

331.438 County mental health, mental retardation, and developmental disabilities services expenditures — joint state-county planning, implementing, and funding.

1. For the purposes of [section 331.424A](#), [this section](#), [section 331.439](#), and [chapter 426B](#), unless the context otherwise requires:

a. “*Base year expenditures*” means the amount selected by a county and reported to the county finance committee pursuant to this paragraph. The amount selected shall be equal to the amount of net expenditures made by the county for qualified mental health, mental retardation, and developmental disabilities services provided in one of the following:

(1) The actual amount reported to the state on October 15, 1994, for the fiscal year beginning July 1, 1993.

(2) The net expenditure amount contained in the county’s final budget certified in accordance with [chapter 24](#) for the fiscal year beginning July 1, 1995, and reported to the county finance committee.

b. “*Qualified mental health, mental retardation, and developmental disabilities services*” means the services specified on forms issued by the county finance committee following consultation with the state commission.

c. “*State commission*” means the mental health, mental retardation, developmental disabilities, and brain injury commission created in [section 225C.5](#).

d. “*State payment*” means the payment made by the state to a county determined to be eligible for the payment in accordance with [section 331.439](#).

2. A state payment to a county for a fiscal year shall consist of the sum of the state funding the county is eligible to receive from the property tax relief fund in accordance with [section 426B.2](#) plus the county’s portion of state funds appropriated for the allowed growth factor adjustment established by the general assembly under [section 331.439, subsection 3](#), and paid from the allowed growth funding pool in accordance with [section 426B.5](#).

3. The state payment shall not include any expenditures for services that were provided but not reported in the county’s base year expenditures or for any expenditures which were not included in the county management plan submitted by the county in accordance with [section 331.439](#). A county’s eligibility for state payment is subject to the provisions of [section 331.439](#).

4. a. The state commission shall make recommendations and take actions for joint state and county planning, implementing, and funding of mental health, mental retardation or other developmental disabilities, and brain injury services, including but not limited to developing and implementing fiscal and accountability controls, establishing management plans, and ensuring that eligible persons have access to appropriate and cost-effective services.

b. The state commission shall do all of the following:

(1) Identify characteristics of the service system, including amounts expended, equity of funding among counties, funding sources, provider types, service availability, and equity of service availability among counties and among persons served.

(2) Assess the accuracy and uniformity of recordkeeping and reporting in the service system.

(3) Identify for each county the factors associated with inflationary growth of the service system.

(4) Identify opportunities for containing service system growth.

(5) Consider proposals for revising service system administrative rules.

(6) Consider provisions and adopt rules for counties to implement a central point of coordination to plan, budget, and monitor county expenditures for the service system. The provisions shall provide options for counties to implement the central point of coordination in collaboration with other counties.

(7) Develop criteria for annual county mental health, mental retardation, and developmental disabilities plans.

(8) Adopt administrative rules identifying qualified mental health, mental retardation, and developmental disabilities service expenditures for purposes of state payment pursuant to [subsection 1](#).

(9) Adopt rules for the county central point of coordination and clinical assessment

processes required under [section 331.440](#) and other rules necessary for the implementation of county management plans and expenditure reports required for state payment pursuant to [section 331.439](#).

(10) Consider recommendations to improve the programs and cost-effectiveness of state and county contracting processes and procedures, including strategies for negotiations relating to managed care. The recommendations implemented by the commission for the state and county regarding managed care shall include but are not limited to standards for limiting excess costs and profits, and for restricting cost shifting under a managed care system.

(11) Provide input, when appropriate, to the director of human services in any decision involving administrative rules which were adopted by the department of human services pertaining to the mental illness, mental retardation, and developmental disabilities services administered by counties.

(12) Identify the fiscal impact of existing or proposed legislation and administrative rules on state and county expenditures.

(13) Adopt administrative rules providing statewide standards and a monitoring methodology to determine whether cost-effective individualized services are available as required pursuant to [section 331.439, subsection 1, paragraph "b"](#).

(14) Consider recommendations for and adopt administrative rules establishing statewide minimum standards for services and other support required to be available to persons covered by a county management plan under [section 331.439](#).

(15) Consider recommendations for measuring and improving the quality of state and county mental health, mental retardation, and developmental disabilities services and other support.

(16) Develop a procedure for each county to disclose to the department of human services information approved by the commission concerning the mental health, mental retardation, developmental disabilities, and brain injury services provided to the individuals served through the county central point of coordination process. The procedure shall incorporate protections to ensure that if individually identified information is disclosed, it is disclosed and maintained in compliance with applicable Iowa and federal confidentiality laws, including but not limited to federal Health Insurance Portability and Accountability Act, Pub. L. No. 104-191, requirements.

90 Acts, ch 1250, §2; 92 Acts, ch 1241, §75; 94 Acts, ch 1163, §2; 95 Acts, ch 120, §5, 7; 95 Acts, ch 206, §14; 96 Acts, ch 1183, §34 – 37; 96 Acts, ch 1205, §2; 97 Acts, ch 23, §36; 97 Acts, ch 198, §3; 98 Acts, ch 1213, §4, 5, 9 – 11; 99 Acts, ch 160, §7 – 10; 2000 Acts, ch 1090, §3, 6; 2001 Acts, ch 155, §3, 9 – 11; 2002 Acts, ch 1146, §8 – 11; 2004 Acts, ch 1090, §19 – 23; 2004 Acts, ch 1175, §174; 2005 Acts, ch 3, §65; 2006 Acts, ch 1093, §1, 3; 2007 Acts, ch 218, §78, 79

Referred to in [§331.424A, 331.439, 426B.2](#)

For specific exceptions to payments and expenditures provided under this section, see appropriations and other noncodified enactments in the annual Acts of the general assembly

2006 amendment to subsection 2 takes effect April 26, 2006, and applies retroactively to July 1, 2005; 2006 Acts, ch 1093, §3