



# Mental Health and Disability Services Redesign 2011

## Ottumwa, Iowa Listening Post

Source: Public Comments

Date: October 3, 2011

Time: 11:30 am – 2:00 pm

\*These public comments were captured during the Ottumwa, Iowa Listening Post that took place on October 3, 2011. Division Administrator Rick Shults represented DHS. Any case specific materials that were provided publicly were done so by family members. Department responses provided to the consumer and/or family member as a follow-up to a question asked during the meeting are confidential.

Comment: Consumer of wife who receives MH services in Iowa. Will county supervisors still have a final say in how the county monies are spent? How can consistency and equity be maintained under a regional structure? Lack of beds for MH patients, in our area a number of residential care facilities have a bunch of people from correctional dept. who are being placed in RCF's because cheaper to keep them in the dept of corrections than to house them elsewhere. We have violent sex offenders living among disabled patients not able to defend themselves. I am very concerned about this. Written 6 legislators and have not received a response. (ref *Des Moines Register* article where severely ID women repeatedly raped over 3 days by 3 different men.) I am concerned about how long some of these facilities are inspected. I am also concerned about number of staff versus patients.

Comment: Do we know how the \$40-60 million shortfall will be addressed?

Rep.  
Dave Heaton

Response: I was notified this week that a new Federal Medical Assistance Percentage (FMAP) map was released for the state of Iowa. In reality Iowa is in a lot better shape than other states so we will pay the price. Federal cut us 1 ½ percent. No matter what we do, we will be short the \$40 - \$60 million.

Comment: You want equity in services between counties, which I understand, but what about equity between waivers? I have a daughter with ID that as an adult will be able to move into a home and have a life. I

have a relative with a disability that will not be able to live on his own. Are you looking at all the waivers or just the ID waiver?

Comment: You said that services will be provided locally just as they are now. What do you mean? On property taxes it's been unclear to me throughout this process. How do you intend to raise these? With a statewide levy? Is there going to be a point of access in every county? Need to make statewide levy an equal rate across the state.

Comment: Are the criteria for the waivers going to stay the same or will they be more strict?

Comment: As you roll out the program, how are you going to measure success beyond just the financial aspects?

Comment: Still don't understand what is happening to the county monies that are going to be given to the regions. Will those monies from Wapello county stay in Wapello County?

Comment: From a reporter. I am trying to understand how the regions will work? Will are counties put in the same amount of money and counties pull monies as needed?

Comment: What will be the timeframe to get services? Today, I call my CPC to get services. What happens when the regional structure is determined? Where there still be waiting lists? How will you use the CPC's? What will their role be?

Comment: Will there be a state plan that will govern the regions?

Comment: Will each county have a CPC or is that still up in the air?

Comment: Is there any indication of how the regions will be made up? Will it be weighted by population, funding, size, etc?

Comment: Comment from a Clinical Director. We have a shortage of psychiatric acute beds. This needs to be reiterated that this needs to be increased. It's a crisis in our region.

Comment: Is there also talk of putting in a maximum number of counties? How will this be managed if you have a 20-county region?

Comment: We need regions because? Please fill in the blank.

DHS Div. Admin  
Rick Shults  
Response:

Because managing 99 counties with different services and plans leads to the inequity that we're trying to address. If we're already short services and you want to add more services, how is that going to work? How are you going to pay for additional services when you can't afford them now?

Comment:

Some counties may have to come down and some counties will have to come up? Is this what I'm hearing? Will have to streamline what are core services or mandated services. What is the purpose of regional systems? Why can't the counties manage the core services/mandated services?

Rep.  
Dave Heaton  
Response:

Workgroups will submit a core group of services that should be administered statewide. If a county wants to offer more than the state identified, who and how they will be paid for is yet to be determined. That responsibility will be thrown over to the regional committee to determine how that will be financed for each region.

Comment:

What are you going to do to bring up level of services to regions that don't have services to begin with? And who's going to pay for that?

Comment:

I think that the intellectually disabled should be able to get a job even without the educations. How will these people be transported? Many of them don't have the money for transportation.

Comment:

List of core services if CPC sees a list above the core services are needed, who do we submit the request to? Who in the region makes the decision if that is funded? How will people be accountable/policing that services are available and paid for? Policing must be a major part of the program and it should be someone outside of the decision to be sure we're going the most part of the dollar and that services are being provided equitably.

Rep.  
Dave Heaton  
Response:

The case manager will be making most of the decisions. I have been hearing about the importance of increasing the quality of our case managers. I think this whole system will evolve around the accuracy and quality of our case management around clients. We have challenges ahead of us in trying to assert more funding and add case managers. CM's are overloaded and not providing quality.

- Comment: More case managers are needed, but my concern in the bigger picture is Washington County pooling money and someone making decisions on case manager recommendations. I am concerned about quality of the person making the overall decision on necessary services when that person has never seen the client but strictly on the financial aspects/ money based. Who is overseeing this person to make sure the clients are actually getting what they need? What are the qualifications of the person making the decisions? How do you manage that?
- Comment: Put supported employment services into the core services. Who will be negotiating rates for providers in the regional model? Today, counties are negotiating rates with the providers and this is critical. What is the thinking on how provider rates will be negotiated in the new system?
- Comment: Strikes me as being similar to the Iowa Workforce system that was implemented several years ago. I would hope the groups that are doing the designing, please review the process that was done previously to learn from past mistakes and what went well. I'm concerned about adding a layer of administration without adding actually better quality or more services.
- Comment: I'm hearing two schools of thoughts. One way past the date we should have moved to regions and we're moving way to fast. Can you comment on this?
- Comment: If moving to regions to make services equitable, why not just have workgroups make recommendations on core services and then fund the counties to help them add the services? This would allow counties to keep their dollars.
- Comment: People with Mental Health issues die sooner. How are we going to build in other services such as wellness programs such as gym memberships?
- Comment: If services are already mandated by the state, then isn't it the county's responsibilities to provide those services?
- Comment: Is there a role/are you counting on the ARA to provide dollars for this? Most of the counties that have waiting lists today are the large, growing, urban counties. Wouldn't it be similar to raise the property taxed on those counties than going through this whole process? Regions, meetings, headaches, etc. Why don't you get rid of the property tax cap? Many counties want to do this. I'd rather see this reality than the disaster when this regional system/redesign doesn't work.

Comment: I think it's really, really important that those on the workgroup understand the difference between Medicaid services and non Medicaid services. I'm not hearing a lot of discussion about the 100 county-funded services that are provided for those not on Medicaid.

Comment: Worried about the philosophy of letting the free-market decide what types of services are available. I'm reacting to in-patient hospital closing. If there is enough to support a 20-bed facility, a 20-bed facility will be there. If not, this service won't be there.

Comment: I'm in the middle of different types of services right now. I'm having a hard time accessing the services, pay for my meds. I don't have reliable transportation. I have to sell my stuff to pay for my services. Will this system make it even harder to access the services? I can't sell anymore of my stuff. How am I going to pay for what I need such as my utilities, gas, etc.?

Comment: Has there ever been any discussion about doing a pilot project in several counties to find out what the problems are before you roll it out statewide?

Comment: How were the people chosen to be on the workgroups?

If you have additional input that you feel is critical to consider in the redesign process, please email your comments to: [DHS-MHSRedesign@dhs.state.ia.us](mailto:DHS-MHSRedesign@dhs.state.ia.us).

If you would like to learn more about the Redesign process and follow the progress of the workgroups, visit: <http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>.