

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

March 15, 2018 - 9:30 am to 2:00 pm
Polk County River Place, Room 2
2309 Euclid Ave, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska	Sharon Lambert (phone)
Thomas Broeker	Geoffrey Lauer
Dennis Bush	Brett McLain
Jody Eaton	John Parmeter
Marsha Edgington (phone)	Rebecca Peterson
Kathryn Johnson	Rebecca Schmitz
Betty King (phone)	

MHDS COMMISSION MEMBERS ABSENT:

Jennifer Sheehan	Representative Scott Ourth
Senator Mark Costello	Senator Liz Mathis
Representative David Heaton	

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief Community Services & Planning
Teresa Bomhoff	Mental Health Planning and Advisory Council/NAMI Greater DSM
John Hedgecoth	Amerigroup
Linda Kellen	Department of Inspections and Appeals
Julie Maas	MHDS, Community Services & Planning
Flora Schmidt	IBHA
Derrick Willis	University of Iowa/CDD
Caitlin Owens	University of Iowa/CDD
Ellen Ritter	Heart of Iowa MHDS Region
Mechelle Dhondt (phone)	MHDS of the East Central Region
Richard Whitaker (phone)	Vera French

Welcome and Call to Order

John Parmeter called the meeting to order at 9:36 am and led introductions. Quorum was established with ten members present and three participating by phone. No conflicts of interest were identified.

Approval of Minutes

Geoff Lauer made a motion to approve the January 18, 2018 meeting minutes. Tom Broeker seconded the motion. The motion passed unanimously. Brett McLain made a motion to approve the February 15, 2018 meeting minutes. Tom Bouska seconded the motion. The motion passed unanimously.

Administrative Rules regarding Chapter 24, "Accreditation of Providers of Services to Persons with Mental Illness, Intellectual Disabilities, or Developmental Disabilities"

Theresa Armstrong presented changes to the Chapter 24 administrative rules. Theresa said the changes are minimal and allow providers to use check boxes for lists instead of a narrative for some sections of documentation.

Geoff Lauer asked if the rules would still move forward if the Commission votes against them. Theresa said MHDS would report that the Commission doesn't approve the changes and there would be follow up questions and discussion. Geoff said that he is opposed to the changes because narratives are essential to ensure providers are following the desires of the individuals served and honoring their rights. Geoff said narratives are also essential when communicating between providers. Rebecca Schmitz said it was her understanding that narratives are still a requirement for many of the documentation sections and this is an attempt to reduce unnecessary documentation. Kathy Johnson said that the changes don't change the quality of documentation and that Chapter 24 sets a standard that is more stringent than the paperwork required for payment and these changes bring Chapter 24 up to date with progress being made in using data from electronic records. Rebecca Peterson said she is also in support of reducing paperwork barriers to spending time with clients and there are a lot of checks and balances to ensure agencies are providing quality care.

Becky Schmitz made a motion to vote on the proposed changes to Chapter 24 administrative rules. Tom Broeker seconded the motion. The motion passed 12-1 with Tom Bouska, Tom Broker, Dennis Bush, Jody Eaton, Marsha Edington, Kathy Johnson, Betty King, Sharon Lambert, Brett McLain, Rebecca Peterson, and Becky Schmitz voting in favor of the proposed changes to Chapter 24 administrative rules. Geoff Lauer voted against the proposed changes to Chapter 24 administrative rules.

Complex Service Needs Pending Legislation

Theresa Armstrong presented House File 2456 which includes recommendations from the Complex Service Needs Workgroup. Theresa said the process started with Senate File 504 which formed the workgroup with the purpose of reporting recommendations regarding service delivery for individuals with complex mental health, disability, and substance use disorder needs. Theresa said both the House and the Senate were running bills regarding the recommendations and they looked very similar. Theresa said the House version passed the House and Senate committee unanimously and is expected to go to the Senate floor soon. Theresa said that if it passes the Senate without amendment it will go to the Governor for her to sign.

Theresa said the bill makes changes to mental health and substance use disorder commitments. If a person doesn't meet commitment criteria the case is dismissed and allows for video conferencing. Theresa said a change specific to mental health commitments is that a person can be released from detention without hospitalization if they are deemed no longer impaired. Theresa said it also tightens up on outpatient commitments. Theresa said other changes the bill makes include: allowing regions to contract with transportation providers for commitments so they don't need to use the sheriff's department, changes regarding mental health providers disclosing information to law enforcement, review of the ACT reimbursement rate with recommendations to the legislature by December 15, 2018, removed the cap of 75 publically funded subacute beds and the requirement that DHS approves the provider applications, and a single statewide crisis line with DHS and IDPH working together on the platform.

Theresa said the bill also calls for two workgroups. One workgroup to review the commitment process with a report due December 30, 2018 and one workgroup to review the role of tertiary care hospitals in the array of mental health services with a report due November 30, 2018. Theresa said the bill also recommends a legislative interim study committee to review sustainable funding for the regions. Theresa said the study committee was recommended but it

is up to the leadership in the House and Senate to determine which study committees they will have.

Becky Schmitz asked if the statewide crisis line would be a cost to the regions or if IDPH would fund the line. Theresa said funding would be something DHS and IDPH would look at when developing the platform and it would most likely be DHS/IDPH or federal money funding the line. Becky said it would help the regions out to have that cost removed.

Theresa said the bill attempted to make the language in Iowa Code chapter 331 stronger regarding Medicaid and MCOs' responsibility to fund Medicaid services when the person is Medicaid eligible, the provider is enrolled with Medicaid, the service is medically necessary, and no other third party insurance is available. Theresa said the bill also takes out the requirement for regions to stop services provided to additional populations if a waiting list is necessary.

Theresa said DHS has the responsibility to write rules for civil commitment pre-screening which don't require the service but makes rules for regions willing to pay for the service. Theresa said the bill also adds access centers, assertive community treatment, intensive residential service homes, subacute, and a full array of crisis services as core services the region has to provide as long as Iowa has Medicaid expansion.

Theresa said the bill requires a minimum of six access centers statewide. The access centers can't have more than sixteen beds and must be licensed for subacute and accredited for crisis stabilization residential services. Access centers will also be required to be licensed as a substance use disorder provider or have a cooperative agreement with a substance use disorder provider who provides withdrawal management services. Access centers are for individuals who are medically stable and don't have the necessary services available in their home or community. They are required to accept individuals on a no eject no reject basis and must accept court orders. Theresa said regions are already starting to develop these services and it's important to have the rules be flexible enough so that regions don't have to restart their projects but they may have to make some adjustments.

Rebecca Peterson asked what the required length of stay would be for access centers. Theresa said that they aren't intended to be a long term placement and they have to provide subacute services. Subacute rules allow for ten days then an assessments need to be done for an individual to stay longer.

Kathy Johnson said the subacute piece was unexpected for providers and asked if there were any discussions on allowing subacute to be an option instead of a requirement. Theresa said that the bill has subacute as a requirement for access centers but not necessarily a requirement to be in the same building as the other services.

Theresa said the bill requires a minimum of 22 ACT teams across the state. Theresa said Iowa already has ten operating and by July 1, 2018 will have 11. Theresa said the rules will look at fidelity standards and ACT is a hard and intense service but it is also successful. Theresa said the ACT rules are in the Medicaid rules and any changes will have to be consistent with IME rules.

Dennis Bush asked if there is anything with ACT rules that excludes the use of telehealth. Kathy Johnson said that the rules don't exclude telehealth but it isn't ideal.

Theresa said the bill requires a minimum of 120 intensive residential service homes which are intense habilitation homes focused on a higher need population. Theresa said the homes are meant to be smaller and the bill says no larger than 16 beds. Theresa said these homes also have a no eject no reject policy and have a higher tolerance for behavioral issues. Theresa said the clinical and residential supports will be coordinated and individuals can receive IRSH and ACT services at the same time.

There was discussion on the requirement of no eject no reject for IRSH and access centers and what if people require a higher level of care. Theresa said that if someone requires inpatient level of care that is where they will be served and access centers and IRSH's will need to have relationships with hospitals.

Geoff Lauer asked if brain injury will be included when writing the rules and if the term multi-occurring will be used instead of co-occurring. Theresa said a requirement for a brain injury screening tool will be included and they will look at incorporating multi-occurring into the rules.

There was discussion about work force shortages in Iowa and how that would impact the development of new services. Theresa said there will be workforce challenges and this isn't the end all legislation but it is a starting point.

There was discussion on requiring subacute providers to use the inpatient bed tracking system and if children will be included. Theresa said subacute is for adults only but the legislation is worded to include children.

Sharon Lambert asked if there was any consideration for a grace period for someone who commits a crime during a psychiatric break. Theresa said not in this legislation but putting together a package of services to address the needs of individuals with complex needs will hopefully help reduce those situations.

Theresa said the Commission will play a large role with this legislation because DHS will be writing rules for the new core services which will go through Commission. Theresa said once the bill passes through the Senate and the Governor signs it everything will need to happen very quickly. Theresa said that her and John had discussed having a subcommittee assigned to each of the new services and pre-commitment screening. The subcommittees will include members of the Commission as well as additional regional CEOs since the regions have such a large part to play in the legislation. Theresa said the first meeting would be the last week of April and follow the format of previous subcommittees where DHS presents a draft for the subcommittee to react to and provide feedback. Commission members volunteered for each subcommittee. The access center subcommittee Commission members are Geoff Lauer, Kathy Johnson, and Jody Eaton. The IRSH subcommittee Commission members are Geoff Lauer, John Parmeter, and Marsha Edgington. The crisis and subacute subcommittee Commission members are Rebecca Peterson, Dennis Bush, and John Parmeter. The ACT subcommittee Commission members are Kathy Johnson, Thomas Bouska, and Brett McLain. The Pre-commitment screening subcommittee Commission members are Rebecca Peterson, Jody Eaton, and Sharon Lambert.

Theresa said there is a lot of work to be done but there has been a lot of support and investment from the general assembly.

Public Comment

Richard Whitaker said workforce issues are due in part to the HPSA designations which prohibits individuals from qualifying for loan forgiveness programs. Richard said having the HPSA designations updated might help with workforce issues in some areas.

Todd Noack said his region has an RFI out for a drop in center but are requiring the service to be accredited but there isn't an accreditation for peer run services. Theresa said they will have to look specifically at the service billing Medicaid and then look at the requirements to bill for the service. Theresa said looking at qualifications and requirements of those services should be a part of the discussion.

Flora Schmidt asked what the Commission thought about the bill to allow Sioux and Plymouth to form their own region. Theresa said this was going to be part of her update in the afternoon and asked John Parmeter if he wanted her to give the update now or in the afternoon. John asked Theresa to give the update now. Theresa said Sioux and Plymouth counties are a part of the Sioux Rivers Region and Woodbury has voted to leave the region and have been accepted to Rolling Hills Region but not until after July 1, 2019. The rules state a region has to be three counties and the proposed bill give DHS the authority to approve those two counties as a provisional two county region through July 1, 2019. Kathy Johnson asked if there are other standards the two counties wouldn't be able to meet. Theresa said she didn't believe so but in the past small regions have had more of a challenge meeting outcomes. Theresa said regions are required to do annual budgets and plans by April 1 and the bill needs to include they can be late. The bill also gives DHS the authority to assign Sioux and Plymouth to a different region.

Mechelle Dhondt expressed concern about the University of Iowa having their employees sign non-compete clauses which impacts the workforce in the surrounding area.

John Hedgecock said Amerigroup has accepted some fee for service members on March 1, 2018 and is taking on more members on May 1, 2019. John said Amerigroup is following HF 2456 and are looking forward to cooperative relationships with the workgroups. Amerigroup is working on funding incentives that will be innovative.

The Commission broke for lunch at 11:25am and reconvened at 1:00pm

Update on HCBS Settings Rules

Debbie Johnson and Brian Wines from IME introduced themselves and thanked the Commission for inviting them to present on the HCBS settings rules. Debbie said CMS released the new rules in 2014. Debbie said the rules give people with disabilities opportunities to live in the community just like everyone else and push for individual choice while being realistic. It's important for people to understand their options. The new rules look at the setting as well as the person's experience. Debbie said initially states were to have the new rules implemented by March 17, 2019 but that was pushed back to 2022. Debbie said Iowa was on track to have them implemented by 2019 and will continue to push forward with implementation.

The rules made a distinction on what type of settings are not appropriate for example nursing facilities, ICF-IDs, and hospitals. HCBS settings look more closely at how services are provided in publically or privately owned facilities and where those services are located. Debbie said that most HCBS providers are likely in compliance but some may need to make a few changes.

Debbie said that individuals who own their own home or are renting from community landlords already meet the requirements.

Brian said that as of today from a nonresidential standpoint there are 108 agencies providing adult daycare, day habilitation and employment. Brian said some providers have multiple locations and they will have to look at those as well. Brian said that 102 out of 108 settings should be reviewed by the end of March and total they have gone through 212 settings to look at services, policies and procedures and their approach to community integration.

Brian said that some of the settings reviewed needed corrective action and some of the fixes are easy policy and procedure fixes but systemic changes will take longer. Debbie said that CMS says you can provide services in a segregated setting but they will not provide federal funds for those settings. The new rules are in line with the Olmstead decision which also influences states to move towards more integrated settings.

Debbie said there will be an emphasis on informed choice as well as the need for person centered planning. Debbie said person centered planning will be a constant activity not just a once a year meeting to review the person's plan. Debbie said there will be an emphasis on employment as the first option for people.

Debbie said that IME is wrapping up nonresidential services and there is a residential assessment case managers and IHH are required to complete. Debbie said that 8,000 assessments have been completed and in the process of being loaded into IME's system. Debbie said out of the first 3,000 reviewed only 3 will have any issues meeting the new requirements.

Kathy Johnson said the settings rules have been talked about a lot and the review was painless. They knew exactly what to expect so they felt prepared and it was a collaborative process. Debbie said that was the goal and thanked Kathy for her feedback.

DHS/MHDS Report

Theresa Armstrong said she would start with an update on the regions. Theresa said Green county is leaving Heart of Iowa and joining CICS starting July 1, 2018. Theresa said the regions and MCOs have agreed upon their MOU that was a requirement from SF 504 which lays out the collaboration and cooperation between the regions and the MCOs.

Theresa said the Olmstead Plan is now online and the link would be sent out to the Commission.

Theresa said she had an update on crisis service accreditation and there are currently 14 providers accredited for crisis response with 5 applications pending, 11 applications for crisis residential, 2 applications for 23 hour observation, 3 applications for mobile response, 2 applications for a crisis line, and 3 applications for crisis observation. Theresa said the Director granted ETPs for crisis service providers to continue providing services while the rules were in process and all the ETPs were related to staffing qualifications until the rules went into effect. Theresa said they are very close to having five providers enrolled with Medicaid and three applications pending with Medicaid.

Theresa said the Children's Mental Health and Well-being Committee had the opportunity to present to the HHS appropriations committee. Theresa said they presented a power point that said that now is the right time to build an organized system that focuses on the whole child not just mental health. The committee proposed a three prong approach that includes a state board, area boards, and local service delivery. Theresa said the committee asked to start the framework for the system and to continue the children's well-being collaboratives. Theresa said

there isn't legislation yet but DHS has thought about a couple different avenues and the Director is supportive of putting something in appropriations.

Theresa gave an updated on the following legislation:

SF 2113 regarding suicide prevention training in schools and adverse childhood events passed the Senate and the House with an amendment.

HF2425 changes how the mental health institutes can bill regions.

Becky Schmitz asked if Theresa has heard anything about the DHS budget. Theresa said the HHS appropriations bill is usually one of the last bills and it will be a Senate bill.

Planning for Future Meetings

The Commission asked for presentations from the University of Iowa - Center for Disabilities and Development, transportation issues for Medicaid clients, peer run respite services, children's system and the legislative panel at the joint MHPC meeting in May. John said the Medicaid director will also be at the joint MHPC meeting in May.

Public Comment

Teresa Bomhoff said that Representative Heaton asked her to present at the same meeting as the children's committee and she provided the committee with information on what they can do to build a children's system. Teresa said she recommended using sales tax to fund the children's system. Teresa said she also recommended moving mental health and disabilities services from the Department of Human Services to the Department of Public Health and she had a staff member call all the states to see where their mental health services are located.

The meeting adjourned at 2:05 pm

Minutes respectfully submitted by Julie Maas.