HOUSE FILE 2673
BY COMMITTEE ON APPROPRIATIONS

(SUCCESSOR TO HF 2509)
(SUCCESSOR TO HSB 653)

(As Amended and Passed by the House April 2, 2024)
[= New Language by the House
* = Language Stricken by the House

A BILL FOR

An Act related to state behavioral health, disability, and addictive disorder services and related programs, including the transition of behavioral health services from a mental health and disability services system to a behavioral health service system, the transfer of disability services to the division of aging and disability services of the department of health and human services, the elimination of the commission on aging, the elimination of special intellectual disability units at state mental health institutes, making appropriations, and including effective date provisions.

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

DIVISION I

BEHAVIORAL HEALTH SERVICE SYSTEM

Section 1. NEW SECTION. **225A.1 Definitions.**

As used in this chapter unless the context otherwise requires:

1. *"Administrative services organization"* means an entity designated by the department pursuant to section 225A.4, to develop and perform planning and administrative services in accordance with a district behavioral health service system plan.

2. *"Behavioral health condition"* means a substantial limitation in major life activities due to a mental, behavioral, or addictive disorder or condition diagnosed in accordance with the criteria provided in the most current edition of the diagnostic and statistical manual of mental disorders, published by the American psychiatric association.

3. *"Behavioral health district"* or *"district"* means a geographic, multicounty, sub-state area as designated by the department under section 225A.4.

4. *"Behavioral health provider"* or *"provider"* means an individual, firm, corporation, association, or institution that, pursuant to this chapter, is providing or has been approved by the department to provide services to an individual with a behavioral health condition.

5. *"Behavioral health service system"* means the behavioral health service system established in section 225A.3.

6. *"Caregiver"* means an adult family member, or other individual, who is providing care to a person outside of a formal program.

7. *"Community mental health center"* means an entity designated by the department to address the mental health needs of one or more counties.

8. *"Department"* means the department of health and human services.

9. *"Director"* means the director of the department of health

and human services.

10. *"District behavioral health advisory council"* or *"advisory council"* means a council established by an administrative services organization under section 225A.5, to identify opportunities, address challenges, and advise the administrative services organization in accordance with section 225A.5.

11. *"District behavioral health service system plan"* or *"district behavioral health plan"* means a plan developed by an administrative services organization and approved by the department to outline the services intended to be provided within the administrative services organization's behavioral health district.

12. *"Indicated prevention"* means prevention activities designed to prevent the onset of substance use disorders in individuals who do not meet the medical criteria for addiction, but who show early signs of developing a substance use disorder in the future.

13. *"Selective prevention"* means prevention activities designed to target subsets of the total population who are considered at-risk for a substance use disorder by virtue of their membership in a particular segment of the population. Selective prevention targets the entire subgroup, regardless of the degree of risk of any individual within the group.

14. *"State behavioral health service system plan"* or *"state behavioral health plan"* means the plan developed by the department that describes the key components of the state's behavioral health service system.

15. *"Universal prevention"* means prevention activities designed to address an entire population class for the purpose of preventing or delaying the use of alcohol, tobacco, and other drugs. Population classes include but are not limited to the national population, local populations, community populations, school populations, and neighborhood populations.

Sec. 2. NEW SECTION. **225A.2 State mental health authority**

— state agency for substance abuse.

1. The department is designated as the state mental health authority as defined in 42 U.S.C. §201(m) for the purpose of directing benefits from the federal community mental health services block grant, 42 U.S.C. §300x et seq., and the state authority designated for the purpose of directing benefits from the federal substance abuse prevention and treatment block grant, 42 U.S.C. §300x-21 et seq. This designation does not preclude the state board of regents from authorizing or directing any institution under the board of regents' jurisdiction to carry out educational, prevention, and research activities in the areas of mental health and intellectual disability.

2. The department is designated as the single state agency for substance abuse for the purposes of 42 U.S.C. §1396a et seq.

3. For the purposes of effectuating the department's roles designated in this section, the department shall have the following powers and the authority to take all of the following actions:

a. Plan, establish, and maintain prevention, education, early intervention, treatment, recovery support, and crisis services programs as necessary or desirable for the behavioral health service system established in section 225A.3.

b. Develop and submit a state plan as required by, and in accordance with, 42 U.S.C. §300x-1.

c. Review and approve district behavioral health service system plans developed in accordance with the state behavioral health service system plan.

d. Perform all necessary acts to cooperate with any state agency, political subdivision, or federal government agency to apply for grants.

e. Solicit and accept for use any gift of money by will or otherwise, and any grant of money or services from the federal government, the state, or any political subdivision thereof,

or any private source.

f. Collect and maintain records, engage in studies and analyses, and gather relevant statistics.

g. Take any other actions as necessary to execute the duties granted to the department in this chapter, or that are otherwise required to maintain compliance with federal requirements related to the department's roles as designated in this section.

Sec. 3. NEW SECTION. **225A.3 Behavioral health service system — department powers and duties.**

1. *a.* A behavioral health service system is established under the control of the department for the purposes of implementing a statewide system of prevention, education, early intervention, treatment, recovery support, and crisis services related to mental health and addictive disorders, including but not limited to alcohol use, substance use, tobacco use, and problem gambling.

b. The behavioral health service system shall support equitable statewide access to all services offered through the behavioral health service system and offer specialized services with a focus on at-risk populations including but not limited to children, youth, young adults, individuals with disabilities, pregnant and parenting women, older adults, and people with limited access to financial resources.

c. Services offered through the behavioral health service system shall, at a minimum, include all of the following:

(1) Prevention intervention services and education programs designed to reduce and mitigate behavioral health conditions and future behavioral health conditions. Prevention intervention programs shall incorporate indicated prevention, selective prevention, and universal prevention activities.

(2) Evidence-based and evidence-informed early intervention and treatment services.

(3) Comprehensive recovery support services with a focus on community-based services that avoid, divert, or offset the need

for long-term inpatient services, law enforcement involvement, or incarceration.

(4) Crisis services with a focus on reducing the escalation of crisis situations, relieving the immediate distress of individuals experiencing a crisis situation, and reducing the risk that individuals in a crisis situation harm themselves.

2. To the extent funding is available, the department shall perform all of the following duties to develop and administer the behavioral health service system:

a. (1) Develop a state behavioral health service system plan that accomplishes all of the following:

(a) Identifies the goals, objectives, and targeted outcomes for the behavioral health service system.

(b) Identifies the strategies to meet system objectives and ensure equitable access statewide to prevention, education, early intervention, treatment, recovery support, and crisis services.

(c) Is consistent with the state health improvement plan developed under section 217.17.

(d) Is consistent with the department's agency strategic plan adopted pursuant to section 8E.206.

(2) The department shall do all of the following when developing the state behavioral health service system plan:

(a) Collaborate with stakeholders including but not limited to county supervisors and other local elected officials, experienced behavioral health providers, and organizations that represent populations, including but not limited to children, served by the behavioral health service system.

(b) Publish the proposed state behavioral health service system plan on the department's internet site and allow the public to review and comment on the proposed state behavioral health system plan prior to the adoption of the proposed state behavioral health plan.

b. Administer and distribute state appropriations, federal aid, and grants that have been deposited into the behavioral

health fund established in section 225A.7.

c. Oversee, provide technical assistance to, and monitor administrative services organizations to ensure the administrative services organizations' compliance with district behavioral health plans.

d. Collaborate with the department of inspections, appeals, and licensing on the accreditation, certification, and licensure of behavioral health providers including but not limited to the approval, denial, revocation, or suspension of a behavioral health provider's accreditation, certification, or licensure.

e. Develop and adopt minimum accreditation standards for the maintenance and operation of community mental health centers to ensure that each community mental health center, and each entity that provides services under contract with a community mental health center, furnishes high-quality mental health services to the community that the community mental health center serves in accordance with rules adopted by the department.

f. Designate community mental health centers.

g. Conduct formal accreditation reviews of community mental health centers based on minimum accreditation standards adopted by the department pursuant to paragraph *"e"*.

h. Establish and maintain a data collection and management information system to identify, collect, and analyze service outcome and performance data to address the needs of patients, providers, the department, and programs operating within the behavioral health service system.

i. Collect, monitor, and utilize information including but not limited to behavioral health service system patient records and syndromic surveillance data to understand emerging needs, and to deploy information, resources, and technical assistance in response.

j. Adopt rules pursuant to chapter 17A to administer this chapter. Such rules shall include but not be limited to rules

that provide for all of the following:

(1) Minimum access standards to ensure equitable access to services provided through the behavioral health service system including but not limited to when services are available, who is eligible for services, and where services are available.

(2) Methods to ensure each individual who is eligible for services receives an uninterrupted continuum of care for prevention, education, early intervention, treatment, recovery support, and crisis services.

(3) Standards for the implementation and maintenance of behavioral health programs and services offered by the behavioral health service system, and by each administrative services organization.

(4) Procedures for the management and oversight of behavioral health providers to ensure compliance with the terms of the behavioral health providers' contracts relating to the behavioral health service system, and with state and federal law and rules.

(5) Procedures for the suspension of an administrative services organization's services due to the administrative services organization's failure to comply with the terms and conditions of its contract with the department.

(6) Procedures for the reallocation of funds from an administrative services organization that is not in compliance with the terms of its contract with the department to an alternative administrative services organization or a behavioral health provider to provide for services the noncompliant administrative services organization failed to provide.

(7) Procedures for the termination of an administrative services organization's designation as an administrative services organization.

(8) Procedures for the collection, utilization, and maintenance of the data necessary to establish a central data repository in accordance with section 225A.6.

(9) Any other requirements the department deems necessary to ensure that an administrative services organization fulfills the administrative services organization's duties as established in this chapter, and as established in the administrative services organization's district behavioral health plan.

Sec. 4. NEW SECTION. **225A.4 Behavioral health service system — districts and administrative services organizations.**

1. *a.* The department shall divide the entirety of the state into designated behavioral health districts. Behavioral health prevention, education, early intervention, treatment, recovery support, and crisis services related to mental health and addictive disorders, including but not limited to alcohol use, substance use, tobacco use, and problem gambling, shall be made available through each behavioral health district in a manner consistent with directives each district receives from the department.

b. For the purpose of providing equitable access to all services provided through the behavioral health service system, the department shall consider all of the following when designating behavioral health districts:

(1) City and county lines.

(2) The maximum population size that behavioral health services available in an area are able to effectively serve.

(3) Areas of high need for behavioral health services.

(4) Patterns various populations exhibit when accessing or receiving behavioral health services.

c. Notwithstanding chapter 17A, the manner in which the department designates behavioral health districts including but not limited to the determination of the boundaries for each district shall not be subject to judicial review.

2. *a.* The department shall designate an administrative services organization for each behavioral health district to oversee and organize each district and the behavioral health services associated with the district. The department shall

issue requests for proposals for administrative services organization candidates.

b. At the department's discretion, the department may designate any of the following entities as an administrative services organization:

(1) An organization that coordinated administrative services or mental health and disability services for a mental health and disability services region formed on or before June 30, 2024.

(2) A public or private agency located in a behavioral health district, or any separate organizational unit within the public or private agency, that has the capabilities to engage in the planning or provision of a broad range of behavioral health prevention, education, early intervention, treatment, recovery support, and crisis services related to mental health and addictive disorders, including but not limited to alcohol use, substance use, tobacco use, and problem gambling, only as directed by the department.

c. The department shall consider all of the following factors in determining whether to designate an entity as an administrative services organization:

(1) Whether the entity has demonstrated the capacity to manage and utilize available resources in a manner required of an administrative services organization.

(2) Whether the entity has demonstrated the ability to ensure the delivery of behavioral health services within the district as required by the department by rule.

(3) Whether the entity has demonstrated the ability to fulfill the monitoring, oversight, and provider compliance responsibilities as required by the department by rule.

(4) Whether the entity has demonstrated the capacity to function as a subrecipient for the purposes of the federal community mental health services block grant, 42 U.S.C. §300x et seq., and the federal substance abuse prevention and treatment block grant, 42 U.S.C. §300x-21 et seq., and the

ability to comply with all federal requirements applicable to subrecipients under the block grants.

3. *a.* Upon designation by the department, an administrative services organization shall be considered an instrumentality of the state and shall adhere to all state and federal mandates and prohibitions applicable to an instrumentality of the state.

b. An entity's designation as an administrative services organization shall continue until the designation is removed by the department, the administrative services organization withdraws, or a change in state or federal law necessitates the removal of the designation.

4. Each administrative services organization shall function as a subrecipient for the purposes of the federal community mental health services block grant, 42 U.S.C. §300x et seq., and the federal substance abuse prevention and treatment block grant, 42 U.S.C. §300x-21 et seq., and shall comply with all federal requirements applicable to subrecipients under the block grants.

5. Each administrative services organization shall perform all of the following duties:

a. Develop and administer a district behavioral health plan in accordance with the standards adopted by the department by rule.

b. Coordinate the administration of the district behavioral health plan with federal, state, and local resources in order to develop a comprehensive and coordinated local behavioral health service system.

c. Enter into contracts necessary to provide services under the district behavioral health plan.

d. Oversee, provide technical assistance to, and monitor the compliance of providers contracted by the administrative services organization to provide behavioral health services in accordance with the district behavioral health plan.

e. Establish a district behavioral health advisory council pursuant to section 225A.5.

Sec. 5. NEW SECTION. **225A.5 District behavioral health advisory councils.**

1. Each administrative services organization shall establish a district behavioral health advisory council that shall do all of the following:

a. Identify opportunities and address challenges based on updates received from the administrative services organization regarding the implementation of the district behavioral health plan.

b. Advise the administrative services organization while the administrative services organization is developing behavioral health policies.

c. Advise the administrative services organization on how to best provide access to behavioral health prevention, education, early intervention, treatment, recovery support, and crisis services related to mental health and addictive disorders, including but not limited to alcohol use, substance use, tobacco use, and problem gambling, throughout the district as directed by the department.

2. An advisory council shall consist of ten members. Members shall be appointed by the administrative services organization subject to the following requirements:

a. Three members shall be local elected public officials currently holding office within the behavioral health district, or the public official's designated representative.

b. Three members shall be chosen in accordance with procedures established by the administrative services organization to ensure representation of the populations served within the behavioral health district. At least one member chosen under this paragraph shall represent child and adolescent persons.

c. Three members shall be chosen who have experience or education related to core behavioral health functions, essential behavioral health services, behavioral health prevention, behavioral health treatment, population-based

behavioral health services, or community-based behavioral health initiatives.

d. One member shall be a law enforcement representative from within the behavioral health district.

3. An advisory council shall perform the duties required under this section regardless of whether any seat on the advisory council is vacant.

Sec. 6. NEW SECTION. **225A.6 Behavioral health service system — data collection and use.**

1. The department shall take all of the following actions for data related to the behavioral health service system:

a. Collect and analyze the data, including but not limited to Medicaid and community services network data, as necessary to issue cost estimates for serving populations, providing treatment, making and receiving payments, conducting operations, and performing prevention and health promotion activities. In doing so, the department shall maintain compliance with applicable federal and state privacy laws to ensure the confidentiality and integrity of individually identifiable data. The department shall periodically assess the status of the department's compliance to ensure that data collected by and stored with the department is protected.

b. Establish and administer a central data repository for collecting and analyzing state, behavioral health district, and contracted behavioral health provider data.

c. Establish a record for each individual receiving publicly funded services from an administrative services organization. Each record shall include a unique client identifier for the purposes of identifying and tracking the individual's record.

d. Consult with administrative services organizations, behavioral health service providers, and other behavioral health service system stakeholders on an ongoing basis to implement and maintain the central data repository.

e. Engage with all entities that maintain information the department is required to collect pursuant to this section in

order to integrate all data concerning individuals receiving services within the behavioral health service system.

f. Engage with all entities that maintain general population data relating to behavioral health in order to develop action plans, create projections relating to a population's behavioral health needs, develop policies concerning behavioral health, and otherwise perform acts as necessary to enhance the state's overall behavioral health.

2. Administrative services organizations shall report all data required to be maintained in the central data repository to the department in a manner as established by the department by rule. For the purpose of making such data reports, an administrative services organization shall do one of the following:

a. Utilize a data system that integrates with the data systems used by the department.

b. Utilize a data system that has the capacity to securely exchange information with the department, other behavioral health districts, contractors, and other entities involved with the behavioral health service system who are authorized to access the central data repository.

3. Data and information maintained by and exchanged between an administrative services organization and the department shall be labeled consistently, share the same definitions, utilize the same common coding and nomenclature, and be in a form and format as required by the department by rule.

4. Administrative services organizations shall report to the department, in a manner specified by the department, information including but not limited to demographic information, expenditure data, and data concerning the behavioral health services and other support provided to individuals in the administrative service organization's district.

5. The department shall ensure that public and private agencies, organizations, and individuals that operate within

the behavioral health service system, or that make formal requests for the release of data collected by the department, maintain uniform methods for keeping statistical information relating to behavioral health service system outcomes and performance.

6. The department shall develop and implement a communication plan that details how outcome and performance data will be shared with stakeholders including but not limited to the public, persons involved with the behavioral health service system, and the general assembly.

Sec. 7. NEW SECTION. **225A.7 Behavioral health fund.**

1. For purposes of this section:

a. "Population" means, as of July 1 of the fiscal year preceding the fiscal year in which the population figure is applied, the population shown by the latest preceding certified federal census or the latest applicable population estimate issued by the United States census bureau, whichever is most recent.

b. "State growth factor" for a fiscal year means an amount equal to the dollar amount used to calculate the appropriation under this section for the immediately preceding fiscal year multiplied by the percent increase, if any, in the amount of sales tax revenue deposited into the general fund of the state under section 423.2A, subsection 1, paragraph *"a"*, less the transfers required under section 423.2A, subsection 2, between the fiscal year beginning three years prior to the applicable fiscal year and the fiscal year beginning two years prior to the applicable year, but not to exceed one and one-half percent.

2. A behavioral health fund is established in the state treasury under the control of the department. The fund shall consist of moneys deposited into the fund pursuant to this section and section 426B.1, gifts of money or property accepted by the state or the department to support any services under this chapter or chapter 231, and moneys otherwise appropriated

by the general assembly. Moneys in the fund are appropriated to the department to implement and administer the behavioral health service system and related programs including but not limited to all of the following:

a. Distributions to administrative services organizations to provide services as outlined in the organizations' district behavioral health plan.

b. Distributions to providers of mental health services and addictive disorder services, including but not limited to tobacco use services, substance use disorder services, and problem gambling services.

c. Funding of disability services pursuant to chapter 231. This paragraph is repealed July 1, 2028.

d. Administrative costs associated with services described [under this subsection.]

3. For the fiscal year beginning July 1, 2025, there is transferred from the general fund of the state to the behavioral health fund an amount equal to forty-two dollars multiplied by the state's population for the fiscal year.

4. For the fiscal year beginning July 1, 2026, and each succeeding fiscal year, there is transferred from the general fund of the state to the behavioral health fund an amount equal to the state's population for the fiscal year multiplied by the sum of the dollar amount used to calculate the transfer from the general fund to the behavioral health fund for the immediately preceding fiscal year, plus the state growth factor for the fiscal year for which the transfer is being made.

5. For each fiscal year, an administrative services organization shall not spend on administrative costs an amount more than seven percent of the total amount distributed to the administrative services organization through this section and all other appropriations for the same fiscal year.

6. Moneys in the behavioral health fund may be used by the department for cash flow purposes, provided that any moneys so allocated are returned to the behavioral health fund by the end

of each fiscal year.

7. Notwithstanding section 12C.7, subsection 2, interest or earnings on moneys deposited in the behavioral health fund shall be credited to the behavioral health fund.

8. Notwithstanding section 8.33, moneys appropriated in this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated.

Sec. 8. NEW SECTION. **225A.8 Addictive disorders prevention — prohibitions.**

1. For purposes of this section, *"entity"* means a manufacturer, distributor, wholesaler, retailer, or distributing agent, or an agent of a manufacturer, distributor, wholesaler, retailer, or distributing agent as those terms are defined in section 453A.1.

2. To promote comprehensive tobacco use prevention and control initiatives outlined in the state behavioral health service system plan, an entity shall not perform any of the following acts:

a. Give away cigarettes or tobacco products.

b. Provide free articles, products, commodities, gifts, or concessions in any exchange for the purchase of cigarettes or tobacco products.

3. The prohibitions in this section shall not apply to transactions between manufacturers, distributors, wholesalers, or retailers as those terms are defined in section 453A.1.

Sec. 9. NEW SECTION. **225A.9 Application for services — minors.**

A minor who is twelve years of age or older shall have the legal capacity to act and give consent to the provision of tobacco cessation coaching services pursuant to a tobacco cessation telephone and internet-based program approved by the department through the behavioral health service system established in section 225A.3. Consent shall not be subject to later disaffirmance by reason of such minority. The consent of

another person, including but not limited to the consent of a spouse, parent, custodian, or guardian, shall not be necessary.

Sec. 10. CODE EDITOR DIRECTIVE. The Code editor is directed to do all of the following:

1. Designate sections 225A.1 through 225A.9, as enacted in this division of this Act, as Code chapter 225A entitled "Department of Health and Human Services — Behavioral Health Service System".

2. Correct internal references in the Code and in any enacted legislation as necessary due to the enactment of this division of this Act.

Sec. 11. EFFECTIVE DATE. This division of this Act takes effect July 1, 2025.

DIVISION II

BEHAVIORAL HEALTH SERVICE SYSTEM — CONFORMING CHANGES

Sec. 12. Section 11.6, subsection 1, paragraph b, Code 2024, is amended to read as follows:

b. The financial condition and transactions of ~~community mental health centers organized under chapter 230A,~~ substance use disorder programs ~~organized~~ licensed under chapter 125~~,~~ and community action agencies organized under chapter 216A~~,~~ shall be audited at least once each year.

Sec. 13. Section 97B.1A, subsection 8, paragraph a, subparagraph (13), Code 2024, is amended by striking the subparagraph.

Sec. 14. Section 123.17, subsection 5, Code 2024, is amended to read as follows:

5. After any transfer provided for in subsection 3 is made, the department shall transfer into a special revenue account in the general fund of the state, a sum of money at least equal to seven percent of the gross amount of sales made by the department from the beer and liquor control fund on a monthly basis but not less than nine million dollars annually. Of the amounts transferred, ~~two~~ three million dollars, ~~plus an additional amount determined by the general assembly, shall be~~

~~appropriated to the department of health and human services for use by the staff who administer the comprehensive substance use disorder program under chapter 125 for substance use disorder treatment and prevention programs~~ shall be transferred to the behavioral health fund established under section 225A.7. Any amounts received in excess of the amounts ~~appropriated to the department of health and human services for use by the staff who administer the comprehensive substance use disorder program under chapter 125~~ transferred to the behavioral health fund shall be considered part of the general fund balance.

Sec. 15. Section 123.17, subsection 8, Code 2024, is amended by striking the subsection.

Sec. 16. Section 123.17, subsection 9, Code 2024, is amended to read as follows:

9. After any transfers provided for in subsections 3, 5, 6, and 7~~, and 8~~ are made, and before any other transfer to the general fund, the department shall transfer to the economic development authority from the beer and liquor control fund the lesser of two hundred fifty thousand dollars or one percent of the gross sales of native distilled spirits by all class "A" native distilled spirits license holders made by the department for the purposes of promoting Iowa wine, beer, and spirits.

Sec. 17. Section 124.409, subsection 2, Code 2024, is amended by striking the subsection.

Sec. 18. Section 125.2, subsections 4, 5, and 10, Code 2024, are amended by striking the subsections.

Sec. 19. Section 125.91, subsection 1, Code 2024, is amended to read as follows:

1. The procedure prescribed by this section shall only be used for a person with a substance use disorder due to intoxication or substance-induced incapacitation who has threatened, attempted, or inflicted physical self-harm or harm on another, and is likely to inflict physical self-harm or harm on another unless immediately detained, or who is incapacitated by a chemical substance, if an application has not been filed

naming the person as the respondent pursuant to section 125.75 and the person cannot be ordered into immediate custody and detained pursuant to section 125.81.

Sec. 20. Section 125.93, Code 2024, is amended to read as follows:

125.93 Commitment records — confidentiality.

Records of the identity, diagnosis, prognosis, or treatment of a person which are maintained in connection with the provision of substance use disorder treatment services are confidential, consistent with ~~the requirements of section 125.37, and with the~~ federal confidentiality regulations authorized by ~~the federal Drug Abuse Office and Treatment Act, 42 U.S.C. §290ee and~~ the federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act, 42 U.S.C. §290dd-2. However, such records may be disclosed to an employee of the department of corrections, if authorized by the director of the department of corrections, or to an employee of a judicial district department of correctional services, if authorized by the director of the judicial district department of correctional services.

Sec. 21. Section 135.11, subsection 11, Code 2024, is amended to read as follows:

11. Administer chapters 125, 136A, 136C, 139A, 142, ~~142A,~~ 144, and 147A.

Sec. 22. Section 135C.2, subsection 5, unnumbered paragraph 1, Code 2024, is amended to read as follows:

The department shall establish a special classification within the residential care facility category in order to foster the development of residential care facilities which serve persons with an intellectual disability, chronic mental illness, a developmental disability, or brain injury, ~~as described under section 225C.26,~~ and which contain five or fewer residents. A facility within the special classification established pursuant to this subsection is exempt from the requirements of section 10A.713. The department shall adopt

rules which are consistent with rules previously developed for the ~~waiver~~ demonstration waiver project pursuant to 1986 Iowa Acts, ch. 1246, §206, and which include all of the following provisions:

Sec. 23. Section 135C.6, subsection 1, Code 2024, is amended to read as follows:

1. A person or governmental unit acting severally or jointly with any other person or governmental unit shall not establish or operate a health care facility in this state without a license for the facility. A supported community living service, as defined in section ~~225C.21~~ 249A.38A, is not required to be licensed under this chapter, but is subject to approval under section ~~225C.21~~ 249A.38A in order to receive public funding.

Sec. 24. Section 135C.23, subsection 1, unnumbered paragraph 1, Code 2024, is amended to read as follows:

Each resident shall be covered by a contract executed by the resident, or the resident's legal representative, and the health care facility at or prior to the time of the resident's admission ~~or prior thereto by the resident, or the legal representative, and the health care facility, except as otherwise provided by subsection 5 with respect to residents admitted at public expense to a county care facility operated under chapter 347B~~. Each party to the contract shall be entitled to a duplicate of the original ~~thereof~~ contract, and the health care facility shall keep on file all contracts which it has with residents and shall not destroy or otherwise dispose of any such contract for at least one year after its expiration. Each such contract shall expressly set forth:

Sec. 25. Section 135C.23, subsection 2, paragraph b, Code 2024, is amended to read as follows:

b. This section does not prohibit the admission of a patient with a history of dangerous or disturbing behavior to an intermediate care facility for persons with mental illness, intermediate care facility for persons with an intellectual

disability, or nursing facility~~, or county care facility~~ when the intermediate care facility for persons with mental illness, intermediate care facility for persons with an intellectual disability, or nursing facility~~, or county care facility~~ has a program which has received prior approval from the department to properly care for and manage the patient. An intermediate care facility for persons with mental illness, intermediate care facility for persons with an intellectual disability, or nursing facility~~, or county care facility~~ is required to transfer or discharge a resident with dangerous or disturbing behavior when the intermediate care facility for persons with mental illness, intermediate care facility for persons with an intellectual disability, or nursing facility~~, or county care facility~~ cannot control the resident's dangerous or disturbing behavior. The department~~, in coordination with the state mental health and disability services commission created in section 225C.5,~~ shall adopt rules pursuant to chapter 17A for programs to be required in intermediate care facilities for persons with mental illness, intermediate care facilities for persons with an intellectual disability, and nursing facilities~~, and county care facilities~~ that admit patients or have residents with histories of dangerous or disturbing behavior.

Sec. 26. Section 135C.23, subsection 5, Code 2024, is amended by striking the subsection.

Sec. 27. Section 135C.24, subsection 5, Code 2024, is amended by striking the subsection.

Sec. 28. Section 135G.1, subsection 12, Code 2024, is amended to read as follows:

12. *a. "Subacute mental health services"* means ~~the same as defined in section 225C.6~~ services that provide all of the following:

(1) A comprehensive set of wraparound services for a person who has had, or is at imminent risk of having, acute or crisis mental health symptoms that do not permit the person to

remain in or threatens removal of the person from the person's home and community, but who has been determined by a mental health professional and a licensed health care professional, subject to the professional's scope of practice, not to need inpatient acute hospital services. For the purposes of this subparagraph, "*licensed health care professional*" means a person licensed under chapter 148, an advanced registered nurse practitioner, or a physician assistant.

(2) Intensive, recovery-oriented treatment and monitoring of a person. Treatment may be provided directly or remotely by a licensed psychiatrist or an advanced registered nurse practitioner.

(3) An outcome-focused, interdisciplinary approach designed to return a person to living successfully in the community.

b. Subacute mental health services may include services provided in a wide array of settings ranging from a person's home to a specialized facility with restricted means of egress.

c. Subacute mental health services shall be limited to a period not to exceed ten calendar days or another time period determined in accordance with rules adopted by the department for this purpose, whichever is longer.

Sec. 29. Section 142.1, Code 2024, is amended to read as follows:

142.1 Delivery of bodies.

The body of every person ~~dying~~ who died in a public asylum, hospital, ~~county care facility,~~ penitentiary, or reformatory in this state, or found dead within the state, or ~~which~~ who is to be buried at public expense in this state, except those buried under the provisions of chapter 144C or 249, and which is suitable for scientific purposes, shall be delivered to the medical college of the state university, or some osteopathic or chiropractic college or school located in this state, which has been approved under the law regulating the practice of osteopathic medicine or chiropractic; but no such body shall be delivered to any such college or school if the deceased

person expressed a desire during the person's last illness that the person's body should be buried or cremated, nor if such is the desire of the person's relatives. Such bodies shall be equitably distributed among said colleges and schools according to their needs for teaching anatomy in accordance with such rules as may be adopted by the department of health and human services. The expense of transporting said bodies to such college or school shall be paid by the college or school receiving the same. If the deceased person has not expressed a desire during the person's last illness that the person's body should be buried or cremated and no person authorized to control the deceased person's remains under section 144C.5 requests the person's body for burial or cremation, and if a friend objects to the use of the deceased person's body for scientific purposes, said deceased person's body shall be ~~forthwith~~ delivered to such friend for burial or cremation at no expense to the state or county. Unless such friend provides for burial and burial expenses within five days, the body shall be used for scientific purposes under this chapter.

Sec. 30. Section 142.3, Code 2024, is amended to read as follows:

142.3 Notification of department.

Every county medical examiner, funeral director or embalmer, and the managing officer of every public asylum, hospital, ~~county care facility,~~ penitentiary, or reformatory, as soon as any dead body shall come into the person's custody which may be used for scientific purposes as provided in sections 142.1 and 142.2, shall at once notify the nearest relative or friend of the deceased, if known, and the department of health and human services, and hold such body unburied for forty-eight hours. Upon receipt of notification, the department shall issue verbal or written instructions relative to the disposition to be made of said body. Complete jurisdiction over said bodies is vested exclusively in the department of health and human services. No autopsy or post mortem, except as are legally ordered by county

medical examiners, shall be performed on any of said bodies prior to their delivery to the medical schools.

Sec. 31. NEW SECTION. **217.17 State health improvement plan.**

1. The department shall develop, implement, and administer a state health improvement plan to identify health priorities, goals, and measurable objectives, and outline strategies to improve health statewide.

2. The state health improvement plan shall be developed and updated in collaboration and in coordination with other state departments, stakeholders, and statewide organizations the department determines to be relevant.

3. The state health improvement plan may be updated by the department at the department's discretion.

Sec. 32. NEW SECTION. **217.37 Recovery of payment — assignment of liens — county attorney to enforce.**

1. For purposes of this section, "*assistance*" means all of the following:

a. A payment by the state for services rendered through the behavioral health service system established under section 225A.3.

b. A payment by the state for aging and disability services rendered in accordance with chapter 231.

2. The department shall have the authority to investigate if a person is eligible to have assistance paid on the person's behalf and whether payment of assistance was proper.

3. Notwithstanding any provision of law to the contrary, assistance shall not be recoverable unless the department finds that the assistance was paid for the benefit of a person who was not entitled to have assistance paid on the person's behalf.

4. Assistance paid for the benefit of a person who was not entitled to have assistance paid on the person's behalf shall be recoverable from the entity to which the assistance was paid, from the person on whose behalf assistance was paid, or from a third party who is liable for the person's debts or

support.

5. Upon the death of a person who was not entitled to have assistance paid on the person's behalf, the department shall have a lien equivalent in priority to liens described in section 633.425, subsection 6, against the person's estate for the portion of the assistance improperly paid which the department had not recovered at the time of the person's death.

6. The department may waive all or a portion of improperly paid assistance, or a lien created under subsection 5, if the department finds that collection would result in undue hardship.

7. The department shall adopt rules pursuant to chapter 17A to implement and administer this section.

Sec. 33. Section 218.30, Code 2024, is amended to read as follows:

218.30 Investigation of other facilities.

The director may investigate or cause the investigation of charges of abuse, neglect, or mismanagement on the part of an officer or employee of a private facility which is subject to the director's supervision or control. ~~The director shall also investigate or cause the investigation of charges concerning county care facilities in which persons with mental illness are served.~~

Sec. 34. Section 218.78, subsection 1, Code 2024, is amended to read as follows:

1. All institutional receipts of the department, including funds received from client participation at the state resource centers under section 222.78 ~~and at the state mental health institutes under section 230.20~~, shall be deposited in the general fund except for reimbursements for services provided to another institution or state agency, for receipts deposited in the revolving farm fund under section 904.706, for deposits into the medical assistance fund under section 249A.11, and for rentals charged to employees or others for room, apartment, or house and meals, which shall be available to the institutions.

Sec. 35. Section 222.1, subsection 1, Code 2024, is amended to read as follows:

1. This chapter addresses the public and private services available in this state to meet the needs of persons with an intellectual disability. ~~The responsibility of the mental health and disability services regions formed by counties and of the state for the costs and administration of publicly funded services shall be as set out in section 222.60 and other pertinent sections of this chapter.~~

Sec. 36. Section 222.2, Code 2024, is amended by adding the following new subsection:

NEW SUBSECTION. 01. *"Administrative services organization"* means the same as defined in section 225A.1.

Sec. 37. Section 222.2, subsections 6 and 7, Code 2024, are amended by striking the subsections.

Sec. 38. Section 222.12, subsection 2, Code 2024, is amended by striking the subsection.

Sec. 39. Section 222.13, Code 2024, is amended to read as follows:

222.13 Voluntary admissions.

1. If an adult person is believed to be a person with an intellectual disability, the adult person or the adult person's guardian may apply to the department and the superintendent of any state resource center for the voluntary admission of the adult person either as an inpatient or an outpatient of the resource center. ~~If the expenses of the person's admission or placement are payable in whole or in part by the person's county of residence, application for the admission shall be made through the regional administrator. An application for admission to a special unit of any adult person believed to be in need of any of the services provided by the special unit under section 222.88 may be made in the same manner.~~ The superintendent shall accept the application if a preadmission diagnostic evaluation confirms or establishes the need for admission, except that an application shall not be accepted if

the institution does not have adequate facilities available or if the acceptance will result in an overcrowded condition.

2. If the resource center does not have an appropriate program for the treatment of an adult or minor person with an intellectual disability applying under this section or section 222.13A, ~~the regional administrator for the person's county of residence or~~ the department~~, as applicable,~~ shall arrange for the placement of the person in any public or private facility within or ~~without~~ outside of the state, approved by the director, which offers appropriate services for the person. ~~If the expenses of the placement are payable in whole or in part by a county, the placement shall be made by the regional administrator for the county.~~

~~3. If the expenses of an admission of an adult to a resource center or a special unit, or of the placement of the person in a public or private facility are payable in whole or in part by a mental health and disability services region, the regional administrator shall make a full investigation into the financial circumstances of the person and those liable for the person's support under section 222.78 to determine whether or not any of them are able to pay the expenses arising out of the admission of the person to a resource center, special unit, or public or private facility. If the regional administrator finds that the person or those legally responsible for the person are presently unable to pay the expenses, the regional administrator shall pay the expenses. The regional administrator may review such a finding at any subsequent time while the person remains at the resource center, or is otherwise receiving care or treatment for which this chapter obligates the region to pay. If the regional administrator finds upon review that the person or those legally responsible for the person are presently able to pay the expenses, the finding shall apply only to the charges incurred during the period beginning on the date of the review and continuing thereafter, unless and until the regional administrator again~~

~~changes such a finding. If the regional administrator finds that the person or those legally responsible for the person are able to pay the expenses, the regional administrator shall collect the charges to the extent required by section 222.78, and the regional administrator shall be responsible for the payment of the remaining charges.~~

Sec. 40. Section 222.13A, subsections 3 and 4, Code 2024, are amended to read as follows:

3. During the preadmission diagnostic evaluation, the minor shall be informed both orally and in writing that the minor has the right to object to the voluntary admission. ~~If~~ Notwithstanding section 222.33, if the preadmission diagnostic evaluation determines that the voluntary admission is appropriate but the minor objects to the admission, the minor shall not be admitted to the state resource center unless the court approves of the admission. A petition for approval of the minor's admission may be submitted to the juvenile court by the minor's parent, guardian, or custodian.

4. As soon as practicable after the filing of a petition for approval of the voluntary admission, the court shall determine whether the minor has an attorney to represent the minor in the proceeding. If the minor does not have an attorney, the court shall assign an attorney to the minor ~~an attorney~~. If the minor is unable to pay for an attorney, the attorney shall be compensated by ~~the mental health and disability services region~~ an administrative services organization at an hourly rate to be established ~~by the regional administrator~~ in substantially the same manner as provided in section 815.7.

Sec. 41. Section 222.14, Code 2024, is amended to read as follows:

222.14 Care ~~by region~~ pending admission.

If the institution is unable to receive a patient, the superintendent shall notify ~~the regional administrator for the county of residence of the prospective patient~~ an administrative services organization. Until such time as the

patient is able to be received by the institution, or when application has been made for admission to a public or private facility as provided in section 222.13 and the application is pending, the care of the patient shall be provided as arranged by the ~~regional administrator~~ administrative services organization.

Sec. 42. NEW SECTION. **222.33 State resource center — admissions and discharge.**

1. The department shall make all final determinations concerning whether a person may be admitted to a state resource center.

2. If a patient is admitted to a state resource center pursuant to section 222.13 or 222.13A, and the patient wishes to be placed outside of the state resource center, the discharge of the patient shall be made in accordance with section 222.15.

Sec. 43. NEW SECTION. **222.35 State — payor of last resort.**

The department shall implement services and adopt rules pursuant to chapter 17A in a manner that ensures that the state is the payor of last resort, and that the department shall not make any payments for services that have been provided until the department has determined that the services provided are not payable by a third-party source.

Sec. 44. Section 222.73, subsections 2 and 4, Code 2024, are amended by striking the subsections.

Sec. 45. Section 222.77, Code 2024, is amended to read as follows:

222.77 Patients on leave.

The cost of support of patients placed on convalescent leave or removed as a habilitation measure from a resource center, ~~or a special unit,~~ except when living in the home of a person legally bound for the support of the patient, shall be paid by ~~the county of residence or~~ the state ~~as provided in section 222.60~~.

Sec. 46. Section 222.78, subsection 1, Code 2024, is amended

to read as follows:

1. The father and mother of any patient admitted to a resource center ~~or to a special unit~~, as either an inpatient or an outpatient, and any person, firm, or corporation bound by contract made for support of the patient, are liable for the support of the patient. The patient and those legally bound for the support of the patient shall be liable to the ~~county or~~ state~~, as applicable,~~ for all sums advanced ~~in accordance with the provisions of sections 222.60 and 222.77~~relating to reasonable attorney fees and court costs for the patient's admission to the resource center, and for the treatment, training, instruction, care, habilitation, support, transportation, or other expenditures made on behalf of the patient pursuant to this chapter.

Sec. 47. Section 222.79, Code 2024, is amended to read as follows:

222.79 Certification statement presumed correct.

In actions to enforce the liability imposed by section 222.78, the superintendent ~~or the county of residence, as applicable,~~ shall submit a certification statement stating the sums charged, and the certification statement shall be considered presumptively correct.

Sec. 48. Section 222.80, Code 2024, is amended to read as follows:

222.80 Liability to ~~county or~~ state.

A person admitted to a county institution ~~or home~~ or admitted at ~~county or~~ state expense to a private hospital, sanitarium, or other facility for treatment, training, instruction, care, habilitation, and support as a patient with an intellectual disability shall be liable to the ~~county or~~ state~~, as applicable,~~ for the reasonable cost of the support as provided in section 222.78.

Sec. 49. Section 222.82, Code 2024, is amended to read as follows:

222.82 Collection of liabilities and claims.

If liabilities and claims exist as provided in section 222.78 or any other provision of this chapter, ~~the county of residence or~~ the state~~, as applicable,~~ may proceed as provided in this section. ~~If the liabilities and claims are owed to a county of residence, the county's board of supervisors may direct the county attorney to proceed with the collection of the liabilities and claims as a part of the duties of the county attorney's office when the board of supervisors deems such action advisable. If the liabilities and claims are owed to the state, the state shall proceed with the collection.~~ The ~~board of supervisors or the~~ state~~, as applicable,~~ may compromise any and all liabilities to the ~~county or~~ state arising under this chapter when such compromise is deemed to be in the best interests of the ~~county or~~ state. Any collections and liens shall be limited in conformance to section 614.1, subsection 4.

Sec. 50. Section 222.85, subsection 2, Code 2024, is amended to read as follows:

2. Moneys paid to a resource center from any source other than state appropriated funds and intended to pay all or a portion of the cost of care of a patient, which cost would otherwise be paid from state ~~or county~~ funds or from the patient's own funds, shall not be deemed "funds belonging to a patient" for the purposes of this section.

Sec. 51. Section 222.86, Code 2024, is amended to read as follows:

222.86 Payment for care from fund.

If a patient is not receiving medical assistance under chapter 249A and the amount in the account of any patient in the patients' personal deposit fund exceeds two hundred dollars, the department may apply any amount of the excess to reimburse the ~~county of residence or the~~ state for liability incurred by ~~the county or~~ the state for the payment of care, support, and maintenance of the patient~~,~~ when billed by the ~~county or~~ state~~, as applicable~~.

Sec. 52. Section 222.92, subsection 1, Code 2024, is amended to read as follows:

1. The department shall operate the state resource centers on the basis of net appropriations from the general fund of the state. The appropriation amounts shall be the net amounts of state moneys projected to be needed for the state resource centers for the fiscal year of the appropriations. The purpose of utilizing net appropriations is to encourage the state resource centers to operate with increased self-sufficiency, to improve quality and efficiency, and to support collaborative efforts between the state resource centers and ~~counties and other~~ providers of funding for the services available from the state resource centers. The state resource centers shall not be operated under the net appropriations in a manner that results in a cost increase to the state or in cost shifting between the state, the medical assistance program, ~~counties,~~ or other sources of funding for the state resource centers.

Sec. 53. Section 222.92, subsection 3, paragraph a, Code 2024, is amended by striking the paragraph.

Sec. 54. Section 225.1, subsection 2, Code 2024, is amended to read as follows:

2. For the purposes of this chapter, unless the context otherwise requires:

a. ~~*"Mental health and disability services region"* means a mental health and disability services region approved in accordance with section 225C.56.~~ *"Administrative services organization"* means the same as defined in section 225A.1.

b. ~~*"Regional administrator"* means the administrator of a mental health and disability services region, as defined in section 225C.55.~~ *"Department"* means the department of health and human services.

c. *"Respondent"* means the same as defined in section 229.1.

Sec. 55. NEW SECTION. **225.4 State psychiatric hospital — admissions.**

The department shall make all final determinations

concerning whether a person may be admitted to the state psychiatric hospital.

Sec. 56. Section 225.11, Code 2024, is amended to read as follows:

225.11 Initiating commitment procedures.

When a court finds upon completion of a hearing held pursuant to section 229.12 that the contention that a respondent is seriously mentally impaired has been sustained by clear and convincing evidence, and the application filed under section 229.6 also contends or the court otherwise concludes that it would be appropriate to refer the respondent to the state psychiatric hospital for a complete psychiatric evaluation and appropriate treatment pursuant to section 229.13, the judge may order that a financial investigation be made in the manner prescribed by section 225.13. If the costs of a respondent's evaluation or treatment are payable in whole or in part by ~~a county~~ an administrative services organization, an order under this section shall be for referral of the respondent ~~through the regional administrator for the respondent's county of residence~~ by an administrative services organization for an evaluation and referral of the respondent to an appropriate placement or service, which may include the state psychiatric hospital for additional evaluation or treatment.

Sec. 57. Section 225.12, Code 2024, is amended to read as follows:

225.12 Voluntary public patient — physician's or physician assistant's report.

A physician or a physician assistant who meets the qualifications set forth in the definition of a mental health professional in section 228.1 ~~filing information under section 225.10 shall include a written report to the regional administrator for the county of residence of the person named in the information, giving~~ shall submit a detailed history of the case to an administrative services organization as will be likely to aid in the observation, treatment, and hospital care

of the person ~~and describing the history in detail~~.

Sec. 58. Section 225.13, Code 2024, is amended to read as follows:

225.13 Financial condition.

~~The regional administrator for the county of residence of a person being admitted to the state psychiatric hospital is~~ Administrative services organizations shall be responsible for investigating the financial condition of ~~the~~ a person and of those legally responsible for the person's support.

Sec. 59. Section 225.15, Code 2024, is amended to read as follows:

225.15 Examination and treatment.

~~1.~~ When a respondent arrives at the state psychiatric hospital, the admitting physician, or a physician assistant who meets the qualifications set forth in the definition of a mental health professional in section 228.1, shall examine the respondent and determine whether or not, in the physician's or physician assistant's judgment, the respondent is a fit subject for observation, treatment, and hospital care. If, upon examination, the physician or physician assistant who meets the qualifications set forth in the definition of a mental health professional in section 228.1 decides that the respondent should be admitted to the hospital, the respondent shall be provided a proper bed in the hospital. The physician or physician assistant who meets the qualifications set forth in the definition of a mental health professional in section 228.1 who has charge of the respondent shall proceed with observation, medical treatment, and hospital care as in the physician's or physician assistant's judgment are proper and necessary, in compliance with sections 229.13, 229.14, this section, and section 229.16. After the respondent's admission, the observation, medical treatment, and hospital care of the respondent may be provided by a mental health professional, as defined in section 228.1, who is licensed as a physician, advanced registered nurse practitioner, or physician assistant.

~~2. A proper and competent nurse shall also be assigned to look after and care for the respondent during observation, treatment, and care. Observation, treatment, and hospital care under this section which are payable in whole or in part by a county shall only be provided as determined through the regional administrator for the respondent's county of residence.~~

Sec. 60. Section 225.16, subsection 1, Code 2024, is amended to read as follows:

1. If the ~~regional administrator for a person's county of residence~~ department finds from the physician's information or from the information of a physician assistant who meets the qualifications set forth in the definition of a mental health professional in section 228.1 which was filed under the provisions of section ~~225.10~~ 225.12 that it would be appropriate for the person to be admitted to the state psychiatric hospital, and ~~the report of the regional administrator made pursuant to section 225.13 shows~~ the department finds that the person and those who are legally responsible for the person are not able to pay the expenses incurred at the hospital, or are able to pay only a part of the expenses, the person shall be considered to be a voluntary public patient and ~~the regional administrator shall direct that the person~~ shall be sent to the state psychiatric hospital ~~at the state university of Iowa~~ for observation, treatment, and hospital care.

Sec. 61. Section 225.17, subsection 2, Code 2024, is amended to read as follows:

2. When the respondent arrives at the hospital, the respondent shall receive the same treatment as is provided for committed public patients in section 225.15, in compliance with sections 229.13 through 229.16. ~~However, observation, treatment, and hospital care under this section of a respondent whose expenses are payable in whole or in part by a county shall only be provided as determined through the regional~~

~~administrator for the respondent's county of residence.~~

Sec. 62. Section 225.18, Code 2024, is amended to read as follows:

225.18 Attendants.

~~The regional administrator~~ An administrative services organization may appoint an attendant to accompany the committed public patient or the voluntary public patient or the committed private patient from the place where the patient may be to the state psychiatric hospital, or to accompany the patient from the hospital to a place as may be designated by the ~~regional administrator~~ administrative services organization. If a patient is moved pursuant to this section, at least one attendant shall be of the same gender as the patient.

Sec. 63. Section 225.22, Code 2024, is amended to read as follows:

225.22 Liability of private patients — payment.

Every committed private patient, if the patient has an estate sufficient for that purpose, or if those legally responsible for the patient's support are financially able, shall be liable to the ~~county and~~ state for all expenses paid by ~~them in~~ the state on behalf of such patient. All bills for the care, nursing, observation, treatment, medicine, and maintenance of such patients shall be paid by the director of the department of administrative services in the same manner as those of committed and voluntary public patients as provided in this chapter, unless the patient or those legally responsible for the patient make such settlement with the state psychiatric hospital.

Sec. 64. Section 225.24, Code 2024, is amended to read as follows:

225.24 Collection of preliminary expense.

Unless a committed private patient or those legally responsible for the patient's support offer to settle the amount of the claims, the ~~regional administrator for the~~

~~person's county of residence~~ department shall collect, by action if necessary, the amount of all claims for per diem and expenses that have been approved by ~~the regional administrator for the county~~ an administrative services organization and paid by the ~~regional administrator as provided under section 225.21~~ administrative services organization. Any amount collected shall be credited to the ~~mental health and disability services region combined account created~~ behavioral health fund established in ~~accordance with~~ section ~~225C.58~~ 225A.7.

Sec. 65. Section 225.27, Code 2024, is amended to read as follows:

225.27 Discharge — transfer.

The state psychiatric hospital may, at any time, discharge any patient as recovered, as improved, or as not likely to be benefited by further treatment. If the patient being so discharged was involuntarily hospitalized, the hospital shall notify the committing judge or court of the discharge as required by section 229.14 or section 229.16, ~~whichever is~~ as applicable~~, and the applicable regional administrator~~. Upon receiving the notification, the court shall issue an order confirming the patient's discharge from the hospital or from care and custody, as the case may be, and shall terminate the proceedings pursuant to which the order was issued. The court or judge shall, if necessary, appoint a person to accompany the discharged patient from the state psychiatric hospital to such place as the hospital or the court may designate, or authorize the hospital to appoint such attendant.

Sec. 66. Section 226.1, subsection 4, Code 2024, is amended by adding the following new paragraph:

NEW PARAGRAPH. *0a. "Administrative services organization"* means the same as defined in section 225A.1.

Sec. 67. Section 226.1, subsection 4, paragraphs d and f, Code 2024, are amended by striking the paragraphs.

Sec. 68. Section 226.8, subsection 2, Code 2024, is amended to read as follows:

2. Charges for the care of any person with a diagnosis of an intellectual disability admitted to a state mental health institute shall be made by the institute in the manner provided by chapter 230, but the liability of any other person to ~~any mental health and disability services region~~ the state for the cost of care of such person with a diagnosis of an intellectual disability shall be as prescribed by section 222.78.

Sec. 69. Section 226.32, Code 2024, is amended to read as follows:

226.32 Overcrowded conditions.

The director shall order the discharge or removal from the mental health institute of incurable and harmless patients whenever it is necessary to make room for recent cases. ~~If a patient who is to be discharged entered the mental health institute voluntarily, the director shall notify the regional administrator for the county interested at least ten days in advance of the day of actual discharge.~~

Sec. 70. Section 226.34, subsection 2, paragraph d, Code 2024, is amended by striking the paragraph.

Sec. 71. Section 228.6, subsection 1, Code 2024, is amended to read as follows:

1. A mental health professional or an employee of or agent for a mental health facility may disclose mental health information if and to the extent necessary, to meet the requirements of section 229.24, 229.25, ~~230.20, 230.21, 230.25, 230.26,~~ 230A.108, 232.74, or 232.147, or to meet the compulsory reporting or disclosure requirements of other state or federal law relating to the protection of human health and safety.

Sec. 72. Section 229.1, Code 2024, is amended by adding the following new subsection:

NEW SUBSECTION. 01. *"Administrative services organization"* means the same as defined in section 225A.1.

Sec. 73. Section 229.1, subsections 11, 18, and 19, Code 2024, are amended by striking the subsections.

Sec. 74. Section 229.1B, Code 2024, is amended to read as

follows:

229.1B ~~Regional administrator~~ Administrative services organization.

Notwithstanding any provision of this chapter to the contrary, any person whose hospitalization expenses are payable in whole or in part by ~~a mental health and disability services region~~ an administrative services organization shall be subject to all administrative requirements of the ~~regional administrator for the county~~ administrative services organization.

Sec. 75. Section 229.2, subsection 1, paragraph b, subparagraph (3), Code 2024, is amended to read as follows:

(3) As soon as is practicable after the filing of a petition for juvenile court approval of the admission of the minor, the juvenile court shall determine whether the minor has an attorney to represent the minor in the hospitalization proceeding, and if not, the court shall assign to the minor an attorney. If the minor is financially unable to pay for an attorney, the attorney shall be compensated by ~~the mental health and disability services region~~ an administrative services organization at an hourly rate to be established by the ~~regional administrator for the county in which the proceeding is held~~ administrative services organization in substantially the same manner as provided in section 815.7.

Sec. 76. Section 229.2, subsection 2, paragraph a, Code 2024, is amended to read as follows:

a. The chief medical officer of a public hospital shall receive and may admit the person whose admission is sought, subject in cases other than medical emergencies to availability of suitable accommodations and to the provisions of ~~sections~~ section 229.41 ~~and 229.42~~.

Sec. 77. Section 229.8, subsection 1, Code 2024, is amended to read as follows:

1. Determine whether the respondent has an attorney who is able and willing to represent the respondent in the

hospitalization proceeding, and if not, whether the respondent is financially able to employ an attorney and capable of meaningfully assisting in selecting one. In accordance with those determinations, the court shall if necessary allow the respondent to select, or shall assign to the respondent, an attorney. If the respondent is financially unable to pay an attorney, the attorney shall be compensated by ~~the mental health and disability services region~~ an administrative services organization at an hourly rate to be established by the ~~regional administrator for the county in which the proceeding is held~~ administrative services organization in substantially the same manner as provided in section 815.7.

Sec. 78. Section 229.10, subsection 1, paragraph a, Code 2024, is amended to read as follows:

a. An examination of the respondent shall be conducted by one or more licensed physicians or mental health professionals, as required by the court's order, within a reasonable time. If the respondent is detained pursuant to section 229.11, subsection 1, paragraph "*b*", the examination shall be conducted within twenty-four hours. If the respondent is detained pursuant to section 229.11, subsection 1, paragraph "*a*" or "*c*", the examination shall be conducted within forty-eight hours. If the respondent so desires, the respondent shall be entitled to a separate examination by a licensed physician or mental health professional of the respondent's own choice. The reasonable cost of the examinations shall, if the respondent lacks sufficient funds to pay the cost, be paid by ~~the regional administrator from mental health and disability services region funds~~ an administrative services organization upon order of the court.

Sec. 79. Section 229.11, subsection 1, unnumbered paragraph 1, Code 2024, is amended to read as follows:

If the applicant requests that the respondent be taken into immediate custody and the judge, upon reviewing the application and accompanying documentation, finds probable cause to believe

that the respondent has a serious mental impairment and is likely to injure the respondent or other persons if allowed to remain at liberty, the judge may enter a written order directing that the respondent be taken into immediate custody by the sheriff or the sheriff's deputy and be detained until the hospitalization hearing. The hospitalization hearing shall be held no more than five days after the date of the order, except that if the fifth day after the date of the order is a Saturday, Sunday, or a holiday, the hearing may be held on the next succeeding business day. If the expenses of a respondent are payable in whole or in part by ~~a mental health and disability services region~~ an administrative services organization, for a placement in accordance with paragraph "*a*", the judge shall give notice of the placement to ~~the regional administrator for the county in which the court is located~~ an administrative services organization, and for a placement in accordance with paragraph "*b*" or "*c*", the judge shall order the placement in a hospital or facility designated ~~through the regional administrator~~ by an administrative services organization. The judge may order the respondent detained for the period of time until the hearing is held, and no longer, in accordance with paragraph "*a*", if possible, and if not then in accordance with paragraph "*b*", or, only if neither of these alternatives is available, in accordance with paragraph "*c*". Detention may be in any of the following:

Sec. 80. Section 229.13, subsection 1, paragraph a, Code 2024, is amended to read as follows:

a. The court shall order a respondent whose expenses are payable in whole or in part by ~~a mental health and disability services region~~ an administrative services organization placed under the care of an appropriate hospital or facility designated ~~through the regional administrator for the county~~ by an administrative services organization on an inpatient or outpatient basis.

Sec. 81. Section 229.13, subsection 7, paragraph b, Code

2024, is amended to read as follows:

b. ~~A region~~ An administrative services organization shall contract with mental health professionals to provide the appropriate treatment including treatment by the use of oral medicine or injectable antipsychotic medicine pursuant to this section.

Sec. 82. Section 229.14, subsection 2, paragraph a, Code 2024, is amended to read as follows:

a. For a respondent whose expenses are payable in whole or in part by ~~a mental health and disability services region~~ an administrative services organization, placement as designated ~~through the regional administrator for the county~~ by an administrative services organization in the care of an appropriate hospital or facility on an inpatient or outpatient basis, or other appropriate treatment, or in an appropriate alternative placement.

Sec. 83. Section 229.14A, subsections 7 and 9, Code 2024, are amended to read as follows:

7. If a respondent's expenses are payable in whole or in part by ~~a mental health and disability services region through the regional administrator for the county~~ an administrative services organization, notice of a placement hearing shall be provided to the county attorney and ~~the regional administrator~~ an administrative services organization. At the hearing, the county may present evidence regarding appropriate placement.

9. A placement made pursuant to an order entered under section 229.13 or 229.14 or this section shall be considered to be authorized ~~through the regional administrator for the county~~ by an administrative services organization.

Sec. 84. Section 229.15, subsection 4, Code 2024, is amended to read as follows:

4. When a patient has been placed in an alternative facility other than a hospital pursuant to a report issued under section 229.14, subsection 1, paragraph "*d*", a report on the patient's condition and prognosis shall be made to the court which placed

the patient, at least once every six months, unless the court authorizes annual reports. ~~If an evaluation of the patient is performed pursuant to section 227.2, subsection 4, a copy of the evaluation report shall be submitted to the court within fifteen days of the evaluation's completion. The court may in its discretion waive the requirement of an additional report between the annual evaluations. If the department exercises the authority to remove residents or patients from a county care facility or other county or private facility under section 227.6, the department shall promptly notify each court which placed in that facility any resident or patient removed.~~

Sec. 85. Section 229.19, subsection 1, paragraphs a and b, Code 2024, are amended to read as follows:

a. In each county the board of supervisors shall appoint an individual who has demonstrated by prior activities an informed concern for the welfare and rehabilitation of persons with mental illness, and who is not an officer or employee of the department~~, an officer or employee of a region, an officer or employee of a county performing duties for a region,~~ or an officer or employee of any agency or facility providing care or treatment to persons with mental illness, to act as an advocate representing the interests of patients involuntarily hospitalized by the court, in any matter relating to the patients' hospitalization or treatment under section 229.14 or 229.15.

b. The committing court shall assign the advocate for the county where the patient is located. A county ~~or region~~ may seek reimbursement from ~~the patient's county of residence or from the region in which the patient's county of residence is located~~ an administrative services organization.

Sec. 86. Section 229.19, subsection 4, unnumbered paragraph 1, Code 2024, is amended to read as follows:

The ~~state mental health and disability services commission created in section 225C.5~~ department, in consultation with advocates and county and judicial branch representatives, shall

adopt rules pursuant to chapter 17A relating to advocates that include but are not limited to all of the following topics:

Sec. 87. Section 229.22, subsection 2, paragraph b, Code 2024, is amended to read as follows:

b. If the magistrate orders that the person be detained, the magistrate shall, by the close of business on the next working day, file a written order with the clerk in the county where it is anticipated that an application may be filed under section 229.6. The order may be filed by facsimile if necessary. A peace officer from the law enforcement agency that took the person into custody, if no request was made under paragraph "*a*", may inform the magistrate that an arrest warrant has been issued for or charges are pending against the person and request that any written order issued under this paragraph require the facility or hospital to notify the law enforcement agency about the discharge of the person prior to discharge. The order shall state the circumstances under which the person was taken into custody or otherwise brought to a facility or hospital, and the grounds supporting the finding of probable cause to believe that the person is seriously mentally impaired and likely to injure the person's self or others if not immediately detained. The order shall also include any law enforcement agency notification requirements if applicable. The order shall confirm the oral order authorizing the person's detention including any order given to transport the person to an appropriate facility or hospital. A peace officer from the law enforcement agency that took the person into custody may also request an order, separate from the written order, requiring the facility or hospital to notify the law enforcement agency about the discharge of the person prior to discharge. The clerk shall provide a copy of the written order or any separate order to the chief medical officer of the facility or hospital to which the person was originally taken, to any subsequent facility to which the person was transported, and to any law enforcement department, ambulance

service, or transportation service under contract with ~~a mental health and disability services region~~ an administrative services organization that transported the person pursuant to the magistrate's order. A transportation service that contracts with ~~a mental health and disability services region~~ an administrative services organization for purposes of this paragraph shall provide a secure transportation vehicle and shall employ staff that has received or is receiving mental health training.

Sec. 88. Section 229.24, subsection 3, unnumbered paragraph 1, Code 2024, is amended to read as follows:

If all or part of the costs associated with hospitalization of an individual under this chapter are chargeable to ~~a county of residence~~ an administrative services organization, the clerk of the district court shall provide to ~~the regional administrator for the county of residence and to the regional administrator for the county in which the hospitalization order is entered~~ an administrative services organization the following information pertaining to the individual which would be confidential under subsection 1:

Sec. 89. Section 229.38, Code 2024, is amended to read as follows:

229.38 Cruelty or official misconduct.

If any person having the care of a person with mental illness who has voluntarily entered a hospital or other facility for treatment or care, or who is responsible for psychiatric examination care, treatment, and maintenance of any person involuntarily hospitalized under sections 229.6 through 229.15, whether in a hospital or elsewhere, with or without proper authority, shall treat such patient with unnecessary severity, harshness, or cruelty, or in any way abuse the patient or if any person unlawfully detains or deprives of liberty any person with mental illness or any person who is alleged to have mental illness, or if any officer required by the provisions of this chapter and ~~chapters~~ chapter 226 ~~and 227~~, to perform any act

shall willfully refuse or neglect to perform the same, the offending person shall, unless otherwise provided, be guilty of a serious misdemeanor.

Sec. 90. Section 230.1, Code 2024, is amended by adding the following new subsection:

NEW SUBSECTION. 01. *"Administrative service organization"* means the same as defined in section 225A.1.

Sec. 91. Section 230.1, subsections 4 and 5, Code 2024, are amended by striking the subsections.

Sec. 92. Section 230.10, Code 2024, is amended to read as follows:

230.10 Payment of costs.

All legal costs and expenses for the taking into custody, care, investigation, and admission or commitment of a person to a state mental health institute ~~under a finding that the person has residency in another county of this state~~ shall be charged ~~against the regional administrator of the person's county of residence~~ to an administrative services organization.

Sec. 93. Section 230.11, Code 2024, is amended to read as follows:

230.11 Recovery of costs from state.

Costs and expenses for the taking into custody, care, and investigation of a person who has been admitted or committed to a state mental health institute, United States department of veterans affairs hospital, or other agency of the United States government, for persons with mental illness and who has no residence in this state or whose residence is unknown, including cost of commitment, if any, shall be paid as approved by the department. The amount of the costs and expenses approved by the department is appropriated to the department from any moneys in the state treasury not otherwise appropriated. ~~Payment shall be made by the department on itemized vouchers executed by the regional administrator of the person's county which has paid them, and approved by the department.~~

Sec. 94. Section 230.15, subsections 1 and 2, Code 2024, are amended to read as follows:

1. A person with mental illness and a person legally liable for the person's support remain liable for the support of the person with mental illness as provided in this section. Persons legally liable for the support of a person with mental illness include the spouse of the person, and any person bound by contract for support of the person. ~~The regional administrator of the person's county of residence, subject to the direction of the region's governing board, shall enforce the obligation created in this section as to all sums advanced by the regional administrator.~~ The liability ~~to the regional administrator~~ incurred by a person with mental illness or a person legally liable for the person's support under this section is limited to an amount equal to one hundred percent of the cost of care and treatment of the person with mental illness at a state mental health institute for one hundred twenty days of hospitalization. This limit of liability may be reached by payment of the cost of care and treatment of the person with mental illness subsequent to a single admission or multiple admissions to a state mental health institute ~~or, if the person is not discharged as cured, subsequent to a single transfer or multiple transfers to a county care facility pursuant to section 227.11~~. After reaching this limit of liability, a person with mental illness or a person legally liable for the person's support is liable to the ~~regional administrator~~ state for the care and treatment of the person with mental illness at a state mental health institute ~~or, if transferred but not discharged as cured, at a county care facility~~ in an amount not ~~in excess of~~ to exceed the average minimum cost of the maintenance of an individual who is physically and mentally healthy residing in the individual's own home~~, which standard shall be~~ as established ~~and may be revised~~ by the department by rule. ~~A lien imposed by section 230.25 shall not exceed the amount of the liability which may~~

~~be incurred under this section on account of a person with mental illness.~~

2. A person with a substance use disorder is legally liable for the total amount of the cost of providing care, maintenance, and treatment for the person with a substance use disorder while a voluntary or committed patient. When a portion of the cost is paid by ~~a county~~ an administrative services organization, the person with a substance use disorder is legally liable to the ~~county~~ administrative services organization for the amount paid. The person with a substance use disorder shall assign any claim for reimbursement under any contract of indemnity, by insurance or otherwise, providing for the person's care, maintenance, and treatment in a state mental health institute to the state. ~~Any payments received by the state from or on behalf of a person with a substance use disorder shall be in part credited to the county in proportion to the share of the costs paid by the county.~~

Sec. 95. NEW SECTION. **230.23 State — payor of last resort.**

The department shall implement services and adopt rules pursuant to chapter 17A in a manner that ensures that the state is the payor of last resort, and that the department does not make any payments for services that have been provided until the department has determined that the services provided are not payable by a third-party source.

Sec. 96. Section 230.30, Code 2024, is amended to read as follows:

230.30 Claim against estate.

On the death of a person receiving or who has received assistance under the provisions of this chapter, and whom the ~~board~~ department has previously found~~, under section 230.25,~~ is able to pay, there shall be allowed against the estate of such decedent a claim of the sixth class for that portion of the total amount paid for that person's care which exceeds the total amount of all claims of the first through the fifth classes, inclusive, as defined in section 633.425, which are

allowed against that estate.

Sec. 97. Section 232.78, subsection 5, unnumbered paragraph 1, Code 2024, is amended to read as follows:

The juvenile court, before or after the filing of a petition under this chapter, may enter an ex parte order authorizing a physician or physician assistant or hospital to conduct an outpatient physical examination or authorizing a physician or physician assistant, a psychologist certified under section 154B.7, or a community mental health center accredited pursuant to ~~chapter 230A~~ section 225A.3 to conduct an outpatient mental examination of a child if necessary to identify the nature, extent, and cause of injuries to the child as required by section 232.71B, provided all of the following apply:

Sec. 98. Section 232.83, subsection 2, unnumbered paragraph 1, Code 2024, is amended to read as follows:

Anyone authorized to conduct a preliminary investigation in response to a complaint may apply for, or the court on its own motion may enter, an ex parte order authorizing a physician or physician assistant or hospital to conduct an outpatient physical examination or authorizing a physician or physician assistant, a psychologist certified under section 154B.7, or a community mental health center accredited pursuant to ~~chapter 230A~~ section 225A.3 to conduct an outpatient mental examination of a child if necessary to identify the nature, extent, and causes of any injuries, emotional damage, or other such needs of a child as specified in section 232.96A, subsection 3, 5, or 6, provided that all of the following apply:

Sec. 99. Section 235.7, subsection 2, Code 2024, is amended to read as follows:

2. *Membership.* The department may authorize the governance boards of decategorization of child welfare and juvenile justice funding projects established under section 232.188 to appoint the transition committee membership and may utilize the boundaries of decategorization projects to establish the service areas for transition committees. The committee

membership may include but is not limited to department staff involved with foster care, child welfare, and adult services, juvenile court services staff, staff involved with county general assistance or emergency relief under chapter 251 or 252, ~~or a regional administrator of the county mental health and disability services region, as defined in section 225C.55, in the area,~~ school district and area education agency staff involved with special education, and a child's court appointed special advocate, guardian ad litem, service providers, and other persons knowledgeable about the child.

Sec. 100. Section 235A.15, subsection 2, paragraph c, subparagraphs (5) and (8), Code 2024, are amended by striking the subparagraphs.

Sec. 101. Section 249A.4, subsection 15, Code 2024, is amended by striking the subsection.

Sec. 102. Section 249A.12, subsection 4, Code 2024, is amended by striking the subsection.

Sec. 103. NEW SECTION. **249A.38A Supported community living services.**

1. As used in this section, "*supported community living service*" means a service provided in a noninstitutional setting to adult persons with mental illness, an intellectual disability, or developmental disabilities to meet the persons' daily living needs.

2. The department shall adopt rules pursuant to chapter 17A establishing minimum standards for supported community living services.

3. The department shall determine whether to grant, deny, or revoke approval for any supported community living service.

4. Approved supported community living services may receive funding from the state, federal and state social services block grant funds, and other appropriate funding sources, consistent with state legislation and federal regulations. The funding may be provided on a per diem, per hour, or grant basis, as appropriate.

Sec. 104. Section 249N.8, Code 2024, is amended by striking the section and inserting in lieu thereof the following:

249N.8 Behavioral health services reports.

The department shall annually submit a report to the governor and the general assembly with details related to the department's review of the funds administered by, and the outcomes and effectiveness of, the behavioral health services provided by, the behavioral health service system established in section 225A.3.

Sec. 105. Section 252.24, subsections 1 and 3, Code 2024, are amended to read as follows:

1. The county of residence, as defined in section ~~225C.61~~ 331.190, shall be liable to the county granting assistance for all reasonable charges and expenses incurred in the assistance and care of a poor person.

3. This section shall apply to assistance or maintenance provided ~~by a county~~ through the ~~county's mental health and disability services~~ behavioral health service system ~~implemented under chapter 225C~~ established in section 225A.3.

Sec. 106. Section 256.25, subsections 2 and 3, Code 2024, are amended to read as follows:

2. A school district, which may collaborate and partner with one or more school districts, area education agencies, accredited nonpublic schools, nonprofit agencies, and institutions that provide children's mental health services, ~~located in mental health and disability services regions providing children's behavioral health services in accordance with chapter 225C, subchapter VII~~ operating within the state's behavioral health service system under chapter 225A, may apply for a grant under this program to establish a therapeutic classroom in the school district in accordance with this section.

3. The department shall develop a grant application and selection and evaluation criteria. Selection criteria shall include a method for prioritizing grant applications

submitted by school districts. First priority shall be given to applications submitted by school districts that submitted an application pursuant to this section for the ~~previous~~ immediately preceding fiscal year. Second priority shall be given to applications submitted by school districts that, pursuant to subsection 2, are collaborating and partnering with one or more school districts, area education agencies, accredited nonpublic schools, nonprofit agencies, or institutions that provide mental health services for children. Third priority shall be given to applications submitted by school districts located in ~~mental health and disability services regions~~ behavioral health districts as defined in section 225A.1, and that are providing behavioral health services for children in accordance with chapter ~~225C, subchapter VII~~ 225A. Grant awards shall be distributed as equitably as possible among small, medium, and large school districts. For purposes of this subsection, a small school district is a district with an actual enrollment of fewer than six hundred pupils; a medium school district is a district with an actual enrollment that is at least six hundred pupils, but less than two thousand five hundred pupils; and a large school district is a district with an actual enrollment of two thousand five hundred or more pupils.

Sec. 107. Section 321.189, subsection 10, Code 2024, is amended to read as follows:

10. *Autism spectrum disorder status.* A licensee who has autism spectrum disorder, as defined in section 514C.28, may request that the license be marked to reflect the licensee's autism spectrum disorder status on the face of the license when the licensee applies for the issuance or renewal of a license. The department may adopt rules pursuant to chapter 17A establishing criteria under which a license may be marked, including requiring the licensee to submit medical proof of the licensee's autism spectrum disorder status. When a driver's license is so marked, the licensee's autism spectrum disorder

status shall be noted in the electronic database used by the department and law enforcement to access registration, titling, and driver's license information. The department, in consultation with the ~~mental health and disability services commission~~ department of health and human services, shall develop educational media to raise awareness of a licensee's ability to request the license be marked to reflect the licensee's autism spectrum disorder status.

Sec. 108. Section 321.190, subsection 1, paragraph b, subparagraph (6), Code 2024, is amended to read as follows:

(6) An applicant for a nonoperator's identification card who has autism spectrum disorder, as defined in section 514C.28, may request that the card be marked to reflect the applicant's autism spectrum disorder status on the face of the card when the applicant applies for the issuance or renewal of a card. The department may adopt rules pursuant to chapter 17A establishing criteria under which a card may be marked, including requiring the applicant to submit medical proof of the applicant's autism spectrum disorder status. The department, in consultation with the ~~mental health and disability services commission~~ department of health and human services, shall develop educational media to raise awareness of an applicant's ability to request the card be marked to reflect the applicant's autism spectrum disorder status.

Sec. 109. Section 321J.25, subsection 1, paragraph b, Code 2024, is amended to read as follows:

b. "Program" means a substance use disorder awareness program, licensed under chapter 125, and provided under a contract entered into between the provider and the department of health and human services ~~under chapter 125~~ or an administrative services organization as defined in section 225A.1.

Sec. 110. Section 321J.25, subsection 2, unnumbered paragraph 1, Code 2024, is amended to read as follows:

A substance use disorder awareness program is established

in each ~~of the regions established by the director of health and human services pursuant to section 125.12~~ behavioral health district designated pursuant to section 225A.4. The program shall consist of an insight class and a substance use disorder evaluation, which shall be attended by the participant, to discuss issues related to the potential consequences of substance use disorder. The parent or parents of the participant shall also be encouraged to participate in the program. The program provider shall consult with the participant or the parents of the participant in the program to determine the timing and appropriate level of participation for the participant and any participation by the participant's parents. The program may also include a supervised educational tour by the participant to any or all of the following:

Sec. 111. Section 331.321, subsection 1, paragraph e, Code 2024, is amended by striking the paragraph.

Sec. 112. Section 331.323, subsection 1, paragraph a, subparagraph (7), Code 2024, is amended by striking the subparagraph.

Sec. 113. Section 331.381, subsections 4 and 5, Code 2024, are amended to read as follows:

4. Comply with chapter 222~~, including but not limited to sections 222.13, 222.14, 222.59 through 222.70, 222.73 through 222.75, and 222.77 through 222.82,~~ in regard to the care of persons with an intellectual disability.

5. Comply with chapters ~~227,~~ 229 and 230~~, including but not limited to sections 227.11, 227.14, 229.42, 230.25, 230.27, and 230.35,~~ in regard to the care of persons with mental illness.

Sec. 114. Section 331.382, subsection 1, paragraphs e, f, and g, Code 2024, are amended by striking the paragraphs.

Sec. 115. Section 331.382, subsection 3, Code 2024, is amended by striking the subsection.

Sec. 116. Section 331.432, subsection 3, Code 2024, is amended by striking the subsection.

Sec. 117. Section 331.502, subsection 10, Code 2024, is

amended by striking the subsection.

Sec. 118. Section 331.502, subsection 12, Code 2024, is amended to read as follows:

12. Carry out duties relating to the hospitalization and support of persons with mental illness as provided in sections ~~229.42, 230.3,~~ 230.11~~,~~ and 230.15~~, 230.21, 230.22, 230.25, and 230.26~~.

Sec. 119. Section 331.552, subsection 13, Code 2024, is amended by striking the subsection.

Sec. 120. Section 331.756, subsections 25, 38, and 41, Code 2024, are amended by striking the subsections.

Sec. 121. Section 331.910, subsection 2, Code 2024, is amended by adding the following new paragraph:

NEW PARAGRAPH. *0a. "Administrative services organization"* means the same as defined in section 225A.1.

Sec. 122. Section 331.910, subsection 2, paragraph d, Code 2024, is amended by striking the paragraph.

Sec. 123. Section 331.910, subsection 3, paragraphs a and c, Code 2024, are amended to read as follows:

a. ~~A region~~ An administrative services organization may contract with a receiving agency in a bordering state to secure substance use disorder or mental health care and treatment under this subsection for persons who receive substance use disorder or mental health care and treatment pursuant to section 125.33, 125.91, 229.2, or 229.22 ~~through a region~~.

c. ~~A region~~ An administrative services organization may contract with a sending agency in a bordering state to provide care and treatment under this subsection for residents of the bordering state in approved substance use disorder and mental health care and treatment hospitals, centers, and facilities in this state, except that care and treatment shall not be provided for residents of the bordering state who are involved in criminal proceedings substantially similar to the involvement described in paragraph *"b"*.

Sec. 124. Section 347.16, subsection 3, Code 2024, is

amended to read as follows:

3. Care and treatment may be furnished in a county public hospital to any sick or injured person who has residence outside the county which maintains the hospital, subject to such policies and rules as the board of hospital trustees may adopt. If care and treatment is provided under this subsection to a person who is indigent, the person's county of residence, as defined in section ~~225C.61~~ 331.190, shall pay to the board of hospital trustees the fair and reasonable cost of the care and treatment provided by the county public hospital unless the cost of the indigent person's care and treatment is otherwise provided for. If care and treatment is provided to an indigent person under this subsection, the county public hospital furnishing the care and treatment shall immediately notify, by regular mail, the auditor of the county of residence of the indigent person of the provision of care and treatment to the indigent person including care and treatment provided ~~by a county~~ through the ~~county's mental health and disability services system implemented under chapter 225C~~ behavioral health service system established in section 225A.3.

Sec. 125. Section 423.3, subsection 18, paragraph d, Code 2024, is amended to read as follows:

d. Community mental health centers accredited by the department of health and human services pursuant to ~~chapter 225C~~ section 225A.3.

Sec. 126. Section 426B.1, subsection 2, Code 2024, is amended to read as follows:

2. Moneys shall be distributed from the property tax relief fund to the ~~mental health and disability services regional service system for mental health and disability services,~~ behavioral health fund established in section 225A.7 in accordance with the appropriations made to the fund and other statutory requirements.

Sec. 127. Section 437A.8, subsection 4, paragraph d, Code 2024, is amended to read as follows:

d. (1) Notwithstanding paragraph *"a"*, a taxpayer who owns or leases a new electric power generating plant and who has no other operating property in the state of Iowa except for operating property directly serving the new electric power generating plant as described in section 437A.16 shall pay the replacement generation tax associated with the allocation of the local amount to the county treasurer of the county in which the local amount is located and shall remit the remaining replacement generation tax, if any, to the director according to paragraph *"a"* for remittance of the tax to county treasurers. The director shall notify each taxpayer on or before August 31 following a tax year of its remaining replacement generation tax to be remitted to the director. All remaining replacement generation tax revenues received by the director shall be deposited in the property tax relief fund created in section 426B.1~~, and shall be distributed as provided in section 426B.2~~.

(2) If a taxpayer has paid an amount of replacement tax, penalty, or interest which was deposited into the property tax relief fund and which was not due, all of the provisions of section 437A.14, subsection 1, paragraph *"b"*, shall apply with regard to any claim for refund or credit filed by the taxpayer. The director shall have sole discretion as to whether the erroneous payment will be refunded to the taxpayer or credited against any replacement tax due, or to become due, from the taxpayer that would be subject to deposit in the property tax relief fund.

Sec. 128. Section 437A.15, subsection 3, paragraph f, Code 2024, is amended to read as follows:

f. Notwithstanding the provisions of this section, if a taxpayer is a municipal utility or a municipal owner of an electric power facility financed under the provisions of chapter 28F or 476A, the assessed value, other than the local amount, of a new electric power generating plant shall be allocated to each taxing district in which the municipal utility or municipal owner is serving customers and has

electric meters in operation in the ratio that the number of operating electric meters of the municipal utility or municipal owner located in the taxing district bears to the total number of operating electric meters of the municipal utility or municipal owner in the state as of January 1 of the tax year. If the municipal utility or municipal owner of an electric power facility financed under the provisions of chapter 28F or 476A has a new electric power generating plant but the municipal utility or municipal owner has no operating electric meters in this state, the municipal utility or municipal owner shall pay the replacement generation tax associated with the new electric power generating plant allocation of the local amount to the county treasurer of the county in which the local amount is located and shall remit the remaining replacement generation tax, if any, to the director at the times contained in section 437A.8, subsection 4, for remittance of the tax to the county treasurers. All remaining replacement generation tax revenues received by the director shall be deposited in the ~~property tax relief~~ behavioral health fund ~~created~~ established in section ~~426B.1, and shall be distributed as provided in section 426B.2~~ 225A.7.

Sec. 129. Section 483A.24, subsection 7, Code 2024, is amended to read as follows:

7. A license shall not be required of minor pupils of the Iowa school for the deaf or of minor residents of other state institutions under the control of the department of health and human services. In addition, a person who is on active duty with the armed forces of the United States, on authorized leave from a duty station located outside of this state, and a resident of the state of Iowa shall not be required to have a license to hunt or fish in this state. The military person shall carry the person's leave papers and a copy of the person's current earnings statement showing a deduction for Iowa income taxes while hunting or fishing. In lieu of carrying the person's earnings statement, the military person

may also claim residency if the person is registered to vote in this state. If a deer or wild turkey is taken, the military person shall immediately contact a state conservation officer to obtain an appropriate tag to transport the animal. A license shall not be required of ~~residents of county care facilities or~~ any person who is receiving supplementary assistance under chapter 249.

Sec. 130. Section 602.8102, subsection 39, Code 2024, is amended to read as follows:

39. Refer persons applying for voluntary admission to a community mental health center accredited by the department of health and human services under section 225A.3, for a preliminary diagnostic evaluation ~~as provided in section 225C.16, subsection 2~~.

Sec. 131. Section 714.8, subsection 12, Code 2024, is amended to read as follows:

12. Knowingly transfers or assigns a legal or equitable interest in property, as defined in section 702.14, for less than fair consideration, with the intent to obtain public assistance under chapters 16, 35B, and 35D, ~~and 347B,~~ or Title VI, subtitles 2 through 6, or accepts a transfer of or an assignment of a legal or equitable interest in property, as defined in section 702.14, for less than fair consideration, with the intent of enabling the party transferring the property to obtain public assistance under chapters 16, 35B, and 35D, ~~and 347B,~~ or Title VI, subtitles 2 through 6. A transfer or assignment of property for less than fair consideration within one year prior to an application for public assistance benefits shall be evidence of intent to transfer or assign the property in order to obtain public assistance for which a person is not eligible by reason of the amount of the person's assets. If a person is found guilty of a fraudulent practice in the transfer or assignment of property under this subsection the maximum sentence shall be the penalty established for a serious misdemeanor and sections 714.9, 714.10, and 714.11 shall not

apply.

Sec. 132. Section 812.6, subsection 1, Code 2024, is amended to read as follows:

1. If the court finds the defendant does not pose a danger to the public peace and safety, is otherwise qualified for pretrial release, and is willing to cooperate with treatment, the court shall order, as a condition of pretrial release, that the defendant obtain mental health treatment designed to restore the defendant to competency. The costs of treatment pursuant to this subsection shall be paid by ~~the mental health and disability services region for the county of the defendant's residency pursuant to chapter 225C regardless of whether the defendant meets financial eligibility requirements under section 225C.62 or 225C.66~~ an administrative services organization designated pursuant to section 225A.4.

Sec. 133. Section 904.201, subsection 8, Code 2024, is amended to read as follows:

8. Chapter 230 governs the determination of costs and charges for the care and treatment of persons with mental illness admitted to the forensic psychiatric hospital~~, except that charges for the care and treatment of any person transferred to the forensic psychiatric hospital from an adult correctional institution or from a state training school shall be paid entirely from state funds. Charges for all other persons at the forensic psychiatric hospital shall be billed to the respective counties at the same ratio as for patients at state mental health institutes under section 230.20.~~

Sec. 134. REPEAL. Chapters 142A, 225C, 227, 230A, and 347B, Code 2024, are repealed.

Sec. 135. REPEAL. Sections 125.1, 125.3, 125.7, 125.9, 125.10, 125.12, 125.25, 125.32A, 125.34, 125.37, 125.38, 125.39, 125.40, 125.41, 125.42, 125.43, 125.43A, 125.46, 125.48, 125.54, 125.55, 125.58, 125.59, 125.60, 135B.18, 218.99, 222.59, 222.60, 222.61, 222.62, 222.63, 222.64, 222.65, 222.66, 222.67, 222.68, 222.69, 222.70, 222.74, 222.75, 225.10,

225.19, 225.21, 226.45, 229.42, 230.1A, 230.2, 230.3, 230.4, 230.5, 230.6, 230.9, 230.12, 230.16, 230.17, 230.18, 230.19, 230.20, 230.21, 230.22, 230.25, 230.26, 230.27, 426B.2, 426B.4, and 426B.5, Code 2024, are repealed.

Sec. 136. CODE EDITOR DIRECTIVE. The Code editor is directed to correct internal references in the Code and in any enacted legislation as necessary due to the enactment of this division of this Act.

Sec. 137. EFFECTIVE DATE. This division of this Act takes effect July 1, 2025.

DIVISION III

AGING AND DISABILITY

Sec. 138. Section 231.3, Code 2024, is amended to read as follows:

231.3 State policy and objectives.

1. The general assembly declares that it is the policy of the state to work toward attainment of the following objectives for Iowa's older individuals and individuals with disabilities:

~~1.~~ *a.* An adequate income.

~~2.~~ *b.* Access to physical and mental health care and long-term living and community support services without regard to economic status.

~~3.~~ *c.* Suitable and affordable housing that reflects the needs of ~~older~~ individuals.

~~4.~~ *d.* Access to comprehensive information and a community navigation system providing all available options related to long-term living and community support services that assist ~~older~~ individuals in the preservation of personal assets and the ability to entirely avoid or significantly delay reliance on entitlement programs.

~~5.~~ *e.* Full restorative services for those who require institutional care, and a comprehensive array of long-term living and community support services adequate to sustain ~~older~~ people in their communities and, whenever possible, in their homes, including support for caregivers.

~~6.~~ *f.* Pursuit of meaningful activity within the widest range of civic, cultural, educational, recreational, and employment opportunities.

~~7.~~ *g.* Suitable community transportation systems to assist in the attainment of independent movement.

~~8.~~ *h.* Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.

~~9.~~ *i.* Freedom from abuse, neglect, and exploitation.

2. The general assembly declares that the state of Iowa recognizes a brain injury as a disability, and each agency and subdivision of this state shall recognize a brain injury as a distinct disability.

3. It is the policy of this state that each state agency shall make reasonable efforts to identify those persons with brain injuries among the persons served by the state agency.

Sec. 139. Section 231.4, subsection 1, Code 2024, is amended by adding the following new paragraph:

NEW PARAGRAPH. *0c. "Brain injury"* means the same as defined in section 135.22.

Sec. 140. Section 231.4, subsection 1, paragraph d, Code 2024, is amended to read as follows:

d. ~~"Commission" means the commission on aging.~~ "Council" means the council on health and human services created in section 217.2.

Sec. 141. Section 231.14, Code 2024, is amended to read as follows:

231.14 ~~Commission~~ Council duties and authority.

~~1. The commission is the policymaking body of the sole state agency responsible for administration of the federal Act.~~ The ~~commission~~ council shall do all of the following:

~~a.~~ 1. ~~Approve~~ Make recommendations to the department regarding approval of the state plan on aging developed under section 231.31 and area plans ~~on aging~~, developed under section 231.33.

~~b.~~ 2. ~~Adopt~~ Recommend policies to coordinate state

activities related to the purposes of this chapter.

~~c.~~ 3. Serve as an effective and visible advocate for older individuals and individuals with disabilities by ~~establishing~~ recommending policies ~~for reviewing and commenting upon all state plans, budgets, and policies~~ which affect older individuals and ~~for providing technical assistance to any agency, organization, association, or individual representing the needs of older~~ individuals with disabilities.

~~d. Divide the state into distinct planning and service areas after considering the geographical distribution of older individuals in the state, the incidence of the need for supportive services, nutrition services, multipurpose senior centers, and legal services, the distribution of older individuals who have low incomes residing in such areas, the distribution of resources available to provide such services or centers, the boundaries of existing areas within the state which are drawn for the planning or administration of supportive services programs, the location of units of general purpose, local government within the state, and any other relevant factors.~~

~~e. Designate for each planning and service area a public or private nonprofit agency or organization as the area agency on aging for that area. The commission may revoke the designation of an area agency on aging pursuant to section 231.32.~~

~~f.~~ 4. ~~Adopt policies to assure~~ Make recommendations to ensure that the department will take into account the views of older individuals and individuals with disabilities in the development of policy.

~~g. Adopt a method for the distribution of federal Act and state funds taking into account, to the maximum extent feasible, the best available data on the geographic distribution of older individuals in the state, and publish the method for review and comment.~~

~~h.~~ 5. ~~Adopt~~ Recommend policies and measures to ~~assure~~ ensure that preference will be given to providing services to

older individuals and individuals with disabilities with the greatest economic or social needs, with particular attention to low-income minority ~~older~~ individuals, ~~older~~ individuals with limited English proficiency, and ~~older~~ individuals residing in rural areas.

~~i.~~ 6. ~~Adopt~~ Recommend policies to administer state programs authorized by this chapter.

~~j.~~ 7. ~~Adopt~~ Recommend policies ~~and administrative rules pursuant to chapter 17A~~ that support the capabilities of the area agencies on aging and the aging and disabilities resource centers to serve older individuals and ~~persons~~ individuals with disabilities experiencing Alzheimer's disease or related dementias.

~~2. The commission shall adopt administrative rules pursuant to chapter 17A to administer the duties specified in this chapter and in all other chapters under the department's jurisdiction.~~

Sec. 142. Section 231.21, Code 2024, is amended to read as follows:

231.21 Administration of chapter — department of health and human services.

The department of health and human services shall ~~administer this chapter under the policy direction of the commission on aging~~ consider the recommendations of the council when administering this chapter.

Sec. 143. Section 231.23, Code 2024, is amended to read as follows:

231.23 Department — duties and authority.

The department shall:

1. ~~Develop and administer a~~ Administer the state plan on aging developed pursuant to section 231.31.

2. ~~Assist the commission in the review and approval of~~ Review and approve area plans developed under section 231.33.

3. ~~Pursuant to commission policy, coordinate~~ Coordinate state activities related to the purposes of this chapter

~~and all other chapters under the department's jurisdiction~~. State activities shall include, at a minimum, home and community-based services such as employment support, community living, and service coordination.

4. Advocate for older individuals and individuals with disabilities by reviewing and commenting upon all state plans, budgets, laws, rules, ~~regulations,~~ and policies which affect older individuals or individuals with disabilities and by providing technical assistance to any agency, organization, association, or individual representing the needs of older individuals or individuals with disabilities.

5. ~~Assist the commission in dividing~~ Divide the state into distinct planning and service areas after considering the geographical distribution of older individuals and individuals with disabilities in the state, the incidence of the need for supportive services, nutrition services, multipurpose senior centers, and legal services, the distribution of older individuals and individuals with disabilities with low income residing in such areas, the distribution of resources available to provide such services or centers, the boundaries of existing areas within the state which are drawn for the planning or administration of supportive services programs, the location of units of general purpose, local government within the state, and any other relevant factors.

6. ~~Assist the commission in designating~~ Designate for each area a public or private nonprofit agency or organization as the area agency on aging for that area. The department may revoke the designation of an area agency on aging pursuant to section 231.32.

7. ~~Pursuant to commission policy, take~~ Take into account the views of older Iowans and Iowans with disabilities.

8. ~~Assist the commission in adopting~~ Adopt a method for the distribution of funds available from the federal Act and state appropriations and allocations that takes into account, to the extent feasible, the best available data on the

geographic distribution of older individuals and individuals with disabilities in the state.

9. ~~Assist the commission in assuring~~ Adopt policies and measures to ensure that preference will be given to providing services to older individuals and individuals with disabilities with the greatest economic or social needs, with particular attention to low-income minority ~~older~~ individuals, ~~older~~ individuals with limited English proficiency, and ~~older~~ individuals residing in rural areas.

10. ~~Assist the commission in developing, adopting, and enforcing~~ Develop, adopt, and enforce administrative rules, including by issuing necessary forms and procedures, to administer the duties specified in this chapter.

11. Apply for, receive, and administer grants, devises, donations, and gifts~~, or bequests of real or personal property~~ from any source to conduct projects consistent with the purposes of the department. Notwithstanding section 8.33, moneys received by the department pursuant to this section are not subject to reversion to the general fund of the state.

12. Administer state authorized programs.

13. Establish a procedure for an area agency on aging to use in selection of members of the agency's board of directors. The selection procedure shall be incorporated into the bylaws of the board of directors.

14. Adopt rules pursuant to chapter 17A that support the capabilities of the area agencies on aging, and aging and disabilities resource centers, to serve older individuals and individuals with disabilities.

Sec. 144. Section 231.23A, subsections 1 and 3, Code 2024, are amended to read as follows:

1. Services for older individuals, ~~persons with disabilities eighteen years of age and older,~~ family caregivers, and veterans as defined by the department in the most current version of the department's reporting manual and pursuant to the federal Act and regulations.

3. ~~The aging~~ Aging and disability resource ~~center~~ centers.

Sec. 145. Section 231.23A, Code 2024, is amended by adding the following new subsection:

NEW SUBSECTION. 7A. Services and supports available to individuals with disabilities including but not limited to individuals with mental illness, an intellectual disability or other developmental disability, or a brain injury.

Sec. 146. Section 231.31, Code 2024, is amended to read as follows:

231.31 State plan on aging.

The department shall develop~~, and submit to the commission on aging for approval,~~ a multiyear state plan on aging. The state plan on aging shall meet all applicable federal requirements.

Sec. 147. Section 231.32, Code 2024, is amended to read as follows:

231.32 Criteria for designation of area agencies on aging.

1. The ~~commission~~ department shall designate an area agency on aging for each planning and service area. The ~~commission shall continue the~~ designation shall continue until an area agency on aging's designation is removed for cause as determined by the ~~commission~~ department, until the time of renewal or the annual update of an area plan, until the agency voluntarily withdraws as an area agency on aging, or until a change in the designation of planning and service areas or area agencies on aging is required by state or federal law. In that event, the ~~commission~~ department shall proceed in accordance with subsections 2, 3, and 4. Designated area agencies on aging shall comply with the requirements of the federal Act.

2. The ~~commission~~ department shall designate an area agency on aging to serve each planning and service area, after consideration of the views offered by units of general purpose local government. An area agency on aging may be:

a. An established office of aging which is operating within a planning and service area designated by the ~~commission~~

department.

b. Any office or agency of a unit of general purpose local government, which is designated to function only for the purpose of serving as an area agency on aging by the chief elected official of such unit.

c. Any office or agency designated by the appropriate chief elected officials of any combination of units of general purpose local government to act only on behalf of such combination for such purpose.

d. Any public or nonprofit private agency in a planning and service area or any separate organizational unit within such agency which is under the supervision or direction for this purpose of the department and which can and will engage only in the planning or provision of a broad range of long-term living and community support services or nutrition services within the planning and service area.

3. When the ~~commission~~ department designates a new area agency on aging, the ~~commission~~ department shall give the right of first refusal to a unit of general purpose local government if:

a. Such unit can meet the requirements of subsection 1.

b. The boundaries of such a unit and the boundaries of the area are reasonably contiguous.

4. Each area agency on aging shall provide assurance, determined adequate by the ~~commission~~ department, that the area agency on aging has the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area, the ~~commission~~ department shall give preference to an established office of aging, unless the ~~commission~~ department finds that no such office within the planning and service area has the capacity to carry out the area plan.

5. Upon designation, an area agency on aging shall be

considered an instrumentality of the state and shall adhere to all state and federal mandates applicable to an instrumentality of the state.

Sec. 148. Section 231.33, subsections 1 and 13, Code 2024, are amended to read as follows:

1. Develop and administer an area plan ~~on aging~~ approved by the ~~commission~~ department.

13. Submit all fiscal and performance reports in accordance with the policies of the ~~commission~~ department.

Sec. 149. Section 231.56, Code 2024, is amended to read as follows:

231.56 Services and programs.

The department shall administer long-term living and community support services and programs that allow older individuals and individuals with disabilities to secure and maintain maximum independence and dignity in a home environment that provides for self-care with appropriate supportive services, assist in removing individual and social barriers to economic and personal independence for older individuals and individuals with disabilities, and provide a continuum of care for older individuals and individuals with disabilities. Funds appropriated for this purpose shall be allocated based on ~~administrative~~ rules adopted by the ~~commission~~ department pursuant to chapter 17A. The department shall ~~require such records as needed~~ adopt rules pursuant to chapter 17A that allow the department to collect information as necessary from long-term living and community support services, program providers, and patients to administer this section.

Sec. 150. Section 231.57, Code 2024, is amended to read as follows:

231.57 Coordination of advocacy.

The department shall administer a program for the coordination of information and assistance provided within the state to assist older individuals and individuals with disabilities, and their caregivers, in obtaining and protecting

their rights and benefits. State and local agencies providing information and assistance to older individuals and individuals with disabilities, and their caregivers, in seeking their rights and benefits shall cooperate with the department in administering this program.

Sec. 151. Section 231.58, Code 2024, is amended to read as follows:

231.58 Long-term living coordination.

The director may convene meetings, as necessary, of the director and the director of inspections, appeals, and licensing, to assist in the coordination of policy, service delivery, and long-range planning relating to the long-term living system and older Iowans and Iowans with disabilities in the state. The group may consult with individuals, institutions, and entities with expertise in the area of the long-term living system and older Iowans and Iowans with disabilities, as necessary, to facilitate the group's efforts.

Sec. 152. Section 231.64, Code 2024, is amended to read as follows:

231.64 Aging and disability resource ~~center~~ centers.

1. ~~The aging and disability resource center shall be administered by the department consistent with the federal Act.~~ The department shall designate ~~area agencies on~~ aging and disability resource centers to establish, in consultation with other stakeholders including organizations representing the disability community, a coordinated local aging and disability service system ~~for providing~~. In addition to services required by the department by rules adopted pursuant to chapter 17A, aging and disability resource centers shall provide for all of the following:

a. Comprehensive information, referral, and assistance regarding the full range of available public and private long-term living and community support services, options, service providers, and resources within a community, including information on the availability of integrated long-term care.

b. Options counseling to assist individuals in assessing their existing or anticipated long-term care needs and developing and implementing a plan for long-term living and community support services designed to meet their specific needs and circumstances. The plan for long-term living and community support services may include support with person-centered care transitions to assist consumers and family caregivers with transitions between home and care settings.

c. Consumer access to the range of publicly-supported long-term living and community support services for which consumers may be eligible, by serving as a convenient point of entry for such services. ~~The aging~~ Aging and disability resource ~~center~~ centers shall offer information online and be available via a toll-free telephone number, electronic communications, and in person.

2. The following entities shall be eligible to be designated as an aging and disability resource center by the department:

a. An area agency on aging established on or before June 30, 2024.

b. A public or private nonprofit agency, or any separate organizational unit within the public or private nonprofit agency, that has the capabilities to engage in the planning or provision of aging and disability services only as directed by the department.

~~2.~~ 3. ~~The aging~~ Aging and disability resource ~~center~~ centers shall assist older individuals, ~~persons~~ individuals with disabilities ~~age eighteen or older~~, family caregivers, and people who inquire about or request assistance on behalf of members of these groups, as they seek long-term living and community support services.

4. The department shall adopt rules pursuant to chapter 17A to implement this section.

Sec. 153. NEW SECTION. **231.75 Scope.**

The service quality standards and rights in this subchapter VII shall apply to any person with an intellectual disability,

a developmental disability, brain injury, or chronic mental illness who receives services which are funded in whole or in part by public funds, or services which are permitted under Iowa law.

Sec. 154. NEW SECTION. **231.76 Service quality standards.**

As the state participates more fully in funding services and other support for persons with an intellectual disability, developmental disability, brain injury, or chronic mental illness, it is the intent of the general assembly that the state shall seek to attain the following quality standards in the provision of services and other supports:

1. Provide comprehensive evaluation and diagnosis adapted to the cultural background, primary language, and ethnic origin of a person.

2. Provide an individual treatment, habilitation, and program services plan.

3. Provide treatment, habilitation, and program services that are individualized, flexible, cost-effective, and produce results.

4. Provide periodic review of an individual's treatment, habilitation, and program services plan.

5. Provide for the least restrictive environment, and age-appropriate services.

6. Provide appropriate training and employment opportunities so that a person's ability to contribute to, and participate in, the community is maximized.

7. Provide an ongoing process to determine the degree of access to, and the effectiveness of, the services and other supports in achieving the disability service outcomes and indicators identified by the department.

Sec. 155. NEW SECTION. **231.77 Rights.**

All of the following rights shall apply to a person with an intellectual disability, a developmental disability, a brain injury, or a chronic mental illness:

1. *Wage protection.* A person engaged in a work program

shall be paid wages commensurate with the going rate for comparable work and productivity.

2. *Insurance protection.* Pursuant to section 507B.4, subsection 3, paragraph "g", a person or designated group of persons shall not be unfairly discriminated against for purposes of insurance coverage.

3. *Citizenship.* A person retains the right to citizenship in accordance with the laws of the state.

4. *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.

Sec. 156. NEW SECTION. **231.78 Compliance.**

1. A person's sole remedy for a violation of a rule adopted by the department to implement sections 231.75 through 231.77 shall be to initiate a proceeding with the department by request pursuant to chapter 17A.

a. Any decision of the department shall be in accordance with due process of law. A person or party who is aggrieved or adversely affected by the department's action may seek judicial review pursuant to section 17A.19. A person or party who is aggrieved or adversely affected by a final judgment of the district court may appeal under section 17A.20.

b. Either the department or a party in interest may apply to the Iowa district court for an order to enforce a final decision of the department.

2. Any rules adopted by the department to implement sections 231.76 and 231.77 shall not create any right, entitlement, property or liberty right or interest, or private cause of action for damages against the state or a political subdivision of the state, or for which the state or a political subdivision of the state would be responsible.

3. Notwithstanding subsection 1, any violation of section 231.77, subsection 2, shall be subject to enforcement by the commissioner of insurance pursuant to chapter 507B.

Sec. 157. NEW SECTION. **231.79 Appeals process.**

The department shall establish an appeals process by which a person or the person's representative may appeal a decision of the department concerning the provision or denial of aging or disability services to the person.

Sec. 158. Section 231E.3, Code 2024, is amended to read as follows:

231E.3 Definitions.

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

1. *"Client"* means an individual for whom a representative payee is appointed.

~~2. *"Commission"* means the commission on aging.~~

~~3.~~ 2. *"Conservator"* means conservator as defined in section 633.3.

~~4.~~ 3. *"Court"* means court as defined in section 633.3.

~~5.~~ 4. *"Department"* means the department of health and human services.

~~6.~~ 5. *"Director"* means the director of health and human services.

~~7.~~ 6. *"Guardian"* means guardian as defined in section 633.3.

~~8.~~ 7. *"Incompetent"* means incompetent as defined in section 633.3.

~~9.~~ 8. *"Local office"* means a local office of public guardian.

~~10.~~ 9. *"Local public guardian"* means an individual under contract with the department to act as a guardian, conservator, or representative payee.

~~11.~~ 10. *"Public guardian"* means the state public guardian or a local public guardian.

~~12.~~ 11. *"Public guardianship services"* means guardianship, conservatorship, or representative payee services provided by the state public guardian or a local public guardian.

~~13.~~ 12. *"Representative payee"* means an individual

appointed by a government entity to receive funds on behalf of a client pursuant to federal regulation.

~~14.~~ 13. *"State agency"* means any executive department, commission, board, institution, division, bureau, office, agency, or other executive entity of state government.

~~15.~~ 14. *"State office"* means the state office of public guardian.

~~16.~~ 15. *"State public guardian"* means the administrator of the state office of public guardian.

~~17.~~ 16. *"Ward"* means the individual for whom a guardianship or conservatorship is established.

Sec. 159. REPEAL. Sections 231.11, 231.12, and 231.13, Code 2024, are repealed.

Sec. 160. CODE EDITOR DIRECTIVE. The Code editor is directed to do all of the following:

1. Entitle Code chapter 231 "Department of Health and Human Services — Aging and Disability Services".

2. Designate sections 231.75 through 231.79, as enacted in this division of this Act, as subchapter VII entitled "Bill of Rights and Service Quality Standards for Persons with an Intellectual Disability, Developmental Disability, Brain Injury, or Chronic Mental Illness".

3. Correct internal references in the Code and in any enacted legislation as necessary due to the enactment of this division of this Act.

Sec. 161. EFFECTIVE DATE. The following take effect July 1, 2025:

1. The parts of the sections of this division of this Act amending the following:

a. Section 231.3.

b. Section 231.4, subsection 1.

c. Section 231.23, subsections 4 and 7.

d. Section 231.23A, subsection 1.

e. Sections 231.56, 231.57, and 231.58.

f. Section 231.64, subsection 2.

2. The parts of the sections of this division of this Act enacting the following: sections 231.23A, subsection 7A, 231.75, 231.76, 231.77, 231.78, and 231.79.

DIVISION IV

TRANSITION PROVISIONS

Sec. 162. DEPARTMENT OF HEALTH AND HUMAN SERVICES — TRANSITION OF MENTAL HEALTH SERVICES, ADDICTIVE DISORDER SERVICES, AND DISABILITY SERVICES.

1. For purposes of this division:

a. "Administrative services organization" means the same as defined in section 225A.1, as enacted in division I of this Act.

b. "Behavioral health district" means the same as defined in section 225A.1, as enacted in division I of this Act.

c. "Department" means the department of health and human services.

d. "District behavioral health service system plan" means the same as defined in section 225A.1, as enacted in division I of this Act.

e. "Mental health and disability services region" means the same as defined in section 225C.2, subsection 9.

f. "State behavioral health service system" means the state behavioral health service system as established in section 225A.3, as enacted in division I of this Act.

g. "State behavioral health service system plan" means the same as defined in section 225A.1, as enacted in division I of this Act.

h. "Transition period" means the period beginning on the date of enactment of this division of this Act and concluding on June 30, 2025.

2. There is created a behavioral health service system under the control of the department. For the fiscal year beginning July 1, 2025, and each succeeding fiscal year, the behavioral health service system shall be responsible for implementing and maintaining a statewide system of prevention, education, early

intervention, treatment, recovery support, and crisis services related to mental health and addictive disorders, including but not limited to substance use, tobacco use, and problem gambling. For the fiscal year beginning July 1, 2025, and each succeeding fiscal year, the department's division of aging and disability services shall be responsible for disability services.

3. During the transition period, the department may exercise all policymaking functions and regulatory powers established in division I of this Act, as necessary to establish the state behavioral health service system.

4. To ensure the state behavioral health service system and the division of aging and disability services are able to operate as intended at the conclusion of the transition period, the department shall perform all the following duties:

a. Make contracts as necessary to set up services and administrative functions.

b. Adopt rules as necessary to establish and administer the state's behavioral health service system.

c. Establish policies as necessary to ensure efficient implementation and operation of the behavioral health service system.

d. Prepare forms necessary for the implementation and administration of behavioral health services.

e. Prepare a state behavioral health service system plan for the state behavioral health service system.

f. Designate behavioral health districts on or before August 1, 2024. The behavioral health district designation process shall include an opportunity for the public to review and to comment on proposed behavioral health district boundaries.

g. Designate an administrative services organization for each behavioral health district on or before December 31, 2024.

h. Review and approve district behavioral health service system plans for services related to the behavioral health

service system.

i. Issue all necessary licenses and certifications.

j. Establish contractual rights, privileges, and responsibilities as necessary to establish and implement the state behavioral health service system.

k. Develop and implement a plan to ensure that persons currently receiving disability services or early intervention, treatment, recovery support, or crisis services related to mental health or addictive disorders, including but not limited to alcohol use, substance use, tobacco use, and problem gambling, have an uninterrupted continuum of care.

l. Establish a central data repository as described in section 225A.6, as enacted in division I of this Act.

5. If the department determines that a federal waiver or authorization is necessary to administer any provision of this division of this Act or to effectuate the state behavioral health service system by the conclusion of the transition period, the department shall timely request the federal waiver or authorization. Notwithstanding any other effective date to the contrary, a provision the department determines requires a federal waiver or authorization shall be effective only upon receipt of federal approval for the waiver or authorization.

6. a. On or before July 1, 2024, the department shall publish on the department's internet site an initial transition plan for establishing the state behavioral health service system. The transition plan shall describe, at a minimum, all of the following:

(1) All tasks that require completion before July 1, 2025. The description of tasks shall include a description of how the department will solicit comments from stakeholders, including employees of the department, persons served by the department, partners of the department, members of the public, and members of the general assembly, and a detailed timeline for the completion of the tasks described.

(2) The proposed organizational structure of the state

behavioral health service system.

(3) The transition of service delivery sites from locations where people currently receive behavioral health services to where the people will receive behavioral health services under the state behavioral health service system.

(4) Procedures for the transfer and reconciliation of budgeting and funding between the mental health and disability services regions and the department.

(5) A description of how responsibilities for disability services programs will be transferred from current program administrators to the department's division of aging and disability services by the end of the transition period.

(6) Any additional known tasks that may require completion after the transition on July 1, 2025.

b. The transition plan published under paragraph "a" shall:

(1) Be updated no less than quarterly during the transition period with the current status of completing the tasks identified in paragraph "a", subparagraph (1).

(2) Describe how information regarding any changes in service delivery will be provided to persons receiving services from the mental health and disability services regions or current behavioral health care providers contracted with the department.

(3) Describe how the transition is being funded, including how expenses associated with the transition will be managed.

7. a. Before the end of the transition period, the governing board of each mental health and disability services region that maintains a combined account pursuant to section 225C.58, subsection 1, shall transfer all unencumbered and unobligated moneys remaining in the combined account to the treasurer of state for deposit into the behavioral health fund as established in section 225A.7 as enacted in division I of this Act.

b. Before the end of the transition period, each county which maintains a county mental health and disability services

fund pursuant to section 225C.58, subsection 1, shall transfer all unencumbered and unobligated moneys remaining in the mental health and disability services fund to the treasurer of state for deposit into the behavioral health fund as established in section 225A.7 as enacted in division I of this Act.

c. Moneys in the behavioral health fund as established in section 225A.7 as enacted in division I of this Act are appropriated to the department for the purposes established in section 225A.7 as enacted in division I of this Act, and as otherwise necessary to effectuate this division of this Act.

8. a. All debts, claims, or other liabilities owed to a county, a mental health and disability services region, or the state due to services rendered pursuant to chapter 125, 222, 225, 225C, 226, 227, 229, 230, or 230A, Code 2024, at the conclusion of the transition period shall remain due and owing after the transition period concludes.

b. After the transition period concludes, each county auditor shall collect outstanding debts, claims, or other liabilities owed to the county for services rendered pursuant to chapter 125, 222, 225, 225C, 226, 227, 229, 230, or 230A, Code 2024, before the transition period concluded. The county attorney may bring a judicial action as necessary to collect the outstanding debts, claims, or other liabilities.

9. With input from appropriate stakeholders, the department shall identify each contract that will be impacted by mental health and disability services being transferred to the state behavioral health service system, or by responsibilities being transferred to the department's division of aging and disabilities, pursuant to this Act. On or before June 30, 2025, a party to a contract identified by the department under this subsection shall exercise the option, if available pursuant to the terms of the contract, to terminate the contract in accordance with the terms of the contract which provide for termination. Contracts that do not provide for termination shall not be renewed or extended at the end of the

current contract term.

10. A mental health and disability services region, a regional administrator as defined in section 225C.55, and any subdivision of the state shall not enter into, renew, or extend any contract for services related to mental health and disability services or addictive disorder services beyond June 30, 2025.

Sec. 163. DEPARTMENT OF HEALTH AND HUMAN SERVICES — TRANSITION FUNDING. Notwithstanding any provision of law to the contrary, there is appropriated from the region incentive fund of the mental health and disability services regional service fund created in section 225C.7A, subsection 8, to the department of health and human services for the fiscal year beginning July 1, 2024, and ending June 30, 2025, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For the establishment of a central data repository as described in section 225A.6, subsection 1, as enacted in division I of this Act:

..... $ 645,179

Notwithstanding section 8.33, moneys appropriated in this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert to the credit of the region incentive fund of the mental health and disability services regional service fund, but shall be credited to the behavioral health fund created in section 225A.7, as enacted in division I of this Act, and are appropriated to the department of health and human services for expenditure for the purposes of the behavioral health fund.

Sec. 164. EMERGENCY RULES. The department of health and human services may adopt emergency rules under section 17A.4, subsection 3, and section 17A.5, subsection 2, paragraph "b", to implement the provisions of this division of this Act and the rules shall be effective immediately upon filing unless a later date is specified in the rules. Any rules adopted

in accordance with this section shall also be published as a notice of intended action as provided in section 17A.4.

Sec. 165. EFFECTIVE DATE. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

DIVISION V

ELIMINATION OF SPECIAL INTELLECTUAL DISABILITY UNITS

Sec. 166. Section 222.1, subsection 3, Code 2024, is amended by striking the subsection.

Sec. 167. Section 222.2, subsection 8, Code 2024, is amended by striking the subsection.

Sec. 168. Section 222.5, Code 2024, is amended to read as follows:

222.5 Preadmission diagnostic evaluation.

A person shall not be eligible for admission to a resource center ~~or a special unit~~ until a preadmission diagnostic evaluation has been made by a resource center ~~or a special unit~~ which confirms or establishes the need for admission.

Sec. 169. Section 222.7, unnumbered paragraph 1, Code 2024, is amended to read as follows:

The department may transfer patients from one state resource center to the other and may at any time transfer patients from the resource centers to the hospitals for persons with mental illness~~, or transfer patients in the resource centers to a special unit or vice versa~~. The department may also transfer patients from a hospital for persons with mental illness to a resource center if consent is given or obtained as follows:

Sec. 170. Section 222.8, Code 2024, is amended to read as follows:

222.8 Communications by patients.

Persons admitted to the resource centers ~~or a special unit~~ shall have all reasonable opportunity and facility for communication with their friends. Such persons shall be permitted to write and send letters, provided the letters contain nothing of an offensive character. Letters written by any patient to the director or to any state or county official

shall be forwarded unopened.

Sec. 171. Section 222.9, Code 2024, is amended to read as follows:

222.9 Unauthorized departures.

If any person with an intellectual disability shall depart without proper authorization from a resource center ~~or a special unit~~, it shall be the duty of the superintendent and the superintendent's assistants and all peace officers of any county in which such patient may be found to take and detain the patient without a warrant or order and to immediately report such detention to the superintendent who shall immediately provide for the return of such patient to the resource center ~~or special unit~~.

Sec. 172. Section 222.12, subsection 1, Code 2024, is amended to read as follows:

1. Upon the death of a patient of a resource center ~~or special unit~~, a preliminary investigation of the death shall be conducted as required by section 218.64 by the county medical examiner as provided in section 331.802. Such a preliminary investigation shall also be conducted in the event of a sudden or mysterious death of a patient in a private institution for persons with an intellectual disability. The chief administrative officer of any private institution may request an investigation of the death of any patient by the county medical examiner.

Sec. 173. Section 222.73, subsections 1, 3, and 5, Code 2024, are amended to read as follows:

1. The superintendent of each resource center ~~and special unit~~ shall compute by February 1 the average daily patient charge and outpatient treatment charges for which each county will be billed for services provided to patients chargeable to the county during the fiscal year beginning the following July 1. The department shall certify the amount of the charges and notify the counties of the billing charges.

a. The superintendent shall compute the average daily

patient charge for a resource center ~~or special unit~~ for services provided in the following fiscal year, in accordance with generally accepted accounting procedures, by totaling the expenditures of the resource center ~~or special unit~~ for the immediately preceding calendar year, by adjusting the expenditures by a percentage not to exceed the percentage increase in the consumer price index for all urban consumers for the immediately preceding calendar year, and by dividing the adjusted expenditures by the total inpatient days of service provided during the immediately preceding calendar year.

b. The department shall compute the outpatient treatment charges, in accordance with generally accepted accounting procedures, on the basis of the actual cost of the outpatient treatment provided during the immediately preceding calendar year.

~~3.~~ 2. The superintendent shall compute in January the actual per-patient-per-day cost for each resource center ~~or special unit~~ for the immediately preceding calendar year, in accordance with generally accepted accounting procedures, by totaling the actual expenditures of the resource center ~~or special unit~~ for the calendar year and by dividing the total actual expenditures by the total inpatient days of service provided during the calendar year.

~~5.~~ 3. A superintendent of a resource center ~~or special unit~~ may request that the director enter into a contract with a person for the resource center ~~or special unit~~ to provide consultation or treatment services or for fulfilling other purposes which are consistent with the purposes stated in section 222.1. The contract provisions shall include charges which reflect the actual cost of providing the services. Any income from a contract authorized under this subsection may be retained by the resource center ~~or special unit~~ to defray the costs of providing the services or fulfilling the other purposes. Except for a contract voluntarily entered into by a

county under this subsection, the costs or income associated with a contract authorized under this subsection shall not be considered in computing charges and per diem costs in accordance with the provisions of subsections 1 ~~through 4~~ and 2.

Sec. 174. Section 222.83, Code 2024, is amended to read as follows:

222.83 Nonresident patients.

The estates of all nonresident patients who are provided treatment, training, instruction, care, habilitation, and support in or by a resource center ~~or a special unit~~, and all persons legally bound for the support of such persons, shall be liable to the state for the reasonable value of such services. The certificate of the superintendent of the resource center ~~or special unit~~ in which any nonresident is or has been a patient, showing the amounts drawn from the state treasury or due therefrom as provided by law on account of such nonresident patient, shall be presumptive evidence of the reasonable value of such services furnished such patient by the resource center ~~or special unit~~.

Sec. 175. Section 222.84, Code 2024, is amended to read as follows:

222.84 Patients' personal deposit fund.

There is established at each resource center ~~and special unit~~ a patients' personal deposit fund. ~~In the case of a special unit, the director may direct that the patients' personal deposit fund be maintained and administered as a part of the fund established, pursuant to sections 226.43 through 226.46, by the state mental health institute where the special unit is located.~~

Sec. 176. Section 222.85, subsection 1, Code 2024, is amended to read as follows:

1. Any funds coming into the possession of the superintendent or any employee of a resource center ~~or special unit~~ belonging to any patient in that institution shall be

deposited in the name of the patient in the patients' personal deposit fund, except that if a guardian of the property has been appointed for the person, the guardian shall have the right to demand and receive such funds. Funds belonging to a patient deposited in the patients' personal deposit fund may be used for the purchase of personal incidentals, desires, and comforts for the patient.

Sec. 177. Section 222.87, Code 2024, is amended to read as follows:

222.87 Deposit in bank.

The department shall deposit the patients' personal deposit fund in a commercial account of a bank of reputable standing. When deposits in the commercial account exceed average monthly withdrawals, the department may deposit the excess at interest. The savings account shall be in the name of the patients' personal deposit fund and interest paid on the account may be used for recreational purposes for the patients at the resource center ~~or special unit~~.

Sec. 178. REPEAL. Sections 222.88, 222.89, 222.90, and 222.91, Code 2024, are repealed.

Sec. 179. EFFECTIVE DATE. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

DIVISION VI

COUNTY OF RESIDENCE DETERMINATIONS

Sec. 180. NEW SECTION. **331.190 County of residence — dispute resolution.**

1. *"County of residence"* means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living for a permanent or indefinite period of time. The county of residence of a homeless person is the county in which the homeless person usually sleeps. A person maintains residency in the county or state in which the person last resided during the time period that the person is present in

a different county or state receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance use disorder treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, a residential care facility, or for the purpose of attending a college or university.

2. *a.* The dispute resolution process in this subsection shall apply to county of residence disputes. The dispute resolution process shall not be applicable to any of the following:

(1) Disputes involving persons committed to a state facility pursuant to chapter 812.

(2) Disputes involving Iowa rule of criminal procedure 2.22(8)(b), commitment for evaluation.

(3) Disputes involving chapter 12 of Iowa court rules, rules for involuntary hospitalization of mentally ill persons.

b. If a county objects to a billing for services or a residency determination and asserts that either the person has residency in a different county or the person is not a resident of this state, the person's county of residence shall be determined as provided in this subsection. If the county asserts that the person has residency in a different county in this state, the county shall notify that county in writing within one hundred twenty calendar days of receiving the billing for services or of the county of residence determination.

c. The county that receives the notification under paragraph "*b*" shall respond in writing to the county that provided the notification within forty-five calendar days of receiving the notification. If the parties cannot agree as to the person's county of residence within ninety calendar days of the date of notification, on motion of either of the parties, the matter shall be referred to the administrative hearings division of the department of inspections, appeals, and licensing for a contested case proceeding under chapter 17A, before an

administrative law judge assigned in accordance with section 10A.801, to determine the person's county of residence.

d. (1) Notwithstanding section 17A.15, the administrative law judge's determination of a person's county of residence shall be considered final agency action. Judicial review of the determination may be sought in accordance with section 17A.19.

(2) If following the determination of a person's county of residence under this subsection additional evidence becomes available that merits a change in the determination of the person's county of residence, the affected parties may change the determination of county of residence by mutual agreement. Otherwise, a party may move that the matter be reconsidered by the county, or by an administrative law judge assigned in accordance with section 10A.801.

e. Unless a petition is filed for judicial review, the administrative law judge's determination of the person's county of residence shall result in one of the following:

(1) If a county is determined to be the person's county of residence, that county shall pay any amounts due and shall reimburse the other county for any amounts paid for services provided to the person by the other county prior to the county of residence determination.

(2) If it is determined that the person is not a resident of this state, neither the state nor either county shall be liable for payment of amounts due for services provided to the person prior to the determination of the person's county of residence.

f. (1) The party that does not prevail in a contested case proceeding or a subsequent judicial review pursuant to this subsection shall be liable for costs associated with the proceeding or judicial review, including reimbursement of the administrative hearings division of the department of inspections, appeals, and licensing's actual costs associated with the administrative proceeding, court costs, and reasonable attorney fees.

(2) A payment or reimbursement pursuant to this subsection shall be remitted within forty-five calendar days of the date the county of residence determination is issued by the administrative law judge or the date the court files an order determining the person's county of residence, whichever is later. After forty-five calendar days, the prevailing party may add a penalty of up to one percent per month to any amounts due.

Sec. 181. Section 35D.9, Code 2024, is amended to read as follows:

35D.9 County of residence upon discharge.

A member of the home does not acquire residency in the county in which the home is located unless the member is voluntarily or involuntarily discharged from the home and the member meets county of residence requirements. For purposes of this section, *"county of residence"* means the same as defined in section ~~225C.61~~ 331.190.

Sec. 182. Section 232.141, subsections 7 and 8, Code 2024, are amended to read as follows:

7. A county charged with the costs and expenses under subsections 2 and 3 may recover the costs and expenses from the child's custodial parent's county of residence, as defined in section ~~225C.61~~ 331.190, by filing verified claims which are payable as are other claims against the county. A detailed statement of the facts upon which a claim is based shall accompany the claim.

8. This subsection applies only to placements in a juvenile shelter care home which is publicly owned, operated as a county or multicounty shelter care home, organized under a chapter 28E agreement, or operated by a private juvenile shelter care home. If the actual and allowable costs of a child's shelter care placement exceed the amount the department is authorized to pay, the unpaid costs may be recovered from the child's custodial parent's county of residence. However, the maximum amount of the unpaid costs which may be recovered under this

subsection is limited to the difference between the amount the department is authorized to pay and the statewide average of the actual and allowable rates as reasonably determined by the department annually. A home may only be reimbursed for the lesser of the home's actual and allowable costs or the statewide average of the actual and allowable rates as determined by the department in effect on the date the costs were paid. The unpaid costs are payable pursuant to filing of verified claims against the child's custodial parent's county of residence. A detailed statement of the facts upon which a claim is based shall accompany the claim. Any dispute between counties arising from ~~filings of~~ claims filed pursuant to this subsection shall be settled in the manner provided to determine ~~residency~~ county of residence in section ~~225C.61~~ 331.190.

Sec. 183. EFFECTIVE DATE. This division of this Act takes effect July 1, 2025.

DIVISION VII

CHILDREN'S BEHAVIORAL HEALTH — PSYCHIATRIC MEDICAL INSTITUTIONS FOR CHILDREN — HAWKI PROGRAM BENEFITS

Sec. 184. REDUCTION OF REGULATORY BARRIERS AND RESTRICTIONS — PSYCHIATRIC MEDICAL INSTITUTIONS FOR CHILDREN. The department of health and human services shall review the department's administrative rules regarding psychiatric medical institutions for children (PMICs) and shall update the rules, informed by the findings of the association of children's residential centers' most recent nationwide survey and scan of psychiatric residential treatment facilities, and the recommendations of the coalition for family and children's services in Iowa, to do all of the following:

1. Allow a physician assistant or advanced registered nurse practitioner to serve as a member of the plan of care team as a member who is experienced in child psychiatry or child psychology pursuant to 481 IAC 41.13(2).

2. Allow a physician assistant or advanced registered nurse practitioner to be a member of the team to complete

the certification of need for services for a PMIC placement pursuant to 481 IAC 41.9.

3. Remove the reserve bed day limitations for hospitalizations and expand the number of other therapeutic absences beyond thirty days to allow for skill acquisition, stabilization, and continuity of care as deemed necessary by the child's medical providers and in accordance with a child's discharge plan.

4. Allow licensed professionals, based on competencies rather than license type, to order the use of restraints or seclusions and to conduct post-restraint or seclusion assessments, including via telehealth, to increase response times and expand access to care. [The department of inspections, appeals, and licensing shall adopt rules pursuant to chapter 17A to implement this subsection.]

5. a. Allow therapy and behavioral health intervention services to be included as billable services provided during a placement at a PMIC to provide continuity of care, maintain established clinical relationships, and avoid disruption in services or delays in reestablishing care post discharge.

b. Allow family therapy and family behavioral health intervention services to be included in billable services during the placement of a child in a PMIC without requiring the child's presence for the family to work on targeted skills essential for the child's success and to prepare the family for the child's return home.

c. Provide reimbursement codes to cover services beyond those provided outside the PMIC care team as necessary to adequately treat substance use disorder, sexualized behaviors, autism, and other services needed to support the child.

6. Standardize all of the following across all managed care organizations as follows:

a. Require that authorization for a PMIC placement shall be retroactive to the date the request for authorization is submitted to the managed care organization not the date the

managed care organization responds; or require a managed care organization to respond within five business days from receipt of a request for authorization for a PMIC placement, if the certification of need and independent assessment have been received in a timely manner.

b. Prohibit a managed care organization from denying authorization for a PMIC placement based on lack of parental involvement, based on lack of participation in behavioral health intervention services on an outpatient basis, or based on other perceived behavioral issues.

c. Allow a managed care organization to authorize an initial PMIC placement of sixty days upon admission with concurrent stay reviews every thirty days thereafter. A PMIC shall submit a care plan to the managed care organization within thirty days of the admission.

d. Require concurrent stay reviews to be standardized and limited to a brief description of progress, or lack of progress, toward the child's goals and objectives.

e. Require a managed care organization to offer support to families, including assistance with transportation to and from a PMIC to visit a child.

7. Notwithstanding any provision of law to the contrary, including certificate of need requirements, allow a previously licensed PMIC that has the capacity to provide up to an additional four intermediate care facility for persons with an intellectual disability beds, and which additional beds meet all other licensing and state fire marshal requirements, to increase their licensed capacity to include the additional beds without further review including by the health facilities council.

8. Allow for step-down PMIC placements or supervised apartment living for a child to utilize programming provided in a PMIC while living independently in a smaller residential setting without twenty-four-hour supervision.

Sec. 185. HAWKI PROGRAM —— BENEFITS INCLUDED IN QUALIFIED

CHILD HEALTH PLAN — REVIEW. The department of health and human services shall review the benefits included in a qualified child health plan under the Hawki program and shall specifically address the inclusion of applied behavior analysis services as a covered benefit. The department shall report the findings of the review to the general assembly by December 1, 2024.

DIVISION VIII

STATE-FUNDED PSYCHIATRY RESIDENCY AND FELLOWSHIP POSITIONS

Sec. 186. Section 135.180, Code 2024, is amended to read as follows:

135.180 State-funded psychiatry residency and fellowship ~~program~~ positions — fund — appropriations.

1. *a.* The university of Iowa hospitals and clinics shall administer ~~a~~ state-funded psychiatry residency and fellowship ~~program~~ positions for up to ~~nine~~ seven residents and up to two fellows, annually. In addition, a county medical center, and a medical center operating for more than one hundred forty years, that are members of separate health systems, administer psychiatry residency programs, and are located in a county with a population over five hundred thousand shall each administer state-funded psychiatry residency positions for one resident, annually. The university of Iowa hospitals and clinics and the specified medical centers shall expand ~~the~~ their psychiatry residency ~~program~~ programs to provide additional residency positions by providing financial support for residency positions which are in excess of the federal residency cap established by the federal Balanced Budget Act of 1997, Pub. L. No. 105-33.

b. The university of Iowa hospitals and clinics and the specified medical centers shall cooperate with the state mental health institutes at Independence and Cherokee, the state resource center at Woodward, the state training school at Eldora, and the Iowa medical and classification center at Oakdale in administering ~~the program~~ the positions.

Participating residents and fellows shall complete a portion of their psychiatry training at one of the state mental health institutes, the state resource center, the state training school, or the Iowa medical and classification center at Oakdale. For accreditation-required clinical experiences not available at the state mental health institutes, the state resource center, the state training school, or the Iowa medical and classification center at Oakdale, the residents ~~of the psychiatry residency and fellowship program~~ awarded the residency positions administered by the university of Iowa hospitals and clinics may utilize clinical rotations at the university of Iowa hospitals and clinics and its affiliates across the state and the residents awarded the residency positions administered by the specified medical centers may utilize clinical rotations at affiliates of such medical centers across the state.

2. The university of Iowa hospitals and clinics shall apply to the accreditation council for graduate medical education for approval of ~~nine~~ seven additional residency positions for each class of residents and ~~the psychiatry residency and fellowship program~~ shall award the total number of residency positions approved for each class of residents. The university of Iowa hospitals and clinics shall approve and award up to two fellowship positions annually. The specified medical centers shall apply to the accreditation council for graduate medical education for approval of one additional residency position each for each class of residents and shall award the total number of residency positions approved for each class of residents. Preference in the awarding of residency and fellowship positions shall be given to candidates who are residents of Iowa, attended and earned an undergraduate degree from an Iowa college or university, or attended and earned a medical degree from a medical school in Iowa.

3. A psychiatry residency and fellowship ~~program~~ positions fund is created in the state treasury consisting of the moneys

appropriated or credited to the fund by law. Notwithstanding section 8.33, moneys in the fund at the end of each fiscal year shall not revert to any other fund but shall remain in the psychiatry residency and fellowship ~~program~~ positions fund for use in subsequent fiscal years. Moneys in the fund are appropriated to the university of Iowa hospitals and clinics to be used for the purposes of ~~the program~~ this section. For the fiscal years beginning on or after July 1, 2023, there is appropriated from the general fund of the state to the psychiatry residency and fellowship ~~program~~ positions fund one hundred thousand dollars for each residency position approved and awarded ~~under the program~~ and one hundred fifty thousand dollars for each fellowship position approved and awarded under ~~the program~~ this section. Of the amount appropriated annually from the fund to the university of Iowa hospitals and clinics, the university of Iowa hospitals and clinics shall distribute one hundred thousand dollars to each of the specified medical centers for each residency position approved and awarded.]