, and using the roads budgets to pay for people services rather than roads. (offered on August 26 and October 21)
 - f. Address the disparity between the reimbursement rates paid for private intermediate care facility for persons with mental retardation (ICFMR) level of care versus the state resource center ICFMRs. (offered at September 23 meeting and discussed on November 4)
 - g. Citizens' Aide/Ombudsman general suggestions (offered on November 4):
 - (1) Mandate communication and collaboration for all parties involved with the civil commitment process.
 - (2) Either establish a pilot process or mandate use of community mental health centers to preevaluate persons with mental illness prior to a court-ordered commitment.
 - (3) Use the state mental health institutes (MHIs) for providing sub-acute care for those patients who no longer meet the criteria for commitment but are not appropriate for release.
 - (4) Mandate notification of law enforcement by provider prior to a patient's discharge if the patient was delivered to the provider by law enforcement for mental health-related concerns.
 - h. Citizens' Aide/Ombudsman suggestions regarding MH courts and jail diversion programs (offered on November 4):
 - (1) Implement MH court and jail diversion pilot projects using federal grants. Use the MH/MR/DD/BI Commission to administer.

10

- (2) Members of the General Assembly should study the Council of State Governments' guide entitled, "Mental Health Courts: A Guide to Research-Informed Policy and Practice," in order to better understand how mental health courts can address the issues related to people with mental illnesses in the criminal justice system.
- (3) The Legislature should study Code Chapter 230A (Community Mental Health Centers (CMHCs)) and consider the CHMC role in providing MH services to persons in jails.
 - i. Implement measures to increase the supply of qualified psychiatrists, Advanced Registered Nurse Practitioner (ARNP) specialists, and other types of service providers where there are shortages. (offered on November 4)
 - j. Use Medicaid savings realized from avoiding institutional care to reduce the waiting list for the BI waiver. (DHS analysis discussed on November 4)
 - k. Mental health parity laws should be amended to address insurance practices restricting mental health treatments to address behaviors resulting from traumatic brain injuries. (Suggested from audience on November 4)
 - l. Increase client participation in financing for higher income brackets and count parental income until the client is over age 25. (offered August 26)
 - m. Increase taxes or place a surtax on alcoholic beverage or nondiet soda and commit revenue to mental health and substance abuse treatment.
 - n. Regionalize certain community-based services to improve the system and avoid the use of more expensive services. (offered on October 21)

D. Pilot Projects

- 1. Current Pilot Projects discussed by the workgroup:
 - a. The County Social Services project involving Black Hawk, Butler, Cerro Gordo, Floyd, and Mitchell counties was authorized by statute.¹ Among other authority, for purposes of allowed growth and community services funding, the participating counties were allowed to combine and average levy amounts and maintain the relative percentage of the funding, provided the minimum levy amounts were maintained. The pilot project's initial term ends June 30, 2010.
 - b. The workgroup heard a presentation from a group of representatives of Wright, Boone, and Franklin counties for a system-wide overhaul to develop and implement a statewide management plan for MH/DD adult services based on functional assessments and distribute funding through caseload-based budgets administered by the counties or county regions. The workgroup requested the group to revise the option to instead be a pilot project.

¹ 2008 Iowa Acts chapter 1187, section 59, subsection 9, amending 2007 Iowa Acts chapter 215, section 1.

2. Potential Incentives and Funding Sources for Other Pilot Projects (this list was developed by the legislative staff group following the November 4 meeting and accepted by the workgroup at the November 18 meeting):
 - a. Hold Harmless. If a pilot project realizes savings, exempt the amount saved for use in expanding or investment in other services.
 - b. Set Aside. Set aside a certain amount of allowed growth funding that may be used for award for any of the policy options or pilot projects.
 - c. Federal and State Funding. Ask the Mental Health Planning Council, DHS, Magellan, and other bodies with some discretion over federal or state grant funding to invest such funding in the options or pilot projects identified.
 - d. Special Authority. Authorize counties to have limited use of fund transfer or supplemental levy authority to provide start-up investment of moneys in services that would realize cost savings by avoiding usage of higher cost services.

E. Complete Set of Options to Address County Eligibility for Allowed Growth and Risk Pool Funding Streams for FY 2010-2011 and FY 2011-2012

(discussed by workgroup on 10/7/09, 10/21/09, or 11/18/09)

1. Use the county ending balance for FY 2007-2008 instead of updating. (Craig Wood)
2. Increase the ending balance percentages used for determining eligibility and amount of funding. Amount of the increase would be equal to the federal Medicaid stimulus amount to be received by the county. (Craig Wood and legislative staff)
3. Disregard the federal Medicaid stimulus amount to be received by each county. (full workgroup discussion on August 26)
4. Eliminate the 3 percent inflation adjustment for counties with ending balance percentages of less than 5 percent and the 2 percent inflation adjustment for counties with ending balance percentages of 5 percent or more but less than 10 percent; maintain the "ledge" factor for ending balance percentages of 10 percent or more but less than 15 percent. (legislative staff work)
5. Distribute the same amounts to qualifying counties for FY 2010-2011 as was distributed for FY 2009-2010. If new funding is appropriated, distribute the new funding under a different funding formula. (legislative staff)
6. Eliminate the adjustment provisions used in the current formula and distribute according to a sliding scale based upon ending balance percentages from 0 through 15 percent. (legislative staff – this option was originally identified as a high priority on October 7 but was discarded on October 21 after further discussion)
7. Average the ending balances from the two latest known fiscal years instead of the current one fiscal year. (offered on November 4 and rejected on November 18)

12

F. Data and Information and Options Offered

A number of data and information items and options offered along with meeting briefings are posted on the webpage for the workgroup:

http://www.legis.state.ia.us/scripts/docmgr/docmgr_comdocs.dll/showtypeinterim?idt=true&type=ih&com=502

A listing of the items is attached to this report.

13

**ADULT MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES SERVICE
SYSTEM WORK GROUP MEMBER CONTACT LIST
PUBLIC MEMBERS**

Mr. Jim Aberg
Opportunity Village
1200 N. 9th Street W.
PO Box 622
Clear Lake, IA 50428
O – (641) 355-1285
jaberg@oppvill.org
(Provider)

Ms. Shelly Chandler
IACP Executive Director
7025 Hickman Road, Suite 5
Urbandale, IA 50322
O – (515) 270-9495
schandler@iowaproviders.org
(Provider)

Mr. Bill Gardam, MH/DS Interim Division
Administrator
Department of Human Services
1305 E. Walnut
Des Moines, IA 50319
O – (515) 281-5808 or 281-0377
bgardam@dhs.state.ia.us
(Department of Human Services)

Ms. Angie Plager
32541 585th Ave.
Cambridge, IA 50046-8568
C – (515) 554-9759
angieplager@yahoo.com
(Consumer/Advocate)

Ms. Jennifer Vermeer, Medicaid Director
Medicaid Enterprise
100 Army Post Road
Des Moines, IA 50315
O – (515) 725-1121
jvermee@dhs.state.ia.us
(Department of Human Services)

Mr. Craig Wood
Linn County CPC Administrator
930 1st Street SW
Cedar Rapids, IA 52404
O – (319) 892-5670
craigewood@mchsi.com
**(Iowa State Association of Counties/County
Central Point of Coordination Administrators
(ISAC/CPC))**

Ms. Teresa Bomhoff
2009 Iowa Mental Health Planning Council Chairperson
2009 NAMI Greater Des Moines President
200 S.W. 42nd Street
Des Moines, IA 50312
H – (515) 274-6876
O – (515) 284-4447
NAMI GDM: (515) 277-0672
tbomhoff@mchsi.com
namiqdm@gmail.com
(Consumer/Advocate)

Ms. Patty Erickson-Puttmann
Woodbury County CPC Administrator
620 Douglas Street, Room B4
Sioux City, IA 51101
O – (712) 279-6459
perickson@sioux-city.org
**(Iowa State Association of Counties/County Central
Point of Coordination Administrators (ISAC/CPC))**

Mr. Charles Krogmeier, Director
Department of Human Services
1305 E. Walnut
Des Moines, IA 50319
O – (515) 281-5452
ckrogme@dhs.state.ia.us
(Department of Human Services)

Mr. Carl Smith, Professor and Chair
Department of Curriculum & Instruction
Iowa State University
N165b Lagomarcino Hall
Ames, IA 50011-3191
O – (515) 294-0317
csmith@iastate.edu
(MH/MR/DD/BI Commission)
(Consumer/Advocate)

Ms. Karen Walters-Crammond
Polk County CPC Office
218 6th Ave. Suite 1000
Des Moines, IA 50309
O – (515) 243-0867
karen@pchs.co.polk.ia.us
**(Iowa State Association of Counties/County Central
Point of Coordination Administrators (ISAC/CPC))**

**ADULT MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES SERVICE
SYSTEM WORK GROUP MEMBER CONTACT LIST
LEGISLATIVE MEMBERS**

Ms. Kris Bell
Senate Democratic Caucus Staff
Statehouse
Des Moines, IA 50319
O – (515) 242-5896
kris.bell@legis.state.ia.us

Mr. Jess Benson
Legislative Services Agency
Fiscal Services Division
Statehouse
Des Moines, IA 50319
O – (515) 281-4611
jess.benson@legis.state.ia.us

Ms. Patty Funaro
Legislative Services Agency
Legal Services Division
Statehouse
Des Moines, IA 50319
O – (515) 281-3040
patty.funaro@legis.state.ia.us

Mr. Zeke Furlong
House Democratic Caucus Staff
Statehouse
Des Moines, IA 50319
O – (515) 281-6972
zeke.furlong@legis.state.ia.us

Ms. Sue Lerdal
Legislative Services Agency
Fiscal Services Division
Statehouse
Des Moines, IA 50319
O – (515) 281-7794
sue.lerdal@legis.state.ia.us

Mr. Peter Matthes
Senate Republican Caucus Staff
Statehouse
Des Moines, IA 50319
O – (515) 281-3979
peter.matthes@legis.state.ia.us

Mr. John Pollak
Legislative Services Agency
Legal Services Division
Statehouse
Des Moines, IA 50319
O – (515) 281-3818
john.pollak@legis.state.ia.us

Mr. Brad Trow
House Republican Caucus Staff
Statehouse
Des Moines, IA 50319
O – (515) 281-3471
brad.trow@legis.state.ia.us

Data Items and Other Materials Distributed to the Workgroup

1. **Distributed on September 22, 2009**
 - a. County Services Fund Levy Rate Comparison
 - b. Out-of-State Placement Information (DHS)

2. **Distributed on September 30, 2009**
 - a. Number of People Served in County System by Disability Type (DHS – based on county plans)

3. **Distributed on October 7, 2009**
 - a. DHS table showing the number of persons served by child and adult status plus disability diagnosis in each county – FY 2006-2007
 - b. DHS table showing the number of persons served by child and adult status plus disability diagnosis in each county – FY 2007-2008
 - c. DHS table showing recipients of services by county of residence, first with columns showing Medicaid program services and county service
 - d. DHS map showing county general population, number of residents of the county served, and percentage of the general population served
 - e. DHS map showing county general population, number of persons served with legal settlement in that county
 - f. DHS map showing county general population, number of persons served under the State Payment Program in that county, and percentage of the county population served in the program
 - g. DHS table with each county's expenditure, county population, number of county residents served, number of persons with legal settlement served, and amount expended FY 2006-2007
 - h. DHS table with each county's expenditure, county population, number of county residents served, number of persons with legal settlement served, and amount expended FY 2007-2008

4. **Distributed on November 4, 2009**
 - a. Mandated Services from County Chart of Accounts
 - b. FY 2007 Mandated and Nonmandated Services Pie Chart
 - c. County Behavioral Health Expenditures 2001-2008 Pie Charts
 - d. County Behavioral Health Expenditures 2001-2008 Bar Charts

- e. Number of Persons Served by Medicaid Behavioral Health & Disability Services in Each County
- f. Total Behavioral Health Population Served by county FY 2008; and October 7 items 4B, 4C, and 4D redistributed
- g. Analysis of cost of care while on waiting list for BI waiver slot
- h. Analysis comparing private ICFMR costs with state resource center ICFMR costs

Materials Distributed

- Background information for first meeting (8/23/09)
- Allowed Growth Funding Distribution Flow Chart (ISAC) (9/23/09)
- County Social Services Pilot Project Business Plan (9/23/09)
- County Social Services Pilot Project Presentation Slides (9/23/09)
- DHS Mental Health and Disability Services Transformation Plan Presentation Slides (9/23/09)
- Association of Community Providers Reform Proposal and Attachments (9/23/09)
- Estimate of effect of federal ARRA Medicaid funding for counties (DHS RFI distributed by Jess Benson) (9/23/09)
- List of data and information requests (as of 8/27/09) (9/23/09)
- List of funding formula change options (as of 9/2/09) (9/23/09)
- Updated compilation of service system reform options proposed (as of 9/23/09) (10/1/09)
- Evaluate Service Arrays and Address in Funding Formulas, Presentation by Carl Smith (10/7/09)
- Change to levy rate freeze option – Presentation by Karen Walters-Crammond (10/7/09)
- Switch to a Medicaid-like approach for services – supporting material distributed by Craig Wood (10/7/09)
- Investment in Community Capacity Presentation by Bob Bacon, Center for Disabilities and Development (10/7/09)
- Implement a case rate approach – Presentation by Craig Wood (10/7/09)
- Legal settlement issues – presentation by Karen Walters-Crammond (10/7/09)
- Citizens' Aide/Ombudsman Office – County Civil Commitment and Placement Survey Results (10/21/09)
- Citizens' Aide/Ombudsman Office – County Civil Commitment and Placement Survey Summary (10/21/09)

- Investment in community capacity – Part II – distributed by Bob Bacon, Center for Disabilities and Development (10/21/09)
- Needs-based Approach to Restructuring – Presentation Slides (10/21/09)
- Needs-based Approach to Restructuring – Proposal by three north Iowa-based CPCs (Leckrone, Grush, and Wood) (10/21/09)
- Options for cost savings by regionalizing community services and data needs discussion – Dr. Michael Flaum presentation overview (10/21/09)
- Citizens' Aide/Ombudsman Suggestions (11/04/09)
- Suggestion to authorize counties to exercise options for accepting allowed growth funding (11/04/09)
- Option for revising certain current state and county responsibilities for service costs and funding – DHS (11/12/09)
- MH/DD Workgroup System Reform Options – Draft List for Discussion on November 18 (11/17/09)

3771IC

Mental Health Levy Rate Comparison

County	Current Maximum Levy Amt.	FY09 Value	Current Levy Rate Based on FY 09 value	Max Levy Rate 1998	FY 09 Max if 98 Rate Frozen	Difference Current Max vs. 98 Rate Frozen
Adair	\$ 309,066	\$ 375,239,743	0.8236	0.9158	\$ 343,652	\$ 34,586
Adams	191,282	228,249,006	0.8380	0.9856	224,960	33,678
Allamakee	786,775	597,943,129	1.3158	1.6734	1,000,616	213,841
Appanoose	607,651	339,382,244	1.7905	2.1760	738,488	130,837
Audubon	595,900	267,207,587	2.2301	2.2248	594,476	(1,424)
Benton	908,642	1,022,614,959	0.8885	1.3853	1,416,599	507,957
Black Hawk	5,779,837	4,006,408,937	1.4426	2.3461	9,399,460	3,619,623
Boone	878,976	1,009,479,341	0.8707	1.2893	1,301,562	422,586
Bremer	1,294,995	865,680,132	1.4959	2.1266	1,840,962	545,967
Buchanan	1,292,163	753,788,073	1.7142	2.2596	1,703,252	411,089
Buena Vista	669,512	802,749,882	0.8340	1.0727	861,126	191,614
Butler	389,899	588,629,368	0.6624	0.8776	516,563	126,664
Calhoun	431,560	515,648,628	0.8369	0.9395	484,462	52,902
Carroll	1,800,630	837,502,068	2.1500	2.5693	2,151,817	351,187
Cass	789,047	544,402,390	1.4494	1.7288	941,180	152,133
Cedar	968,646	798,048,118	1.2138	1.5343	1,224,414	255,768
Cerro Gordo	2,284,794	1,920,667,559	1.1896	1.7673	3,394,311	1,109,517
Cherokee	477,158	583,452,837	0.8178	0.9602	560,221	83,063
Chickasaw	572,250	574,438,164	0.9962	1.4179	814,520	242,270
Clarke	430,559	289,064,715	1.4895	1.9941	576,413	145,854
Clay	402,866	777,167,620	0.5184	0.6513	506,160	103,294
Clayton	868,795	733,088,532	1.1851	1.6075	1,178,434	309,639
Clinton	2,883,428	1,710,791,125	1.6854	2.0618	3,527,329	643,901
Crawford	1,012,457	597,776,294	1.6937	1.9787	1,182,821	170,364
Dallas	1,524,538	2,871,549,475	0.5309	1.3724	3,940,932	2,416,394
Davis	426,870	234,658,108	1.8191	2.5032	587,394	160,524
Decatur	321,858	211,781,512	1.5198	1.9563	414,303	92,445
Delaware	926,948	789,175,783	1.1746	1.5648	1,234,891	307,943
Des Moines	1,751,030	1,191,325,565	1.4698	1.7447	2,078,494	327,464
*Dickinson	412,509	1,696,352,409	0.2432	0.4983	845,338	432,829
Dubuque	5,165,648	3,271,794,795	1.5788	2.3189	7,586,806	2,421,158
Emmet	820,900	381,775,017	2.1502	2.5797	984,854	163,954
Fayette	773,024	769,240,825	1.0049	1.2480	960,026	187,002
Floyd	610,064	585,489,262	1.0420	1.3269	776,912	166,848
Franklin	358,934	575,914,912	0.6232	0.7664	441,375	82,441
Fremont	462,193	366,905,101	1.2597	1.2735	467,255	5,062
Greene	627,158	470,911,181	1.3318	1.4317	674,215	47,057
Grundy	530,188	583,028,170	0.9094	1.1249	655,856	125,668
Guthrie	614,141	509,850,152	1.2046	1.4662	747,524	133,383
Hamilton	860,241	711,187,080	1.2096	1.4552	1,034,939	174,698
Hancock	629,221	629,085,998	1.0002	1.1720	737,273	108,052
Hardin	898,104	691,232,368	1.2993	1.5335	1,059,997	161,893
Harrison	920,559	588,742,646	1.5636	1.8939	1,115,011	194,452
Henry	846,381	615,536,750	1.3750	1.7877	1,100,375	253,994
Howard	364,201	388,976,152	0.9363	1.1472	446,225	82,024
Humboldt	473,531	457,201,266	1.0357	1.1516	526,522	52,991
Ida	300,889	367,698,576	0.8183	0.9089	334,214	33,325
Iowa	729,235	701,525,268	1.0395	1.2613	884,835	155,600
Jackson	787,145	704,818,984	1.1168	1.5372	1,083,481	296,336
Jasper	3,120,466	1,132,559,554	2.7552	3.2295	3,657,578	537,112

Mental Health Levy Rate Comparison

County	Current Maximum Levy Amt.	FY09 Value	Current Levy Rate Based on FY 09 value	Max Levy Rate 1998	FY 09 Max if 98 Rate Frozen	Difference Current Max vs. 98 Rate Frozen
Jefferson	607,300	562,013,308	1.0806	1.3714	770,720	163,420
Johnson	3,138,395	4,850,612,477	0.6470	1.0746	5,212,317	2,073,922
Jones	883,021	737,929,364	1.1966	1.7224	1,270,991	387,970
Keokuk	490,075	469,588,400	1.0436	1.2777	599,982	109,907
Kossuth	1,140,780	908,048,239	1.2563	1.4267	1,295,474	154,694
Lee	2,164,720	964,412,630	2.2446	2.5364	2,446,165	281,445
Linn	8,195,141	7,733,927,476	1.0596	1.4859	11,491,630	3,296,489
Louisa	601,189	542,369,020	1.1085	1.5271	828,262	227,073
Lucas	441,861	257,596,650	1.7153	2.1897	564,047	122,186
Lyon	248,113	512,260,537	0.4843	0.5945	304,536	56,423
Madison	534,189	609,333,755	0.8767	1.3744	837,472	303,283
Mahaska	1,227,887	808,615,159	1.5185	2.0758	1,678,533	450,646
Marion	1,089,896	1,040,243,351	1.0477	1.4764	1,535,802	445,906
Marshall	2,115,400	1,288,326,065	1.6420	2.1165	2,726,783	611,383
Mills	609,781	626,155,485	0.9738	1.4484	906,954	297,173
Mitchell	610,215	462,503,245	1.3194	1.6859	779,723	169,508
Monona	375,993	437,819,264	0.8588	0.9597	420,181	44,188
Monroe	340,278	349,142,698	0.9746	0.9963	347,835	7,557
Montgomery	369,740	413,265,110	0.8947	1.0427	430,899	61,159
Muscatine	2,055,392	1,491,082,097	1.3785	1.8089	2,697,280	641,888
O'Brien	570,532	519,370,790	1.0985	1.1105	576,786	6,254
Osceola	195,225	305,627,875	0.6388	0.6587	201,331	6,106
Page	652,027	492,987,649	1.3226	1.5601	769,102	117,075
Palo Alto	688,176	483,231,757	1.4241	1.7347	838,266	150,090
Plymouth	363,771	1,012,741,162	0.3592	0.4177	423,069	59,298
Pocahontas	440,242	427,173,496	1.0306	1.0614	453,383	13,141
Polk	14,439,175	16,411,749,613	0.8798	1.4469	23,746,109	9,306,934
Pottawattamie	4,745,180	3,483,278,924	1.3623	2.1522	7,496,783	2,751,603
Poweshiek	444,227	832,353,360	0.5337	0.7624	634,546	190,319
Ringgold	342,082	236,754,266	1.4449	1.8677	442,188	100,106
Sac	579,215	512,272,622	1.1307	1.3059	668,972	89,757
Scott	3,308,032	6,420,458,460	0.5152	0.7888	5,064,624	1,756,592
Shelby	885,694	528,347,321	1.6763	1.9871	1,049,886	164,192
Sioux	1,027,388	1,056,737,863	0.9722	1.1587	1,224,478	197,090
Story	3,066,575	2,976,349,976	1.0303	1.5993	4,760,125	1,693,550
Tama	568,799	745,126,330	0.7634	1.0006	745,560	176,761
Taylor	140,346	258,087,114	0.5438	0.7551	194,877	54,531
Union	751,659	376,900,801	1.9943	2.6159	985,931	234,272
Van Buren	314,328	215,669,463	1.4575	1.7645	380,547	66,219
* Wapello	2,447,733	896,243,739	2.7311	3.4487	3,090,901	643,168
Warren	1,084,011	1,453,186,237	0.7460	1.2962	1,883,571	799,560
Washington	781,141	769,058,116	1.0157	1.3359	1,027,420	246,279
Wayne	254,099	222,900,263	1.1400	1.3088	291,742	37,643
Webster	2,146,797	1,286,007,037	1.6694	2.0439	2,628,514	481,717
Winnebago	433,910	420,066,842	1.0330	1.2287	516,121	82,211
Winneshiek	1,428,756	806,732,979	1.7710	2.5382	2,047,684	618,928
Woodbury	3,564,086	3,049,524,208	1.1687	1.5377	4,689,117	1,125,031
Worth	441,512	413,671,505	1.0673	1.5212	629,290	187,778
Wright	554,967	600,832,298	0.9237	0.9878	593,509	38,542
Total	\$ 125,781,915				\$ 176,060,441	\$ 50,278,526