



HOUSE REPUBLICAN STAFF ANALYSIS

Bill: House File 419 (formerly House Study Bill 109)
Committee: Human Resources
Date: March 19, 2013
Floor Manager: Rep. Forristall
Staff: Carrie Kobrinetz (5-2063)

DHS Mental Health Bill

- The bill relates to mental health and disability services (MHDS).
 - Division I
 - This division eliminates specific requirements for the client identifier used instead of a social security number.
 - Division II
 - This division repeals the interagency information service that has never been completed or pursued by DHS since 1971.
 - Division III
 - It amends provisions for licensure of subacute mental health care facilities. A number of duties assigned to a psychiatrist in the Code are changed to be assigned to a “mental health professional.” Mental health professional is defined as a person who holds at least a master’s degree in a mental health field or is an ARNP, physician assistant, physician, or surgeon and holds a current Iowa license.
 - This division clarifies that a supervising psychiatrist provides supervision of a subacute care facility’s clients’ treatment plans, but does not have full oversight of the facility.
 - Division IV
 - This division relates to non-community mental health center providers. If the provider was designated by a county as of October 1, 2010 to receive Mental Health Block Grant money, they will remain eligible to receive MHBG allocations as a community mental health center.
 - The bill allows a for-profit, nonprofit, or county hospital providing mental health services to county residents pursuant to a waiver, to be designated as a community mental health center.
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Summary of Action

The Human Resources Committee PASSED the bill 20-0 on February 27th, 2013.

Section by Section Analysis

Division I – Mental Health and Disability Services Client Identifier

Section 1 – strikes language in Iowa Code Section 225C.6A that prescribes the method of creation of a unique client identifier for people in the MHDS system. DHS is requesting that the specific method of establishing a client identifier be left to their discretion. The Data and Statistical Outcomes Committee recommended the use of a client identifier that better connects people to other databases.

Division II – Interagency Information Service on Persons with Mental Disabilities

Section 2 – Repeals Code section 218.11: Interagency case information service, which states the DHS shall provide for and be the administrative agency for the interagency case information service.

Section 3 – Repeals Chapter 220A: Interagency Information Service on Persons with Mental Disabilities. This section and chapter authorized an interagency information service on people with mental disabilities. This was passed in 1971 and was intended to implement a database to collect information on people with an intellectual disability and to share this information with state and local government. The interagency information service has never been completed or pursued further.

Division III – Subacute Mental Health Care Facilities

Section 4 Subsection 1: Amends section 135G.3 subsections 1 and 2.

A subacute care facility shall utilize a team of professionals to direct an organized program of diagnostic services, subacute mental health, and rehabilitative services to meet the needs of residents. This section changes the term “licensed psychiatrist” to “mental health professional”. This means that more professionals than just a licensed psychiatrist can help people in a subacute care facility with their treatment.

Section 4 Subsection 2:

The purpose of this is to clarify that a supervising psychiatrist provides supervision of a subacute care facility’s clients’ treatment plans, but does not have full oversight of the supervision of the facility.

Section 5 – Amends section 135G.4, subsection 2: Licensure of subacute mental health care facilities. This adds the requirement that a current intermediate care facility for persons with mental illness may convert to a subacute facility if it meets all requirements of a subacute facility. This section also changes the term from “full-time psychiatrist” to “mental health professional”.

Section 6 – The bill is effective upon enactment.

Section 7 – Retroactive applicability. This division of this act applies retroactively to July 1, 2012.

Division IV – Community Mental Health Services Block Grant Allocation

Section 8 – Amends 2011 Iowa Acts, chapter 126, section 20 regarding the Community Mental Health Block Grant Allocation.

This division amends requirements in the federal community mental health block grant. The amendments reflect changes made in chapter 230A for designation of community mental health centers. The amendments

allow for a for-profit corporation, nonprofit corporation, or county hospitals providing mental health services to be designated as a community mental health center. Currently, only nonprofit corporations can be designated as a community mental health center. In addition, funding may be used for staff training and services for adults with a serious mental illness and children with a serious emotional disturbance.

Section 9 – This division of the Act takes effect upon enactment.