

1 Amend House File 626 as follows:

2 1. By striking everything after the enacting clause
3 and inserting:

4 <DIVISION I

5 SERVICES SYSTEM REDESIGN — FUNDING

6 Section 1. MENTAL HEALTH SERVICE SYSTEM REDESIGN
7 — LEAD AGENCY.

8 1. The general assembly intends to implement
9 service system redesign for mental health services
10 in which the department of human services assumes or
11 consolidates responsibility for the following publicly
12 funded services beginning on July 1, 2012:

13 a. Mental health services for adults with mental
14 illness.

15 b. Services for children with serious emotional
16 disturbances, as defined in section 225C.51, including
17 but not limited to psychiatric medical institution for
18 children services.

19 c. By means of cooperative agreements with
20 providers, services to address the needs of adults and
21 children with co-occurring mental illness and substance
22 abuse disorders.

23 2. The department shall provide services on a
24 regional basis by implementing performance-based
25 contracts under which a lead agency is responsible for
26 services in each region in accordance with all of the
27 following:

28 a. Regions are the same as the six regions
29 designated by the director of public health for the
30 comprehensive substance abuse treatment program under
31 section 125.12.

32 b. The department identifies the statewide core
33 services to be provided in each region and establishes
34 uniform reimbursement rates for services.

35 c. The contract provisions require the lead agency
36 to allow services to be provided by any qualified
37 willing provider.

38 d. The contract provisions shall include service
39 utilization and quality measures requiring the
40 department to intervene and assist and to terminate
41 the contract if the lead agency fails to perform in
42 accordance with performance improvement measures.

43 e. The department shall issue a request for
44 proposals during the fiscal year beginning July
45 1, 2011, to identify a lead agency for each region
46 beginning July 1, 2012.

47 f. The lead agency shall provide case management
48 services, service referrals, and service quality
49 monitoring for the region. The lead agency shall
50 provide any core service for the region that a

1 qualified willing provider is unavailable or unwilling
2 to provide.

3 g. A functional assessment is performed by an
4 agency independent of the lead agency in order to
5 determine each consumer's needs.

6 h. The lead agency shall be responsible for
7 coordinating the services provided to consumers within
8 the region provided by other unaffiliated agencies and
9 to integrate community-based services with services
10 provided in residential or inpatient settings.

11 3. The department of human services shall establish
12 a transition committee of stakeholders to recommend
13 implementation provisions for the system redesign
14 provisions enumerated in this section and in other
15 provisions of this Act. The recommendations shall be
16 submitted to the governor and general assembly on or
17 before December 15, 2011.

18 4. It is the intent of the general assembly to
19 continue service system redesign by consolidating
20 responsibility for publicly funded services for adults
21 with intellectual or other developmental disabilities
22 in subsequent years.

23 Sec. 2. CONTINUATION OF WORKGROUP BY JUDICIAL
24 BRANCH AND DEPARTMENT OF HUMAN SERVICES. The judicial
25 branch and department of human services shall continue
26 the workgroup implemented pursuant to 2010 Iowa Acts,
27 chapter 1192, section 24, subsection 2, to improve
28 the processes for involuntary commitment for chronic
29 substance abuse under chapter 125 and serious mental
30 illness under chapter 229. Additional stakeholders
31 shall be added as necessary to facilitate the workgroup
32 efforts. the workgroup shall complete deliberations
33 and submit a final report providing findings and
34 recommendations on or before December 15, 2011.

35 Sec. 3. SERVICE SYSTEM DATA AND STATISTICAL
36 INFORMATION INTEGRATION. The department of human
37 services, department of public health, and the
38 community services affiliate of the Iowa state
39 association of counties shall agree on implementation
40 provisions for an integrated data and statistical
41 information system for mental health, disability
42 services, and substance abuse services. The
43 departments and affiliate shall report on the
44 integrated system to the governor, the joint
45 appropriations subcommittee on health and human
46 services, and the legislative services agency,
47 providing findings and recommendations, on or before
48 December 15, 2011.

49 Sec. 4. NEW SECTION. 225C.7A Disability services
50 system redesign savings fund.

1 1. A disability services system redesign savings
2 fund is created in the state treasury under the
3 authority of the department. Moneys credited to
4 the fund are not subject to section 8.33. Moneys
5 available in the fund for a fiscal year shall be used
6 in accordance with appropriations made by the general
7 assembly to implement disability services system
8 improvements.

9 2. Notwithstanding section 8.33, appropriations
10 made to the department for disabilities services
11 that remain unencumbered or unobligated at the close
12 of the fiscal year as a result of implementation of
13 disabilities services system efficiencies shall not
14 revert but shall be credited to the disability services
15 system redesign savings fund.

16 DIVISION II

17 REPEALS, APPROPRIATIONS, AND CONFORMING PROVISIONS

18 Sec. 5. Section 331.424A, Code 2011, is amended by
19 adding the following new subsection:

20 NEW SUBSECTION. 6. This section is repealed July
21 1, 2015.

22 Sec. 6. Section 331.438, Code 2011, is amended by
23 adding the following new subsection:

24 NEW SUBSECTION. 5. This section is repealed July
25 1, 2015.

26 Sec. 7. Section 331.439, Code 2011, is amended by
27 adding the following new subsection:

28 NEW SUBSECTION. 10. This section is repealed July
29 1, 2015.

30 Sec. 8. Section 331.440, Code 2011, is amended by
31 adding the following new subsection:

32 NEW SUBSECTION. 7. This section is repealed July
33 1, 2015.

34 Sec. 9. Section 426B.1, Code 2011, is amended by
35 adding the following new subsection:

36 NEW SUBSECTION. 3. In addition to the
37 appropriation made pursuant to subsection 2, there is
38 appropriated from the general fund of the state to the
39 property tax relief for the indicated fiscal years the
40 following amounts:

41 a. For the fiscal year beginning July 1, 2011,
42 forty million dollars, for distribution to counties in
43 the succeeding fiscal year.

44 b. For the fiscal year beginning July 1, 2012,
45 eighty million dollars, for distribution to counties in
46 the succeeding fiscal year.

47 c. For the fiscal year beginning July 1, 2013, one
48 hundred twenty-five million dollars, for distribution
49 to counties in the succeeding fiscal year.

50 Sec. 10. NEW SECTION. 426B.6 Future repeal.

1 This chapter is repealed July 1, 2015.

2 Sec. 11. CONFORMING PROVISIONS. The legislative
3 services agency shall prepare a study bill for
4 consideration by the committees on human resources of
5 the senate and house of representatives for the 2012
6 legislative session, providing conforming Code changes
7 for implementation of the repeal, Code amendment, and
8 system redesign provisions contained in this Act.

9 Sec. 12. IMPLEMENTATION. There is appropriated
10 from the general fund of the state to the department of
11 human services for the fiscal year beginning July 1,
12 2011, and ending June 30, 2012, the following amount,
13 or so much thereof as is necessary, to be used for the
14 purposes designated:

15 For costs associated with implementation of this
16 Act:
17 \$ 50,000

18 DIVISION III

19 PSYCHIATRIC MEDICAL INSTITUTIONS FOR CHILDREN

20 Sec. 13. Section 135H.6, subsection 8, Code 2011,
21 is amended to read as follows:

22 8. The department of human services may give
23 approval to conversion of beds approved under
24 subsection 6, to beds which are specialized to provide
25 substance abuse treatment. However, the total number
26 of beds approved under subsection 6 and this subsection
27 shall not exceed four hundred thirty. Conversion of
28 beds under this subsection shall not require a revision
29 of the certificate of need issued for the psychiatric
30 institution making the conversion. Beds for children
31 who do not reside in this state and whose service costs
32 are not paid by public funds in this state are not
33 subject to the limitations on the number of beds and
34 certificate of need requirements otherwise applicable
35 under this section.

36 Sec. 14. PSYCHIATRIC MEDICAL INSTITUTIONS FOR
37 CHILDREN — LEVEL 2.

38 1. For the purposes of this section, unless the
39 context otherwise requires:

40 a. "Psychiatric institution-level 1" means a
41 psychiatric medical institution for children licensed
42 under chapter 135H and receiving medical assistance
43 program reimbursement.

44 b. "Psychiatric institution-level 2" means a
45 psychiatric medical institution for children licensed
46 under chapter 135H and receiving medical assistance
47 program reimbursement and providing more intensive
48 treatment as described in this section.

49 2. The department of human services shall work
50 with the department of inspections and appeals to

1 develop a second level of care for psychiatric medical
2 institutions for children licensed under chapter
3 135H, to be known as "psychiatric institution-level
4 2" to address the needs of children in need of more
5 intensive treatment. The number of beds authorized for
6 psychiatric institution-level 2 shall not exceed 60
7 beds. The number of beds in a level 2 program shall be
8 limited to 12 beds.

9 3. The department of human services shall select
10 providers to be authorized to provide psychiatric
11 institution-level 2 beds using a request-for-proposal
12 process. The providers shall be selected and contracts
13 finalized on or before January 1, 2012. At least three
14 but not more than five providers shall be selected
15 based upon the following criteria:

16 a. Geographic accessibility.

17 b. Ability to provide needed expertise, including
18 but not limited to psychiatry, nursing, specialized
19 medical care, or specialized programming.

20 c. Ability to meet and report on standardized
21 outcome measures.

22 d. Ability to provide treatment to children whose
23 treatment needs have resulted in an out-of-state
24 placement.

25 e. Ability to transition children from
26 psychiatric institution-level 2 care to psychiatric
27 institution-level 1 care.

28 4. a. Notwithstanding any provision of law to
29 the contrary, for the fiscal year beginning July
30 1, 2011, the reimbursement rate for psychiatric
31 institution-level 1 providers shall be the actual cost
32 of care, not to exceed 103 percent of the statewide
33 average of the costs of psychiatric institution-level
34 1 providers for the fiscal year. The costs shall not
35 incorporate the uniform 5 percent reduction applied
36 to such provider rates in fiscal year 2010-2011.

37 It is the intent of the general assembly that such
38 reimbursement rates in subsequent years be recalculated
39 annually at the beginning of the fiscal year. The
40 average of the costs limitation shall not apply to the
41 psychiatric medical institution for children located at
42 the state mental health institute at Independence.

43 b. Notwithstanding any provision of law to the
44 contrary, for the fiscal year beginning July 1,
45 2011, the initial reimbursement rate for psychiatric
46 institution-level 2 providers shall be based on a
47 prospective cost of care basis, not to exceed the
48 actual cost of care for the psychiatric medical
49 institution for children located at the state mental
50 health institute at Independence. In subsequent years,

1 it is the intent of the general assembly that the
2 reimbursement rate for psychiatric institution-level
3 2 providers be the actual cost of care, not to exceed
4 103 percent of the statewide average of the costs of
5 psychiatric institution-level 2 providers for the
6 fiscal year.

7 5. The department of human services shall create
8 an oversight committee comprised of psychiatric
9 institution-level 2 providers and representatives
10 of other mental health organizations with expertise
11 in children's mental health treatment to address
12 the following issues concerning psychiatric
13 institution-level 2 providers and report to the
14 department, governor, and general assembly as needed:

15 a. Identifying the target population to be served
16 by providers.

17 b. Identifying admission and continued state
18 criteria for the providers.

19 c. Reviewing potential changes in licensing
20 standards for psychiatric institution-level 1 providers
21 in order to accommodate the higher acuity level and
22 increased treatment needs of children to be served by
23 psychiatric institution-level 2 providers.

24 d. Reviewing the children in out-of-state
25 placements with providers similar to psychiatric
26 medical institutions for children to determine which
27 children could be better served in this state by a
28 psychiatric institution-level 2 provider.

29 6. The department of human services shall annually
30 report not later than December 15 to the chairpersons
31 and ranking members of the joint appropriations
32 subcommittee on health and human services through
33 2016 regarding implementation of this section. The
34 report shall include but is not limited to information
35 on children served by both level 1 and level 2
36 providers, the types of locations to which children are
37 discharged after level 1 and level 2 treatment and the
38 community-based services available to such children,
39 and the incidence of readmission for level 1 and level
40 2 treatment within 12 months of discharge.

41 DIVISION IV

42 COMMUNITY MENTAL HEALTH CENTERS

43 COMMUNITY MENTAL HEALTH CENTERS — CATCHMENT AREAS

44 Sec. 15. NEW SECTION. 230A.101 Services system
45 roles.

46 1. The role of the department of human services,
47 through the division of the department designated as
48 the state mental health authority with responsibility
49 for state policy concerning mental health and
50 disability services, is to develop and maintain

1 policies for the mental health and disability services
2 system. The policies shall address the service
3 needs of individuals of all ages with disabilities
4 in this state, regardless of the individuals' places
5 of residence or economic circumstances, and shall be
6 consistent with the requirements of chapter 225C and
7 other applicable law.

8 2. The role of community mental health centers in
9 the mental health and disability services system is
10 to provide an organized set of services in order to
11 adequately meet the mental health needs of this state's
12 citizens based on organized catchment areas.

13 Sec. 16. NEW SECTION. 230A.102 Definitions.

14 As used in this chapter, unless the context
15 otherwise requires:

16 1. "Administrator", "commission", "department",
17 "disability services", and "division" mean the same as
18 defined in section 225C.2.

19 2. "Catchment area" means a community mental health
20 center catchment area identified in accordance with
21 this chapter.

22 3. "Community mental health center" or "center"
23 means a community mental health center designated in
24 accordance with this chapter.

25 Sec. 17. NEW SECTION. 230A.103 Designation of
26 community mental health centers.

27 1. The division, subject to agreement by any
28 community mental health center that would provide
29 services for the catchment area and approval by the
30 commission, shall designate at least one community
31 mental health center under this chapter to serve as
32 lead agency for addressing the mental health needs of
33 the county or counties comprising the catchment area.
34 The designation process shall provide for the input
35 of potential service providers regarding designation
36 of the initial catchment area or a change in the
37 designation.

38 2. The division shall utilize objective criteria
39 for designating a community mental health center
40 to serve a catchment area and for withdrawing such
41 designation. The commission shall adopt rules
42 outlining the criteria. The criteria shall include but
43 are not limited to provisions for meeting all of the
44 following requirements:

45 a. An appropriate means shall be used for
46 determining which prospective designee is best able to
47 serve all ages of the targeted population within the
48 catchment area with minimal or no service denials.

49 b. An effective means shall be used for determining
50 the relative ability of a prospective designee to

1 appropriately provide mental health services and other
2 support to consumers residing within a catchment area
3 as well as consumers residing outside the catchment
4 area. The criteria shall address the duty for a
5 prospective designee to arrange placements outside the
6 catchment area when such placements best meet consumer
7 needs and to provide services within the catchment area
8 to consumers who reside outside the catchment area when
9 the services are necessary and appropriate.

10 3. The board of directors for a designated
11 community mental health center shall enter into
12 an agreement with the division. The terms of the
13 agreement shall include but are not limited to all of
14 the following:

15 a. The period of time the agreement will be in
16 force.

17 b. The services and other support the center will
18 offer or provide for the residents of the catchment
19 area.

20 c. The standards to be followed by the center in
21 determining whether and to what extent the persons
22 seeking services from the center shall be considered to
23 be able to pay the costs of the services.

24 d. The policies regarding availability of the
25 services offered by the center to the residents of the
26 catchment area as well as consumers residing outside
27 the catchment area.

28 e. The requirements for preparation and submission
29 to the division of annual audits, cost reports, program
30 reports, performance measures, and other financial and
31 service accountability information.

32 Sec. 18. **NEW SECTION. 230A.104 Catchment areas.**

33 1. The catchment areas for community mental health
34 centers shall be the same as the six regions designated
35 by the director of public health for the comprehensive
36 substance abuse treatment program under section 125.12.

37 2. a. Unless the division has determined that
38 exceptional circumstances exist, a catchment area
39 shall be served by one community mental health center.
40 The purpose of this general limitation is to clearly
41 designate the center responsible and accountable for
42 providing core mental health services to the target
43 population in the catchment area and to protect the
44 financial viability of the centers comprising the
45 mental health services system in the state.

46 b. A formal review process shall be used in
47 determining whether exceptional circumstances exist
48 that justify designating more than one center to
49 serve a catchment area. The criteria for the review
50 process shall include but are not limited to a means

1 of determining whether the catchment area can support
2 more than one center.

3 *c.* Criteria shall be provided that would allow
4 the designation of more than one center for all
5 or a portion of a catchment area if designation or
6 approval for more than one center was provided by the
7 division as of October 1, 2010. The criteria shall
8 require a determination that all such centers would be
9 financially viable if designation is provided for all.

10 **Sec. 19. NEW SECTION. 230A.105 Target population**
11 **— eligibility.**

12 1. The target population residing in a catchment
13 area to be served by a community mental health
14 center shall include but is not limited to all of the
15 following:

16 *a.* Individuals of any age who are experiencing a
17 mental health crisis.

18 *b.* Individuals of any age who have a mental health
19 disorder.

20 *c.* Adults who have a serious mental illness or
21 chronic mental illness.

22 *d.* Children and youth who are experiencing a
23 serious emotional disturbance.

24 *e.* Individuals described in paragraph "*a*", "*b*",
25 "*c*", or "*d*" who have a co-occurring disorder, including
26 but not limited to substance abuse, mental retardation,
27 a developmental disability, brain injury, autism
28 spectrum disorder, or another disability or special
29 health care need.

30 2. Specific eligibility criteria for members of the
31 target population shall be identified in administrative
32 rules adopted by the commission. The eligibility
33 criteria shall address both clinical and financial
34 eligibility.

35 **Sec. 20. NEW SECTION. 230A.106 Services offered.**

36 1. A community mental health center designated
37 in accordance with this chapter shall offer core
38 services and support addressing the basic mental health
39 and safety needs of the target population and other
40 residents of the catchment area served by the center
41 and may offer other services and support. The core
42 services shall be identified in administrative rules
43 adopted by the commission for this purpose.

44 2. The initial core services identified shall
45 include all of the following:

46 *a. Outpatient services.* Outpatient services shall
47 consist of evaluation and treatment services provided
48 on an ambulatory basis for the target population.
49 Outpatient services include psychiatric evaluations,
50 medication management, and individual, family, and

1 group therapy. In addition, outpatient services shall
2 include specialized outpatient services directed to the
3 following segments of the target population: children,
4 elderly, individuals who have serious and persistent
5 mental illness, and residents of the service area
6 who have been discharged from inpatient treatment
7 at a mental health facility. Outpatient services
8 shall provide elements of diagnosis, treatment, and
9 appropriate follow-up. The provision of only screening
10 and referral services does not constitute outpatient
11 services.

12 *b. Twenty-four-hour emergency services.*

13 Twenty-four-hour emergency services shall be
14 provided through a system that provides access to a
15 clinician and appropriate disposition with follow-up
16 documentation of the emergency service provided.
17 A patient shall have access to evaluation and
18 stabilization services after normal business hours.
19 The range of emergency services that shall be available
20 to a patient may include but are not limited to direct
21 contact with a clinician, medication evaluation,
22 and hospitalization. The emergency services may be
23 provided directly by the center or in collaboration
24 or affiliation with other appropriately accredited
25 providers.

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

37 *d. Admission screening for voluntary patients.*

38 Admission screening services shall be available for
39 patients considered for voluntary admission to a state
40 mental health institute to determine the patient's
41 appropriateness for admission.

42 *e. Community support services.* Community support
43 services shall consist of support and treatment
44 services focused on enhancing independent functioning
45 and assisting persons in the target population who
46 have a serious and persistent mental illness to live
47 and work in their community setting, by reducing or
48 managing mental illness symptoms and the associated
49 functional disabilities that negatively impact such
50 persons' community integration and stability.

1 *f. Consultation services.* Consultation services
2 may include provision of professional assistance and
3 information about mental health and mental illness to
4 individuals, service providers, or groups to increase
5 such persons' effectiveness in carrying out their
6 responsibilities for providing services. Consultations
7 may be case-specific or program-specific.

8 *g. Education services.* Education services may
9 include information and referral services regarding
10 available resources and information and training
11 concerning mental health, mental illness, availability
12 of services and other support, the promotion
13 of mental health, and the prevention of mental
14 illness. Education services may be made available to
15 individuals, groups, organizations, and the community
16 in general.

17 3. A community mental health center shall be
18 responsible for coordinating with associated services
19 provided by other unaffiliated agencies to members
20 of the target population in the catchment area and
21 to integrate services in the community with services
22 provided to the target population in residential or
23 inpatient settings.

24 Sec. 21. NEW SECTION. 230A.107 Form of
25 organization.

26 1. Except as authorized in subsection 2, a
27 community mental health center designated in accordance
28 with this chapter shall be organized and administered
29 as a nonprofit corporation.

30 2. A for-profit corporation, nonprofit corporation,
31 or county hospital providing mental health services to
32 county residents pursuant to a waiver approved under
33 section 225C.7, subsection 3, Code 2011, as of October
34 1, 2010, may also be designated as a community mental
35 health center.

36 Sec. 22. NEW SECTION. 230A.108 Administrative,
37 diagnostic, and demographic information.

38 Release of administrative and diagnostic
39 information, as defined in section 228.1, and
40 demographic information necessary for aggregated
41 reporting to meet the data requirements established by
42 the division, relating to an individual who receives
43 services from a community mental health center, may
44 be made a condition of support of that center by the
45 division.

46 Sec. 23. NEW SECTION. 230A.109 Funding —
47 legislative intent.

48 1. It is the intent of the general assembly that
49 public funding for community mental health centers
50 designated in accordance with this chapter shall be

1 provided as a combination of federal and state funding.

2 2. It is the intent of the general assembly that
3 the state funding provided to centers be a sufficient
4 amount for the core services and support addressing the
5 basic mental health and safety needs of the residents
6 of the catchment area served by each center to be
7 provided regardless of individual ability to pay for
8 the services and support.

9 3. While a community mental health center must
10 comply with the core services requirements and other
11 standards associated with designation, provision of
12 services is subject to the availability of a payment
13 source for the services.

14 Sec. 24. NEW SECTION. 230A.110 Standards.

15 1. The division shall recommend and the commission
16 shall adopt standards for designated community
17 mental health centers and comprehensive community
18 mental health programs, with the overall objective of
19 ensuring that each center and each affiliate providing
20 services under contract with a center furnishes
21 high-quality mental health services within a framework
22 of accountability to the community it serves. The
23 standards adopted shall be in substantial conformity
24 with the applicable behavioral health standards
25 adopted by the joint commission, formerly known as
26 the joint commission on accreditation of health care
27 organizations, and other recognized national standards
28 for evaluation of psychiatric facilities unless in
29 the judgment of the division, with approval of the
30 commission, there are sound reasons for departing from
31 the standards.

32 2. When recommending standards under this section,
33 the division shall designate an advisory committee
34 representing boards of directors and professional
35 staff of designated community mental health centers to
36 assist in the formulation or revision of standards.
37 The membership of the advisory committee shall include
38 representatives of professional and nonprofessional
39 staff and other appropriate individuals.

40 3. The standards recommended under this section
41 shall include requirements that each community mental
42 health center designated under this chapter do all of
43 the following:

44 a. Maintain and make available to the public a
45 written statement of the services the center offers
46 to residents of the catchment area being served. The
47 center shall employ or contract for services with
48 affiliates to employ staff who are appropriately
49 credentialed or meet other qualifications in order to
50 provide services.

1 *b.* If organized as a nonprofit corporation, be
2 governed by a board of directors which adequately
3 represents interested professions, consumers of
4 the center's services, socioeconomic, cultural, and
5 age groups, and various geographical areas in the
6 catchment area served by the center. If organized
7 as a for-profit corporation, the corporation's policy
8 structure shall incorporate such representation.

9 *c.* Arrange for the financial condition and
10 transactions of the community mental health center to
11 be audited once each year by the auditor of state.
12 However, in lieu of an audit by state accountants,
13 the local governing body of a community mental health
14 center organized under this chapter may contract with
15 or employ certified public accountants to conduct the
16 audit, pursuant to the applicable terms and conditions
17 prescribed by sections 11.6 and 11.19 and audit format
18 prescribed by the auditor of state. Copies of each
19 audit shall be furnished by the accountant to the
20 administrator of the division of mental health and
21 disability services.

22 *d.* Comply with the accreditation standards
23 applicable to the center.

24 Sec. 25. NEW SECTION. 230A.111 **Review and**
25 **evaluation.**

26 1. The review and evaluation of designated centers
27 shall be performed through a formal accreditation
28 review process as recommended by the division and
29 approved by the commission. The accreditation process
30 shall include all of the following:

31 *a.* Specific time intervals for full accreditation
32 reviews based upon levels of accreditation.

33 *b.* Use of random or complaint-specific, on-site
34 limited accreditation reviews in the interim between
35 full accreditation reviews, as a quality review
36 approach. The results of such reviews shall be
37 presented to the commission.

38 *c.* Use of center accreditation self-assessment
39 tools to gather data regarding quality of care and
40 outcomes, whether used during full or limited reviews
41 or at other times.

42 2. The accreditation process shall include but is
43 not limited to addressing all of the following:

44 *a.* Measures to address centers that do not meet
45 standards, including authority to revoke accreditation.

46 *b.* Measures to address noncompliant centers that
47 do not develop a corrective action plan or fail to
48 implement steps included in a corrective action plan
49 accepted by the division.

50 *c.* Measures to appropriately recognize centers that

1 successfully complete a corrective action plan.

2 d. Criteria to determine when a center's
3 accreditation should be denied, revoked, suspended, or
4 made provisional.

5 Sec. 26. REPEAL. Sections 230A.1 through 230A.18,
6 Code 2011, are repealed.

7 Sec. 27. IMPLEMENTATION — EFFECTIVE DATE.

8 1. Community mental health centers operating
9 under the provisions of chapter 230A, Code 2011, and
10 associated standards, rules, and other requirements as
11 of June 30, 2012, may continue to operate under such
12 requirements until the department of human services,
13 division of mental health and disability services, and
14 the mental health and disability services commission
15 have completed the rules adoption process to implement
16 the amendments to chapter 230A enacted by this Act,
17 identified catchment areas, and completed designations
18 of centers.

19 2. The division and the commission shall complete
20 the rules adoption process and other requirements
21 addressed in subsection 1 on or before June 30, 2012.

22 3. Except for this section, which shall take effect
23 July 1, 2011, this division of this Act takes effect
24 July 1, 2012.>

PROPOSED COMMITTEE AMENDMENT