Statutory Descriptions and Objectives for Iowa's Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury (MH/MR/DD/BI) Services System

I. Description of Objectives. A description and objectives for Iowa's MH/MR/DD/BI Services System are stated in law and have been periodically revised.

A. Service System Description (Summarized from Code §225C.1).

1. **Complex System**. Services are provided in many parts of the state by highly autonomous community-based service providers working cooperatively with state and county officials.

2. **Disparity**. The heavy reliance on property tax funding has restricted uniform availability of this care and enabled many counties to exceed minimum state standards for the services resulting in an uneven level of services around the state. Consequently, greater efforts should be made to assure close coordination and continuity of care for those persons receiving publicly supported disability services in Iowa.

B. Service System Objectives (Summarized from Code §225C.1).

1. **Maintain and Improve System**. Continue and strengthen the services.

2. **Reduce Disparity**. Make disability services conveniently available to all persons in this state upon a reasonably uniform financial basis.

3. **Address Quality**. Assure the continued high quality of these services.

4. **Provide Consumer Choice**. Emphasize the ability of persons with disabilities to exercise their own choices about the amounts and types of services received.

5. **Seek Consumer Empowerment**. All levels of the service system seek to empower persons with disabilities to accept responsibility, exercise choices, and take risks.

6. **Focus Services**. Disability services are individualized, provided to produce results, flexible, and cost-effective.

7. **Emphasize Supportive Services**. Services are provided in a manner which supports the ability of persons with disabilities to live, learn, work, and recreate in communities of their choice.

II. County Central Point of Coordination or CPC System (Summarized from Code §§331.438, 439, and 440).

1. **Definition**. CPC means a central point of coordination process established by a county or consortium of counties for the delivery of MH/MR/DD services which are paid for in whole or in part by county funds.

2. **Scope**. The process may include reviewing a person's eligibility for services, determining the appropriateness of the type, level, and duration of services, and performing periodic review of the person's continuing eligibility and need for services. For Medicaid-funded services, the CPC process is required to be used to assure that the person is aware of the appropriate service options available to the person.

3. **Notification**. The CPC process for a person's county of legal settlement is required to be notified or engaged when a county may have a financial responsibility such as an indigent person's mental health civil commitment.

4. **Board of Supervisors**. Counties utilize the CPC process to perform many responsibilities of the board of supervisors in regard to MH/MR/DD services.

III. MH/MR/DD/BI Commission Responsibilities (Summarized from Code §§225C.4, 249A.12, 331.438-440, and 426B.4-5).

1. Make **Policy**. Serve as state policy-making body for the provision of MH/MR/DD/BI services for both children and adults.

2. **Advisor**. Advise the legislative and executive branches of government, including DHS, concerning these services and the associated funding. Consult with DHS concerning approval of county service plans. Make an annual recommendation concerning the allowed growth factor adjustment paid by the state to counties.

3. **Adopt Rules**. Adopt rules that have the force and effect of law regarding these services, including grant provisions and distribution of state funding, and implementing the Bill of Rights for Persons with MR/DD/BI or Chronic Mental Illness (IC 225C.25-34), and provide for appeal procedures for agency decisions.

4. **Set Standards**. Set standards for and accredit service providers and services. Identify outcomes and indicators to achieve the service system objectives.

5. **Evaluate**. Evaluate the availability, quality, and effectiveness of public and private services.

6. **Plan**. Develop five-year plans based upon the service plans developed by counties and perform other planning functions.

7. **Work with Others**. Work with counties, the Governor's Developmental Disabilities Council, and other bodies in coordinating these services.

IV. DHS Division of Mental Health and Disabilities Services Responsibilities (Iowa Code §225C.2. The Division was eliminated as a separate division in 2001/2002 but was re-established pursuant to 2006 Iowa Acts, HF 2780 and HF 2734).

1. **Provide Support Services**. Provides program support services for persons with MI/MR/DD and works with counties in the development and implementation of county services. Provides data research and support and consulting support for consumers, providers, patient advocates, and counties. Provides staff support for the MH/MR/DD/BI Commission.

2. **Plan**. Plans for state services. Works with counties and other state agencies concerning disability services

3. **Develop Policy for State Institutions**. Develops policy for the state mental health institutes and the state resource centers.

4. **Oversee Accreditation Standards**. Provides for accreditation and standards for providers of MH/DD services.

V. Bill of Rights and Service Quality Standards for Persons with Mental Retardation, Developmental Disabilities, Brain Injury, or Chronic Mental Illness (MR/DD/BI/CMI) (Summarized from Code §§225C.25-34).

1. **Scope**. Applies to any person with MR/DD/BI/CMI receiving publicly funded services.

2. **Service Quality Standards**. Describes quality standards for the state to seek to attain.

3. **Specific Rights**. Persons covered by the Bill of Rights have the following rights:

- **Wage protection**. Those engaged in work programs shall be paid wages commensurate with the going rate for comparable work and productivity.
- **Insurance protection.** A person shall not be denied insurance coverage by reason of mental retardation, a developmental disability, brain injury, or chronic mental illness.
- **Due process**. A person retains the right to citizenship in accordance with the laws of the state.
- **Participation in planning activities**. A person has the right to participate in the formulation of an individual treatment, habilitation, and program plan developed for the person.

4. **Compliance**. Except for the insurance protection right, a person's sole remedy for a violation of the rules implementing the Bill of Rights is to initiate a compliance proceeding under Code Chapter 17A.

Prepared by John Pollak
Division Administrator – Committee Services
Iowa Legislative Services Agency
Legal Services Division
John.Pollak@legis.state.ia.us
September 2006

3586ICB

Previous System Reform Recommendations

Overview. Several sets of system change recommendations have been made for action by state government over the past decade to address the MH/MR/DD/BI service system. The General Assembly has studied various aspects of the system in standing and interim committees. The MH/MR/DD/BI Commission and the State-County Management Committee have made annual recommendations. This report addresses two sets of recommendations:

- The most significant changes in the 1990s were made following the report of the General Assembly's Mental Illness, Mental Retardation, Developmental Disabilities, and Brain Injury Service Delivery System Restructuring Task Force in January 1994.
- More recently, the Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury Commission made legislative proposals in December 2005, many of which were enacted in 2006 Iowa Acts, HF 2780.

I. General Assembly's Restructuring Task Force Recommendations.

The Task Force recommendations were very detailed but can be categorized under the following general subject matter headings:

1. **Consumer Focus**. Revise services to be more focused upon the needs of consumers.
2. **Improve Equity**. Move to equity of service availability around the state and to a core set of basic services.
3. **Clarify State and County Roles**. Increase the leadership role of the state in service delivery and funding. Clarify the state role as one of standardizing services and service purchases, developing uniform eligibility guidelines, preparing comprehensive plans based upon regional input and equitable access to service opportunities regardless of geography and disability service grouping, and equalizing services between disability groups.
4. **Leadership in Change**. Maximize the leadership role of the state in service delivery and funding, maximize financial resources including federal funds, and redirect funds away from institutional services to community-based services.
5. **Restructuring**. Restructure the system over the five-year period of FY 1994-1995 through FY 1998-1999 by expanding the use of the regional planning councils, implementing a revised role for the state, and capping county expenditures.

Observations.

1. Many of the system provisions contained in 1994 Iowa Acts, HF 2430 (ch. 1163) and 1995 Iowa Acts, SF 69 (ch. 206), were intended to implement the Task Force's recommendations.
2. Policymakers felt constrained at the time about the lack of good information to make decisions.
3. Many legislators involved felt that there was insufficient information to address equity concerns and left those issues to be addressed in the future.
4. County expenditures and property taxation amounts for MH/MR/DD were capped at an absolute dollar amount.

5. Planning authority for both the state and the counties was strengthened through the use of the State-County Management Committee.
6. Community-based services were emphasized as a priority in lieu of institutional services.

II. MH/MR/DD/BI Commission 2006 Legislative Proposals.

Commission Vision: People with disabilities should have the opportunity to live, work, learn, and participate fully in their communities to their maximum potential.

The Commission has developed four legislative proposals to transform the system of care for adults with disabilities to one that:

- Is consumer and family driven
- Improves service quality and increases positive results, including employment, interpersonal relationships, and community participation
- Reduces system disparities

Legislative Proposals.

1. **Individualized Results Based Services**. Make services consumer and family driven, improve service quality, and increase positive results by requiring that persons with disabilities receive individualized services and by providing financial incentives to counties that improve consumer results.
2. **Mental Health Workforce**. Improve service quality and increase positive results for consumers by directing the Commission, DHS, and DPH to develop strategies to increase access to qualified mental health professionals.
3. **Financial Eligibility**. Reduce system disparities by establishing minimum eligibility for publicly funded disability services at 150 percent of poverty, and setting uniform resource guidelines.
4. **County of Residence**. Reduce system disparities by providing persons with disabilities access to services based on their county of residence (i.e., the county they live in).

2003 Commission Redesign Recommendations. These proposals implement recommendations from the Commission's December 2003 MHDD System Redesign Report, and build on the successes of the state-county partnership created under SF69 in 1995, including the following:

- Significant movement of persons from congregate settings to individual residential settings
- Significant increase in the number of persons served
- Reduced reliance on property taxes and increased federal funding through expansion of the HCBS waivers and addition of the adult rehab option to Medicaid
- Development of county management plans

Observations.

1. The General Assembly enacted 2006 Iowa Acts, HF 2780, to address these recommendations.

2. State Payment Program responsibility shifted to counties and county of legal settlement required to cover county of residence services starting in FY 2008.

Prepared by John Pollak
Division Administrator – Committee Services
Iowa Legislative Services Agency
Legal Services Division
John.Pollak@legis.state.ia.us
September 2006

3586ICA