

Senate File 525

1 Amend Senate File 525, as amended, passed, and
2 reprinted by the Senate, as follows:

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

5 <Section 1. ADULT DISABILITY SERVICES SYSTEM
6 REDESIGN.

7 1. For the purposes of this section, "disability
8 services" means services and other support available
9 to a person with mental illness or an intellectual
10 disability or other developmental disability.

11 2. It is the intent of the general assembly to
12 redesign the system for adult disability services to
13 implement both of the following:

14 a. Shifting the funding responsibility for the
15 nonfederal share of adult disability services paid for
16 by the Medicaid program, including but not limited to
17 all costs for the state resource centers, from the
18 counties to the state.

19 b. Reorganizing adult disability services not paid
20 for by the Medicaid program into a system administered
21 on a regional basis in a manner that provides multiple
22 local points of access to adult disability services
23 both paid for by the Medicaid program and not paid for
24 by the Medicaid program.

25 3. a. The legislative council is requested to
26 authorize an interim committee on mental health and
27 disability services for the 2011 legislative interim to
28 commence as soon as practicable. The purpose of the
29 interim committee is to closely engage with, monitor,
30 and make recommendations concerning the efforts of
31 the department of human services and workgroups of
32 stakeholders and experts created by the department
33 to develop detailed proposals for the redesign of
34 disability services pursuant to this Act, particularly

35 with regard to the identification of core services.

36 b. (1) It is intended that the interim committee
37 members consist of equal numbers of legislators from
38 both chambers and from both political parties and
39 for staff from the office of the governor and the
40 departments of human services and public health to be
41 designated to serve as ex officio, nonvoting members.
42 It is also requested that legislators serving on the
43 interim committee and other interested legislators
44 be authorized to participate in the meetings of the
45 workgroups and subcommittees addressed in this Act.

46 (2) In addition to addressing workgroup
47 recommendations, it is intended that the interim
48 committee address property tax issues, devise a means
49 of ensuring the state maintains its funding commitments
50 for the redesigned services system, and consider issues
1 posed by the July 1, 2013, repeals of county disability
2 services administration and funding provisions in 2011
3 Iowa Acts, Senate File 209.

4 (3) It is intended that the interim committee
5 shall receive and make recommendations concerning the
6 detailed and final proposals submitted by workgroups
7 during the 2011 legislative interim for consideration
8 by the general assembly in the 2012 legislative
9 session.

10 c. (1) The department of human services shall
11 design the workgroup process to facilitate effective
12 decision making while allowing for a broad array of
13 input. The workgroup process shall begin as soon after
14 the effective date of this Act as is practicable. The
15 membership of workgroups and subcommittees involved
16 with the process shall include consumers, service
17 providers, and advocates and provide for adequate
18 representation by both rural and urban interests.

19 (2) The detailed and final proposals developed
20 by the workgroups during the 2011 interim shall
21 be submitted to the interim committee on or before
22 December 9, 2011.

23 d. At least one workgroup shall address redesign
24 of the adult mental health system and at least
25 one workgroup shall address redesign of the adult
26 intellectual and other developmental disability system.
27 The workgroup process shall engage separate workgroups
28 and subcommittees enumerated in this Act and may
29 involve additional bodies in the process as determined
30 by the department.

31 e. It is intended that interim committee members
32 be engaged, to the extent possible, in workgroup
33 deliberations and begin formal discussions of
34 preliminary and final proposals developed by the
35 workgroups beginning in October.

36 4. The workgroup process implemented by the
37 department of human services pursuant to subsection
38 3 shall result in the submission of proposals for
39 redesign of adult disability services that include but
40 are not limited to all of the following:

41 a. Identifying clear definitions and requirements
42 for the following:

43 (1) Eligibility criteria for the individual to be
44 served.

45 (2) The array of core services and other support to
46 be included in regional adult disability services plans
47 and to be delivered by providers based on individual
48 needs and medical necessity and in a manner that
49 promotes cost-effectiveness, uniformity, accessibility,
50 and best practice approaches. The array shall
1 encompass and integrate services and other support paid
2 for by both the Medicaid program and other sources.

3 (3) Outcome measures that focus on consumer needs,
4 including but not limited to measures addressing
5 individual choice, empowerment, and community.

6 (4) Quality assurance measures.

7 (5) Provider accreditation, certification,
8 or licensure requirements to ensure high quality
9 services while avoiding unreasonable expectations and
10 duplicative surveys.

11 (6) Input in regional service plans and delivery
12 provisions by consumer and provider representatives.
13 The input process shall engage local consumers,
14 providers, and counties in developing the regional
15 provisions.

16 (7) Provisions for representatives of the regional
17 system to regularly engage with the department in
18 resolving Medicaid and non-Medicaid issues involving
19 documentation requirements, electronic records,
20 reimbursement methodologies, cost projections, and
21 other measures to improve the services and other
22 support available to consumers.

23 b. Incorporating strategies to allow individuals
24 to receive services in accordance with the principles
25 established in *Olmstead v. L.C.*, 527 U.S. 581 (1999),
26 in order for services to be provided in the most
27 community-based, least restrictive, and integrated
28 setting appropriate to an individual's needs.

29 c. Continuing the department's leadership role
30 in the Medicaid program in defining services covered,
31 establishing reimbursement methodologies, providing
32 other administrative functions, and engaging in federal
33 options for program enhancements that are beneficial to
34 the state such as medical or behavioral health homes.

35 d. Implementing mental health crisis response
36 services statewide in a manner determined to be most

37 appropriate by each region.

38 e. Implementing a subacute level of care to provide
39 short-term mental health services in a structured
40 residential setting that supplies a less intensive
41 level of care than is supplied by acute psychiatric
42 services.

43 f. Reviewing best practices and programs utilized
44 by other states in identifying new approaches for
45 addressing the needs for publicly funded services for
46 persons with brain injury. The proposals regarding
47 these approaches may be submitted after the workgroup
48 submission date set out in subsection 3.

49 g. Developing a proposal for addressing service
50 provider shortages. The development of the proposal
1 shall incorporate an examination of scope of practice
2 limitations and barriers to recruiting providers,
3 including but not limited to variation in health
4 insurance payment provisions for the services provided
5 by different types of providers.

6 h. Developing a proposal for service providers
7 addressing co-occurring mental health, intellectual
8 disability, and substance abuse disorders. This
9 proposal shall be developed by a separate workgroup
10 or subcommittee. The proposal shall also provide
11 options, developed in coordination with the judicial
12 branch and department of human services workgroup,
13 for implementation of the provision of advocates to
14 patients with substance-related disorders.

15 i. Developing a proposal for redesign of publicly
16 funded children's disability services, including but
17 not limited to the needs of children who are placed
18 out-of-state due to the lack of treatment services
19 in this state. The proposal shall be developed by a
20 separate workgroup or subcommittee and in addition to

21 the other interests and representation required by
22 this section, the membership shall include education
23 system and juvenile court representatives. The initial
24 proposal developed during the 2011 legislative interim
25 shall include an analysis of gaps in the children's
26 system and other necessary planning provisions for
27 completing the proposal for submission on or before
28 December 10, 2012.

29 j. Developing a proposal for counties to administer
30 the adult disability services not paid for by the
31 Medicaid program on a regional basis in a manner that
32 provides multiple local points of access for consumers
33 needing adult disability services, regardless of
34 the funding sources for the services. The proposal
35 shall be integrated with the other proposals under
36 this subsection and shall be developed by a separate
37 workgroup or subcommittee engaging both urban and rural
38 county central-point-of-coordination administrators and
39 other experts. The considerations for inclusion in the
40 proposal for forming regional entities shall include
41 but are not limited to all of the following:

42 (1) Modifying the relevant provisions of chapter
43 28E for use by counties in forming regional entities
44 and addressing other necessary contracting measures.

45 (2) Providing for performance-based contracting
46 between the department of human services and regional
47 entities to ensure the existence of multiple, local
48 points of access for adult disability services
49 eligibility, intake, and authorization, service
50 navigation support, and case coordination or case
1 management, regardless of the funding sources for the
2 services.

3 (3) Developing a three-year service plan and annual
4 update to meet the needs of consumers.

5 (4) Providing for the regional entities to
6 implement performance-based contracts, uniform cost
7 reports, and consistent reimbursement practices and
8 payment methodologies with local providers of services
9 not paid for by the Medicaid program.

10 (5) Providing for the regional entities to
11 determine the Medicaid program targeted case managers
12 to serve the regions.

13 (6) Providing for the regional entities to
14 coordinate and communicate with the department of human
15 services concerning the adult disability services paid
16 for by the Medicaid program so that services paid for
17 by the program and the regional entities are integrated
18 and coordinated.

19 (7) Identifying sufficient population size to
20 attain economy of scale, adequate financial resources,
21 and appropriate service delivery.

22 (8) Addressing full participation in regional
23 entities by counties.

24 (9) Including dispute resolution provisions for
25 county-to-county relationships, county-to-region
26 relationships, and region-to-state relationships.

27 (10) Providing for a consumer appeal process that
28 is clear, impartial, and consistent, with consideration
29 of an option that appeals beyond the regional level
30 should be to a state administrative law judge.

31 (11) Addressing financial management provisions,
32 including appropriate financial reserve levels.

33 (12) Proposing other criteria for forming regional
34 entities. The other criteria considered shall include
35 but are not limited to all of the following:

36 (a) Requiring a region to consist of contiguous
37 counties.

38 (b) Evaluating a proposed region's capacity

39 for providing core services and performing required
40 functions.

41 (c) Requiring a region to encompass at least
42 one community mental health center or federally
43 qualified health center with providers qualified to
44 provide psychiatric services, either directly or with
45 assistance from psychiatric consultants, that has the
46 capacity to provide outpatient services for the region
47 and has provided evidence of a commitment to provide
48 outpatient services for the region.

49 (d) Requiring a region to encompass or have
50 reasonably close proximity to a hospital with an
1 inpatient psychiatric unit or to a state mental health
2 institute, that has the capacity to provide inpatient
3 services for the region and has provided evidence of
4 a commitment to provide inpatient services for the
5 region.

6 (e) Requiring an administrative structure utilized
7 by a region to have clear lines of accountability and
8 to serve as a lead agency with shared county staff or
9 other means of limiting administrative costs to not
10 more than five percent of expenditures.

11 5. The target date for full implementation of
12 the plan and implementation provisions described in
13 subsections 3 and 4 shall be July 1, 2013, provided,
14 however, that any expansion of services is subject to
15 available funding.

16 Sec. 2. CONTINUATION OF WORKGROUP BY JUDICIAL
17 BRANCH AND DEPARTMENT OF HUMAN SERVICES. The judicial
18 branch and department of human services shall continue
19 the workgroup implemented pursuant to 2010 Iowa Acts,
20 chapter 1192, section 24, subsection 2, to improve
21 the processes for involuntary commitment for chronic
22 substance abuse under chapter 125 and for serious

23 mental illness under chapter 229, and shall coordinate
24 its efforts with the legislative interim committee and
25 other workgroups initiated pursuant to this Act. The
26 recommendations issued by the workgroup shall address
27 options to the current provision of transportation
28 by the county sheriff; to the role, supervision,
29 and funding of mental health patient advocates and
30 substance-related disorder patient advocates, along
31 with options for implementation of the provision of
32 advocates to patients with such disorders; for revising
33 requirements for mental health professionals who are
34 engaged in the involuntary commitment and examination
35 processes under chapter 229; for authorizing the
36 court to order an involuntary hold of a patient under
37 section 229.10 for not more than twenty-three hours
38 who was not initially taken into custody but declined
39 to be examined pursuant to a previous court order;
40 and for civil commitment prescreening. Preliminary
41 recommendations shall be submitted to the legislative
42 interim committee in October 2011, as specified by the
43 interim committee. Additional stakeholders shall be
44 added as necessary to facilitate the workgroup efforts.
45 The workgroup shall complete deliberations and submit
46 a final report to the legislative interim committee
47 providing findings and recommendations on or before
48 December 9, 2011.

49 Sec. 3. SERVICE SYSTEM DATA AND STATISTICAL
50 INFORMATION INTEGRATION. In coordination with the
1 legislative interim committee and workgroups initiated
2 pursuant to this Act, the department of human services,
3 department of public health, and the community
4 services affiliate of the Iowa state association of
5 counties shall develop implementation provisions for
6 an integrated data and statistical information system

7 for mental health, disability services, and substance
8 abuse services. The implementation provisions shall
9 incorporate federal data and statistical information
10 requirements. When completed, the departments and
11 affiliate shall report on the integrated system to the
12 governor, the joint appropriations subcommittee on
13 health and human services, and the legislative services
14 agency, providing their findings and recommendations.

15 Sec. 4. DEPARTMENT OF HUMAN SERVICES. There is
16 appropriated from the general fund of the state to
17 the department of human services for the fiscal year
18 beginning July 1, 2010, and ending June 30, 2011, the
19 following amount, or so much thereof as is necessary,
20 to be used for the purposes designated:

21 For the costs of planning and other processes
22 associated with implementation of this Act:

23 \$ 250,000

24 Notwithstanding section 8.47 or any other provision
25 of law to the contrary, the department may utilize a
26 sole source approach to contract to support planning
27 and other processes associated with implementation
28 of this Act. Notwithstanding section 8.33, moneys
29 appropriated in this section that remain unencumbered
30 or unobligated at the close of the fiscal year shall
31 not revert but shall remain available for expenditure
32 for the purposes designated until the close of the
33 succeeding fiscal year.

34 Sec. 5. EFFECTIVE UPON ENACTMENT. This Act, being
35 deemed of immediate importance, takes effect upon
36 enactment.>