

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

February 15, 2018 - 9:30 am to 12:00 pm
Polk County River Place, Room 2
2309 Euclid Ave, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska
Thomas Broeker
Jody Eaton
Marsha Edgington

Betty King (phone)
Sharon Lambert (phone)
Geoffrey Lauer (phone)
John Parmeter

MHDS COMMISSION MEMBERS ABSENT:

Pete Brantner
Dennis Bush
Kathryn Johnson
Brett McLain
Rebecca Peterson
Rebecca Schmitz

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

OTHER ATTENDEES:

Theresa Armstrong
Teresa Bomhoff
Christie Gerken
John Hedgecoth
Linda Kellen
Julie Maas
Flora Schmidt
Rick Shults
Rik Shannon
Judy Davis

MHDS, Bureau Chief Community Services & Planning
Mental Health Planning and Advisory Council/NAMI Greater DSM
IAMHR
Amerigroup
Department of Inspections and Appeals
MHDS, Community Services & Planning
IBHA
MHDS, Division Administrator
Iowa Developmental Disabilities Council
NAMI/OCA

Welcome and Call to Order

John Parmeter called the meeting to order at 9:48 am and led introductions. Quorum was not established with only five members present and three participating by phone. No conflicts of interest were identified.

Approval of Minutes

The approval of January 18, 2018 minutes will be on the March 15, 2018 agenda due to a quorum not being established.

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

The review of the changes to Chapter 24 administrative rules will be on the March 15, 2018 agenda due to a quorum not being established.

Attorney General Opinion on MHDS Commission Duties Related to County Jails

John Parmeter reviewed the letter sent from the Attorney General's office with the Commission. The Commission discussed that although the Commission does not have rule making authority

over the county jails they are able to increase their knowledge on the topic. The Commission discussed having more informational presentations on the topic throughout the year.

DHS/MHDS Report

Rick Shults said that this week is funnel week for legislation which means bills need to go through committee in the chamber they originated. Rick said regarding the Complex Service Needs Workgroup recommendations Senator Edler introduced the bill SF2252. The bill establishes four new required core services that were identified in the complex service needs report. These services are access centers, assertive community treatment (ACT), comprehensive crisis services including subacute, and intensive residential service homes (IRSH). Rick said that several of these services were also included in the MHDS Redesign Report. Rick said that right now there are ten long term patients in the MHIs who would be living in the community if IRSH services were available.

Rick said the purpose of the legislation is to establish a minimum number of each service throughout the state. Rick said Iowa already have 11 ACT teams and there is literature on how many teams Iowa should have which helped come up with the number of 22 total ACT teams in the state. The workgroup agreed on 120 IRSH beds and the legislation says those will be fully implemented by July 2021. The legislation also says that if the federal government stops the state from getting federal funding for the Medicaid expansion group the requirement of providing these services will be rescinded. Rick said that if Iowa loses that federal funding the responsibility for the 150,000 individuals who became eligible for plans that allow them to access mental health services will revert back to the regions. The legislation also has a lot of emphasis on regions working together and sharing services among regions. This is already happening with crisis residential and ACT services.

Rick said the legislation also eliminates the cap for subacute beds and takes away the requirement of DHS to have to review the applications to provide subacute services. Rick said the legislation also changes the levy rate if regions reconfigure and says the new region can configure the levy the same way as the old region. SF2252 also takes away the year restriction on the regions spending down their fund balances and changes the amount of fund balances regions can keep. Rick said the bill explicitly says that when a person can have a service reimbursed by Medicaid then Medicaid shall reimburse Medicaid providers for Medicaid services when the services are medically necessary and no other 3rd party is responsible for the payment and the provider must submit a clean claim. Rick said the intention of this is to help regions and MCOs work together.

Rick said there are challenges with this legislation but DHS is excited to move forward. Rick said there is added responsibility to regions and it will be a lot of work with greater expectations. Rick said SF2252 also says an interim committee should be established to review the complex service needs workgroup final report and discuss sustainable funding for the regions. Rick said it won't be resolved this year but it needs to be addressed.

Rick said there will be a lot of rules and many of them will go through the Commission. Rick said the regions are worried they will be required to provide the services in a cookie cutter fashion and the regions and providers will be very involved in the rule making process.

Tom Broeker asked if access centers will require a certificate of need like a hospital. Rick asked Linda Kellen from the Department of Inspections and Appeals who answered a certificate of need would not be necessary for access centers.

Rick said the House also has a bill related to the complex service needs workgroup final report, HF2327, which establishes the new core services with full implementation by October 2018. Rick said that DHS will work with the House on the implementation time frame and allowing more flexibility in the implementation of the services. Rick said the House bill eliminates the limit on regions for providing brain injury and development disability services but does not lift the fund balance restriction or increase the amount regions can have in their fund balance. Rick said this bill also has a few other items in it that were talked about last session but didn't make it through like terminating court proceeding if an individual is stable, allowing mental health professionals to report to law enforcement when appropriate and necessary, regions can enter into transportation agreements so sheriffs don't have provide the transportation, and administrative rules for pre-screening assessments. Rick said the House bill has a lot more details from the complex service needs final report and they might be interested in reconsidering since the report was meant to describe the service not be prescriptive. Rick said the amount of details currently in the House bill will take away the ability to encourage collaboration efforts when DHS writes the administrative rules.

Rick said the House bill also directs DHS to for two workgroups, one to review the commitment process and provide recommendations and one to provide recommendations on the role of tertiary psychiatric care hospitals in the array of mental health services.

Rick said the bill will have a fiscal impact on regions and Medicaid will rise over time but the fiscal impact won't happen all at once on July 1st. Rick said ACT teams take ten months to reach full implementation and it will take some time to identify who will provide the service, where they will be located, and how they will operate.

Jody Eaton said the regions are excited and this is a bill that is supported by many advocate groups such as NAMI Iowa, NAMI Greater Des Moines, and the Mental Health Planning Council. Jody said the initial reaction among CEOs has either been concern about the money or the amount of work but they are committed to getting it done. Jody said the regions had a lot of influence on the work completed by the workgroup and many of the things that came from the workgroup were also in the regional policy statement from 2017. Jody said the regions are a little more concerned about the House version due to the details in the bill and it's important the regions can craft the services to fit the needs and resources of their areas. The regions are hopeful this legislation will make a big influence on the system.

Sharon Lambert said that there was a positive statement on the news about an access center opening in March and it has a lot of people feeling hopeful.

Rick Shults said that there were two sheriffs who attended the workgroup meetings and they see access centers as key to keeping people out of the ER that don't need to be there and keeping people out of jail who don't need to be there. The sheriffs have been publically saying that all recommendations are equally important and legislators need to support them all as a package. This speaks volumes about the workgroup and how they came together to support the recommendations that will positively impact all areas of the system.

Geoff Lauer asked if Rick has any thoughts on HSB632 that reduces reporting requirements and oversight. Rick said he doesn't have any details because he is not at IME but is not interested in reducing oversight. Rick said he continues to be actively at the table for expectations for the medical assistance program and is happy to be there and will continue to be there.

Childserve Presentation

Dave Comstock and Misti Johnson from Childserve introduced themselves and thanked the Commission for inviting them to present on the services offered at Childserve. Dave said that he has been at Childserve for 25 years and Misti joined them in 2016 in the development of their behavioral health program. Dave said that Childserve works with many external agencies and work hard to have trusting relationships with those agencies to help give families in Iowa live a great life. Dave said Childserve provides multiple services in different locations and in the last year have served 4,200 children. Childserve has been growing 10-15% a year which shows there is a significant need. Childserve provides services in Ames, Des Moines, Johnston, and Iowa City and employs 1400 staff. Childserve is CARF accredited to provide 14 programs and services including medical rehabilitation, community based services, pediatrics, brain injury, medically fragile, and they are now focusing on an autism program. Dave said Childserve has the only long term care pediatric skilled care program in Iowa and they have an adaptive equipment program that adapts the equipment as the children grow.

Dave said Childserve offers several different programs in the community such as intermediate care facilities, daily supported community living for individuals age 16-25, one residential based supported community living site for individuals up to age 21, case management, child care agencies, day habilitation, day health program, a child care medical service, respite, and hourly supported community living. Dave said the newest program is behavioral health which is to provide comprehensive care for children with dual diagnosis.

Misti Johnson said that Childserve had some behavioral health programs in place before she started there in 2016 such as a psychology department and had a team to make autism diagnosis. Misti said that mental health therapy was recently added and is only available for children who are already receiving other services at Childserve. Misti said that is because 28% of the children being served have a mental health diagnosis and it requires a different skill set to work with dual diagnosis children. Misti said Childserve also offers an autism program, day program, and social groups. Misti said in the future they will be adding applied behavior analysis but it takes a while to build that service.

John Parmeter asked if all Childserve's referrals come from central Iowa or if they come statewide. Dave said it depends on the service and people come from different areas of the state for some services like inpatient.

Teresa Bomhoff asked where most of Childserve's funding comes from and Dave said that its 80% Medicaid and 20% other sources.

Planning for Future Meetings

The Commission asked for presentations from the Department of Corrections on the rules and how they are enforced for county jails, regional jail services, update on the children's mental health system, IHH performance data and standards, competency hearings, peer run respite house, and a report on HCBS settings rules.

Theresa Armstrong said that action items on today's agenda would be moved to next month's meeting.

Public Comment

John Hedgecoth from Amerigroup reported that they are moving forward with capacity on March 1st with people who moved to fee for service. John said they aren't sure how many will go to Amerigroup but they are happy to be moving those individuals into managed care. John said starting May 1st they will begin regular admittance. John said that Amerigroup will execute what legislation directs them to do including braided funding.

John Parmeter asked John Hedgecoth if Amerigroup has been involved in the discussion with DHS on continuing IHH as a stand-alone service. John responded that Amerigroup has not made a decision on how to proceed with IHH and they are seeking a state policy on what will be implemented and will wait to make a decision to see what policy does. Amerigroup is monitoring legislation.

Teresa Bomhoff said she is encouraged by the sales tax vote taking place which will use funds for mental health services. Teresa asked if it was still in DHS's cost containment to cut funding for system of care services and use block grant funding. Rick said the current fiscal year hasn't landed anywhere yet and if DHS is forced to have a reduction in the current fiscal year block grant funds will be used to continue the services instead of the general fund. Rick said cost containments aren't pleasant and they don't enjoy doing them but if that is where they have to go then yes system of care and the autism support program are on the cost containments.

Judy Davis expressed concern about lack of funding for mandates. Jody Eaton said that the regions will continue to build services even without funding.

The meeting adjourned at 11:53 am

Minutes respectfully submitted by Julie Maas.