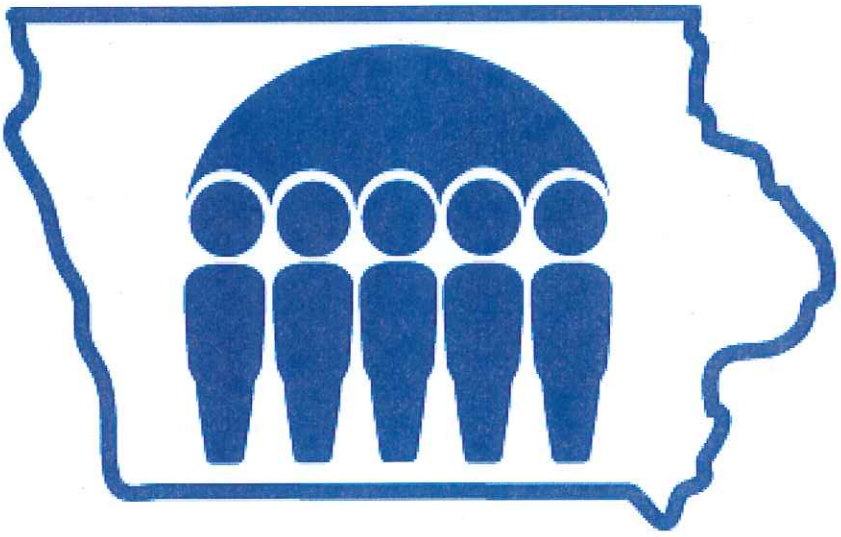
Iowa Department of Human Services



Summary of SF 525 Workgroups and Required Proposals

July 2011

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Legislative Intent

SF 525 defines disability services as "services and other supports available to a person with mental illness or an intellectual disability or other developmental disability."

The intent of the general assembly is to redesign the system for adult disability services to implement all of the following:

- Shifting the funding responsibility for the nonfederal share of adult disability services paid for by the Medicaid program, including but not limited to all costs for the state resource centers, from the counties to the state.
- Reorganizing adult disability services not paid for by the Medicaid program into a system administered on a regional basis in a manner that provides multiple local points of access to adult disability services both paid for by the Medicaid program and not paid for by the Medicaid program
- Replacing legal settlement as the basis for determining financial responsibility for publicly funded disability services by determining such responsibility based upon residency.
- Meeting the needs of consumers for disability services in a responsive and cost-effective manner.

Interim Committee on Mental Health and Disability Services

The Interim Committee will be legislative only and will consist of equal numbers of legislators from both chambers.

A. Duties

The Committee is to:

- Make recommendations concerning established work group proposals
- Address property tax issues
- Devise means for ensuring the state maintains funding commitments to the redesigned system
- Recommend revisions to Chapter 229 regarding MH professionals who are involved in involuntary commitment and examination proceedings
- Recommend revisions to Chapter 230A amendments in order to ensure conformity with system redesign recommendations
- Amend existing code references from "mental retardation" to "intellectual disability"
- Consider issues posed by the July 1, 2013 repeal of county disability services administration and funding and consider all funding sources to replace the county authority to levy for adult disability services

Timeframes for Interim Committee Work

The Interim Committee members are to be involved in the workgroup process as much as possible and begin formal discussions of preliminary proposals from the workgroups starting in October, 2011.

The Interim Committee is to receive the detailed and final proposals from the workgroups by December 9, 2011. The Interim Committee will make recommendations concerning the proposals during the 2012 Legislative session.

The target date for full implementation of the plan and provisions related to the Interim Committee and the Redesign Workgroups is July 1, 2013 provided that any expansion of services is subject to available funding.

DHS Responsibilities regarding the Redesign:

DHS is to design and facilitate the following work groups and process:

- Adult mental health system redesign
- Adult intellectual and other developmental disability system redesign
- Children's disability services
- Regional administration of non-Medicaid adult disability services
- Involuntary Committal Workgroup: Joint DHS and Judicial Branch
- MHDS Service System Data and Statistical Information Integration
- Best practices and programs in services for persons with brain injury

Redesign Work Groups

Adult Mental Health and Intellectual Disability Redesign Work groups:

A. Membership

- Consumers
- Service providers
- County representatives
- Advocates
- Representation of rural and urban interests
- Department of Public Health to be represented on workgroups relevant to the department

B. Adult Mental Health and Intellectual Disability Redesign Workgroup Proposals

Proposals, include, but are not limited to the following:

a. Identifying clear definitions and requirements for the following:
   - Eligibility criteria for the individuals to be served.
   - The array of core services and other support to be included in regional adult disability services plans-includes Medicaid and non-Medicaid funded services.

- Outcome measures that focus on consumer needs.
- Quality assurance measures.
- Provider accreditation, certification, or licensure requirements to ensure high quality services with reasonable expectations of providers and reduction of duplicative surveys.
- Input in regional service plans and delivery provisions by consumers and providers.
- Provisions for representatives of the regional system and the department to regularly engage in discussions to resolve Medicaid and non-Medicaid issues.

b. Services to be implemented in accordance with Olmstead principles.
c. Continuing the department's leadership role in the Medicaid program
d. Implementing mental health crisis response services statewide in a manner determined to be most appropriate by each region
e. Implementing a sub acute level of care to provide short-term mental health services in a structured residential setting that supplies a less intensive level
f. Addressing Service provider and other workforce shortages, scope of practice, barriers to recruiting and maintaining providers, accrediting professional level providers, impact of inadequate reimbursement, state role in providing resources to ensure trained workforce
e. Addressing co-occurring mental health, intellectual disability, brain injury and substance abuse
g. Cost estimates for the proposals

Children's Disability Services Workgroup

A. Membership

- Department of Public Health
- Department of Education
- DHS staff involved in child welfare, children's mental health and Medicaid Services
- Juvenile Court representatives
- Consumers
- Service providers
- County representatives
- Advocates
- Representation of rural and urban interests

B. Children Work Group Proposal

- Redesign of publicly funded children's disability services, including but not limited to the needs of children who are placed out-of-state due to the lack of treatment services in this state.
- The initial proposal developed during the 2011 legislative interim shall include an analysis of gaps in the children's system and other planning provisions necessary to complete the final proposal for submission on or before December 10, 2012.

Regional Work Group

A. Membership

- Rural and Urban County Supervisors
- Rural and Urban Central Points of Coordination
- Other experts
- Consumers
- Service providers
- County representatives
- Advocates
- Representation of rural and urban interests

B. Legislative Requirements for Region Establishment

- A Region will consist of contiguous counties
- Evaluating the proposed regional capacity to provide core service and performing required functions
- Encompass at least one CMHC or Federally Qualified Health Center with providers qualified to provide psychiatric services
- Encompass or have reasonable close proximity to a local hospital with psychiatric unit, or MHI that will serve region
- An administrative line of accountability with lead agency with shared county staff or other means to limit administrative costs to no more than 5% of expenditures

C. Regional Workgroup Proposal

- Developing a proposal for adult disability services not paid for by the Medicaid program to be administered on a regional basis in a manner that provides multiple local points of access.
- There are numerous requirements outlined that the work group must consider in the proposal for forming regional entities.
    - Necessary modifications to Chapter 28E in forming regional entities and other performance based contracts with DHS
    - Multiple/local points of access; creation of a 3-year service plan; provisions for the Region to implement performance based contracts, uniform cost reports, and consistent payment/reimbursement methodologies with local providers providing non Medicaid services
    - Determination of Medicaid TCM
    - Communication with DHS re Medicaid Services
    - ID population size
    - Full participation in regional entities
    - Dispute resolution provisions
    - Consumer appeal process
    - Financial Management provisions
    - In addition to Legislative requirements propose other criteria for establishing regions
- Cost estimates for the proposal

Brain Injury Work Group

A. Membership

- Consumers
- Service providers
- County representatives
- Advocates
- Representation of rural and urban interests
- Department of Public Health

B. Brain Injury Services Proposal

- Review best practices and programs utilized by other states
- Identify new approaches to address the needs for publicly funded services for persons with brain injury
- Proposal may be submitted after the submission dates for other workgroups

Judicial Branch and DHS Workgroup on Involuntary Committal Process

In addition to the Redesign Workgroups, the Legislation also continues the formerly established DHS/Judicial workgroup established in FY 11 to improve the processes for involuntary commitment for chronic substance abuse and for serious mental illness.

A. Membership

- Continuation of previous group
- Additional stakeholders as necessary

B. Recommendations shall include but not be limited to:

- Options to current provision of transportation by the county sheriff
- The role , supervision and funding of mental health and substance-related disorders patient advocates
- Revision requirements for mental health professionals involved in the committal process under Chapter 229
- Court authorization to order an involuntary hold under Chapter 229.10 for not more than 23 hours who was not initially taken into custody but declined to be examined pursuant to a previous order
- Implementation of jail diversion programs
- Comprehensive training of law enforcement in dealing with persons in crisis
- Identification of other promising reforms related to mental health and the criminal justice system
- Civil commitment prescreening

Service System Data and Statistical Information Integration

In addition to the Redesign workgroups the legislation established a group to develop an implementation plan for an integrated data and statistical information system for mental health, disability services and substance abuse services that meets federal requirements.

A. Membership

- DHS
- IDPH
- Community Services Network representatives

Psychiatric Medical Institutions for Children and Related Services

In addition to the Redesign workgroups, the legislation established that DHS in collaboration with PMIC providers shall develop a plan for transitioning the administration of PMIC services to the Iowa Plan.

A. Membership

- IME, ACFS, MHDS, Field
- Iowa Plan Director
- DIA
- Representative from each PMIC
- Director-Coalition of Family and Children's Services in Iowa
- Person with knowledge and expertise in care coordination and integration of PMIC and community-based services
- Families affected by the children's mental health system (2)
- JCO

B. The Transition Plan shall include:

- Specific strategies to address lengths of stay
- Establishment of performance standards
- Identify levels of PMIC levels of care
- Technical assistance to providers
- Incentives to improve access
- Increase less intensive levels of care
- Implementation guidelines
- Development of specialized programs to address needs of children who need more intensive treatment who are currently underserved