

	Non-Monetary Recommendations	Monetary Recommendations
	*Legislation for a long term funding fix. \$47.28 per capita expires 6-30-16.	*\$47.28 per capita should not be another frozen levy for the counties. The state's contribution (whether through equalization funds or some other funding source) will assist in making the availability of services similar throughout the state)
IDAAN Disability Prevention Council	<p>*Legislation to combine core and core plus services so all domains are mandated. Iowa needs continued implementation of multiple levels of care outside of the corrections system.</p> <p>**Require private insurance companies to cover all mental health core and core plus domains in state legislation so there is broader support for MH services and multiple payers besides Medicaid and the County. We need to be "all in" to help support a public mental health system outside of the corrections system.</p> <p>Mandate insurance coverage for autism spectrum disorders and require coverage for applied behavior analysis without limits on age.</p> <p>Mandate telehealth coverage from all private insurance and Magellan to aid providing services in the rural area and defray barriers of transportation regardless of location.</p>	<p>Funding for demonstration projects in the regions out of the property tax relief fund (from Medicaid Offset- also known as the claw back).</p> <p>*Formally link CPT codes to services Magellan is willing to pay for. Have a published comparison of fees from all payers. Will need funds to establish this reporting system and standardize codes.</p> <p>Iowa needs adequate reimbursement rates for providers from Medicaid, Medicare, and insurance companies.</p> <p>Poor reimbursement is limiting # of providers. Counties have been the safety net funding piece that has allowed CMHC's to keep going because they are typically the one source that pays CMHC's what the services cost.</p>
	*Legislation to create new means of incentives for expanding the mental health workforce capacity.	* <u>Additional</u> funding for <u>existing</u> mental health workforce capacity building programs and <u>new</u> funding for <u>additional incentives and/or programs</u> to build MH workforce capacity
Disability Prevention Council IDAAN	*Children's MH system framework legislation similar to SF2315 to include core service domains similar to the adult system but with the addition of prevention and early intervention along with a proposal for funding	
Disability Prevention Council IDAAN Older Iowans Legislature	<p>*Legislative study on HCBS waiver system to make recommendations for possible changes.</p> <p>Re-do to eliminate institutional bias (amend 1915(i) waiver – perhaps institute a global waiver. Cite AARP report</p>	<p>*Additional funding to reduce the waiting list</p> <p><i>(keep in mind the HCBS waiver system in Iowa is undergoing a transition plan to meet new CMS guidelines)</i></p>
	Work cooperatively with the Iowa Dept of Education to design legislation to address mental illness/mental health education in Iowa's schools and colleges – this could include anti-bullying, suicide prevention, trauma informed care, illness education, de-escalation techniques, school based mental health services, etc. – for both school staff and students.	Funds to train the trainers.
Disability Prevention Council IDAAN	Create a refundable income tax credit for up to ___% of the costs incurred for an individual to retrofit a primary residence to accommodate aging and disability access.	
IDAAN	*Legislation requiring 50% participation by family members and disabled persons when a legislative workgroup is called to action or for any advisory group across the lifespan	<i>(no more token representation)</i>
	*Legislation and administrative rules for an acute care bed availability tracking system	*\$200,000
	Legislative study for financial support for CMHC's	\$800,000 for CMHC funding for electronic health records \$2.8 million for Iowa Behavioral Health Association for bulk purchase of electronic health records
	*Implement Court's plan for mental health advocates	Amount to be determined

	*Legislation to require re-credentialing of providers at one source from which all payers can consult. Providers are having to re-credential with each payer which is cost prohibitive and reduces time which can be spent with clients. It would delete the waiting time insurance companies often take which causes delays in payment to the provider and higher provider administrative costs.	
	<b>Non-Monetary Needs</b>	<b>Monetary needs</b>
	*Amend regional annual service and budget plan requirements to require the utilization of a standard reporting form. Have the form linked to the automatic population of a comparative spreadsheet.	*Adequate funding for present services and Medicaid match to cover growth in the system
	Final administrative rules on outcomes and performance measures for regions and providers	
	Final administrative rules on remaining core plus services: justice involved services and advances in the use of evidence based treatment	
	*Restore the Mental Health Institute's original purpose to include the residence of last resort. The Governor's office has issued an RFI to providers who are willing to work with the population of aggressive patients and received zero replies.	Additional funding for MHI's to have more bed capacity so clients fitting the criteria have someplace to go and are not incarcerated because they have a mental illness that is not responding to treatment.
	Update the Olmstead Plan – it expired in 2012	Funding to staff the update of the plan
	Implementation of the 1-2 page prior authorization form and administrative rule process for insurance companies	
	Continued outreach for the Iowa Wellness Plan	Funding for navigators and/or certified application counselors to reach eligible households – scour the state to reach as many people as possible.
	Faster approval of “medically frail/exempt”	Funding for additional DHS staff to reduce wait time for clients
Support BIA-IA	Expand the sports concussion law to extend coverage to youth athletes of all ages in all organized sports across the state.	
	Alternatives to guardianship	