

Iowa Autism Council Meeting
Final Minutes June 10, 2015

Meeting minutes taken by Beth Buehler-Sapp

Present: Brandon Reece Arkland, Rachel Heiss, Erika Hertel, Rachel Heiss, James Curry, Laura Larkin, Connie Fanselow, Angela Logsdon, Steve Mueller, Angela Burke-Boston, Matthew O'Brien, Jenny Phan, Jan Turbes, Wendy Trotter, and Beth Buehler-Sapp.

Absent: Theresa Croonquist, Steve Johnson, Jeffrey Jennings, Tara Underwood-Levin, Becky Harker, Mary Jackson, Alyson Beytien, Frank Kohler, and Sean Casey.

Guests: Peggy Swails and LeAnn Hotchkiss from Child Health Specialty Clinics @UIHC RAP Program, Maria Valdovinos from Drake University.

The group went around the room and gave introductions as is the starting practice at every meeting.

The group agreed on the 2015-2016 meeting schedule as is outlined below:

September 9, 2015
November 10, 2015
December 9, 2015 (Optional)
March 9, 2016
June 8, 2016

Peggy Swails from UIHC's CHSC gave the following presentation regarding the RAP Program:

THE IOWA REGIONAL AUTISM ASSISTANCE PROGRAM
RAP'S COMMITMENT

RAP teams are committed to ensuring that Iowans ages 0-21 years with ASD have access to early identification, treatment services, care coordination, and family-to-family support in their community.

Child Health Specialty Clinics (CHSC) combines resources to administer the Iowa Regional Autism Assistance Program.

This includes resources from:

- * State of Iowa
- * Iowa Department of Education
- * Iowa Department of Human Services
- * Iowa Department of Public Health
- * Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS)

RAP Team Members

- * Advanced Registered Nurse Practitioners
- * Registered Nurses
- * Family Navigators

RAP REFERRAL PROCESS

Options

1. Contact a RAP team member at one of the CHSC Regional Centers, or the central office in Iowa City: 1-866-219-9119 ext. 2 or iowa-RAP@uiowa.edu
2. Complete a referral form located at: www.chsciowa.org/regional-autism-assistance-program.asp
Fax or email referral form to: Fax: 319-384-6480 or iowa-RAP@uiowa.edu

IMPROVING SERVICES FOR IOWA'S YOUNG CHILDREN WITH AUTISM SPECTRUM DISORDER AND OTHER DEVELOPMENTAL DISABILITIES

PROJECT AIM

To unify an Iowa statewide system of care for children with autism spectrum disorder and other developmental disabilities, that is:

- Family-centered
- Delivers comprehensive, well-coordinated community based services
- Fosters communication and collaboration among stakeholders

MAJOR FOCUS AREA

The major focus is on the development and implementation of those system components that assure Iowa children 0-60 months of age with ASD receive:

- Early and timely identification, diagnosis, and treatment; and
- Coordinated, comprehensive care in a family centered, culturally competent medical home.

PROJECT GOALS

Using the framework of an “ecological systems theory” model:

Goal 1: Increase the role of families in the IA ASD/DD system of care (micro-system).

Goal 2: Promote the Regional Autism Assistance Program’s (RAP) role in supporting and coordinating family centered, medical, educational, and other community services (mesosystem).

Goal 3: Strengthen the statewide coalition working on ASD/DD initiatives in Iowa (macrosystem).

METHODOLOGY

- * Family involvement and support
- * Community child health team implementation
- * Local capacity and competency enhancements
- * Workforce and professional development training
- * Innovative information technology
- * Communication and resource sharing improvements
- * RAP Expert and Family Advisory committee guidance
- * Cultural competence
- * Quality improvement and evaluation efforts

COLLABORATION

- * Multiple state organizations and family advocacy groups participate
- * All involved partners are involved at different levels with project implementation, evaluation, and problem solving.

LEARN THE SIGNS. ACT EARLY.

- * Milestone Moments booklet
- * Growth Charts
- * Amazing Me (children's book)
- * Track Your Child's Developmental Milestones brochure
- * More!

Please order for free from:

www.cdc.gov/ActEarly

1-800-CDC-INFO

WORKFORCE DEVELOPMENT ACTIVITIES

- * Collaborating with University of Iowa Colleges of
 - Medicine
 - Nursing
 - Dentistry
- * Building on or developing curriculum to enhance students' educational experience by:
 - Informing them about evidence-based screening practices
 - Making appropriate referrals
 - Supports for care coordination
 - Providing care consistent with the medical home model in the context of serving children with Autism Spectrum Disorder (ASD) and other developmental disabilities (ASD/DD).
 - Providing training based in part on the AAP Autism tool kit, Medical Home Implementation materials, and the CDC's "Learn the signs. Act early." program.

DYNAMIC WEB PORTAL FOR IOWA RESOURCES

A DYNAMIC HUB

- * Highlights:
 - Family friendly
 - Provider Focused (e.g. medical, community, education)
 - Interactive Map of Iowa
- * Contains
 - Services by Counties
 - Information, Resources and Tools
 - Diagnoses and Conditions

Scheduled to launch Winter 2015

DRAFT LOGO AND TAG LINES

- * Tagline
 - Paving the way for families and providers
- * Suggested Names for Web Portal
 - ? IA-TReC - Iowa - Timely Resource Connections
 - ? HIKE - Helping Iowa Kids Everyway

IOWA RAP PRESENCE ON SOCIAL MEDIA

Iowa Regional Autism Assistance Program
Iowa RAP

ANTICIPATED PROJECT OUTCOMES

- * The number of children and youth with ASD who are:
 - Identified by 24 months of age
 - Receive first evaluation by 36 months of age
 - Enrolled in intervention services by 48 months of age
- * Access to culturally competent family-centered medical homes
- * Integration, organization and capacity of community- based service systems within states will be improved so that they are easy to use by families
- * Increase awareness of the signs and symptoms of ASD
- * Increase Family and youth involvement in ASD program planning, implementation, and evaluation activities

Iowa's System of Care for Children and Youth with Autism Spectrum Disorder

Summary of Findings from the 2013 Statewide Needs Assessment

- CONDUCTED BY THE REGIONAL AUTISM ASSISTANCE PROGRAM
- Funded by Contractual Agreement 002813, State of Iowa, Iowa Department of Education, Bureau/Division of Student and Family Support Services

2013 STATEWIDE ASD NEEDS ASSESSMENT

- * The needs assessment was conducted in two phases of interviews.
 - Phase I: April – June 2013
 - Phase II: July – September 2013
- * The groups selected were targeted to achieve a comprehensive view of the current system of care for Iowa's children and youth with an ASD and their families.
 - 15 groups were interviewed, representing 52 organizations.

STRUCTURE OF ASSESSMENT

The Title V of the Social Security Act Index provided the structure for the questions.

- The following strategic areas were used to assess Iowa's ASD system of care:
 - * Strategic Leadership
 - * Partnerships across Public and Private Sectors
 - * Quality Improvement
 - * Use of Available Resources
 - * Coordination of Service Delivery
 - * Data Infrastructure
 - * Family Participation
 - * Outreach and Awareness

The Index was developed by the National Initiative for Children's Healthcare Quality (NICHQ) and is a tool widely used by state Title V programs to assess systems of care for children and youth with special healthcare needs. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Roles for State Title V Programs: Building Systems of Care for Children and Youth with Autism Spectrum Disorder and other Developmental Disabilities. October 2011.

HIGHLIGHTS FROM THE NEEDS ASSESSMENT

Strategic Leadership

- The majority of organizations interviewed expressed the need for such leadership and expressed desire for a strategic plan covering all aspects of ASD – ideally at the state level.

Use of Available Resources

- A common theme identified throughout the needs assessment is the lack of accessible ASD resources across the state.
- Another concern mentioned by multiple interviewees was the long wait times to see a diagnostic provider.

Coordination of Service Delivery

- Most indicated that a state-level entity should lead in the development for transitional guidelines with input from all agencies and partners.

Family Participation

- Most family advocacy groups report being active in training families on the political process. All groups interviewed agreed there needs to be more outreach to Iowa's culturally diverse families.

NEXT STEPS

- Disseminate results to the Iowa Autism Council, the Regional Autism Assistance Expert Committee Members, and other key stakeholders.
- The summary of findings report will be available on the Department of Education and CHSC – RAP websites in the near future.
- Integrate findings into statewide ASD initiatives.
- Develop a 5-year strategic state plan for Iowa's children and youth with ASD and their families.

Wendy Trotter informed the council that the RAP program has pulled together a strategic planning committee with representatives from around the state and they are working on pulling together a draft of an "Iowa Autism Spectrum Disorder Strategic Plan". The vision of the Strategic Plan is to ensure that all Iowans with ASD have the opportunity to develop the skills and knowledge necessary to live independent and interdependent lives within the community. The mission is to build the state infrastructure for comprehensive, lifespan supports to individuals with ASD and their families through access to information and resources, coordination of services and implementation of evidence based practices. Once a draft is completed, the council will have the opportunity to review the draft and vote to accept.

Jenny Phan spoke to the council about the struggles military families have with the Federal Insurance plan and finding providers for ABA that are covered by that plan.

To inform new members, the Autism Support Program was re-explained:

- It is funding that is available to families who meet specific qualifications, and have no other existing insurance coverage to pay for ABA services. The fund would pay up to \$36,000 per year for up to 2 years.

Legislation updates:

Steve Muller shared with the council that there was bill that supported a \$1 million increase in HCBS rates (which is a .2% increase) and \$750,000 for supportive employment (for all disabilities). A step in the right direction, but still way under-supported.

Council also continued to discuss the Medicaid Modernization initiative. It was reported that the change to MCOs (Managed Care Organizations) is projected to save up to \$52 million, but reality is will probably be less. 11 MCOs submitted RFPs, 2-4 will be chosen as providers.

Angela Logsdon stated that a person cannot use services from more than 1 MCO. This could become a challenge for families if services from current providers fall under 2 different MCOs and the family can only choose 1 MCO.

Proposed amendments to Autism Support Program – Senate File 505:

DIVISION IX - AUTISM

Sec. 60. NEW SECTION. 135.181 Behavior analyst and board certified assistant behavior analyst grants program — fund.

1. The department shall establish a board-certified behavior analyst and board-certified assistant behavior analyst grants program to provide grants to Iowa resident and nonresident applicants who have been accepted for admission or are attending a board of regents university, community college, or an accredited private institution, are enrolled in a program to be eligible for board certification as a behavior analyst or assistant behavior analyst, and demonstrate financial need. Priority in the awarding of a grant shall be given to applicants who are residents of Iowa.
2. The department, in cooperation with the department of education, shall adopt rules pursuant to chapter 17A to establish minimum standards for applicants to be eligible for a grant that address all of the following:
 - a. Eligibility requirements for and qualifications of an applicant to receive a grant.
 - b. The application process for the grant.
 - c. Criteria for preference in awarding of the grants.
 - d. Determination of the amount of a grant.
 - e. Use of the funds awarded.
3.
 - a. A board-certified behavior analyst and board-certified assistant behavior analyst grants program fund is created in the state treasury as a separate fund under the control of the department. The fund shall consist of moneys appropriated from the general fund of the state for the purposes of the fund and moneys from any other public or private source available.
 - b. The department may receive contributions, grants, and in-kind contributions to support the purposes of the fund. Not more than five percent of the moneys in the fund may be used annually for administrative costs.
 - c. The fund shall be separate from the general fund of the state and shall not be considered part of the general fund of the state. The moneys in the fund shall not be considered revenue of the state, but rather shall be moneys of the fund. Moneys within the fund are not subject to section 8.33 and shall not be transferred, used, obligated, appropriated, or otherwise encumbered, except to provide for the purposes of this section. Notwithstanding section 12C.7, subsection 2, interest or earnings on moneys deposited in the fund shall be credited to the fund.
 - d. The moneys in the fund are appropriated to the department and shall be used to provide grants to individuals who meet the criteria established under this section.

Sec. 61. Section 225D.1, subsection 3, Code 2015, is amended to read as follows:

3. "Autism service provider" means a person providing applied behavioral analysis, who meets all of the following criteria:

a. Is any of the following:

- 1) Is certified as a behavior analyst by the behavior analyst certification board or is a health professional licensed under chapter 147.
- 2) Is a board-certified assistant behavior analyst who performs duties, identified by and based on the standards of the behavior analyst certification board, under the supervision of a board-certified behavior analyst.

b. Is approved as a member of the provider network by the department.

Sec. 62. Section 225D.2, subsection 2, Code 2015, is amended by adding the following new paragraph:

NEW PARAGRAPH. I. Proof of eligibility for the autism support program that includes a written denial for coverage or a benefits summary indicating that applied behavioral analysis treatment is not a covered benefit for which the applicant is eligible, under the Medicaid program, section 514C.28, or private insurance coverage.

- **In Summary, Heaton's proposed amendments will continue funding the ASP for fiscal year 2016 with the following changes:**
 - **Cuts the Autism Treatment Program by \$1 million (\$2 million remaining) but allows a family to submit a health benefits summary showing that no autism services are covered in lieu of a formal denial of payment from the insurance company in order to be eligible for reimbursement from the program.**
 - **The program is also modified to allow reimbursement for services provided by a Board Certified Assistant Behavior Analyst who is supervised by a Board Certified Behavior Analyst (and adds licensed psychologists and psychiatrists to the list of qualified providers).**
 - **Finally, the Legislature appropriated \$250,000 to establish a grant program to support educational expenses of persons pursuing board certification as a behavior analyst or assistant behavior analyst.**

Further discussion centered around the \$250,000 grant program to train BCBA's and BCaBA's. Unsure what this would look like. If approved, the rules process will allow for public input. A question was asked if there would be a stipulation to the grant that would guarantee that a grant recipient would remain in Iowa to work for a specified number of years after completing the training program or have a pay-back penalty. This is something that could be addressed in the rules process.

Maria Valdovinos from Drake University who was a guest at this meeting was asked and reported that there are a total of 88 practitioners in Iowa who are either BCBA's or BCaBA's. The grant funds could spur some BCaBA's to become BCBA's and more folks to become BCaBA's as well.

Further discussion was had regarding the current reimbursement rate for BCBA's in Iowa. Reimbursement rates in Iowa are lower than in many other states which very well could be contributing to the state's lower number of BCBA's. There has been some discussion regarding the option of creating a license for BCBA's in Iowa that may help with the reimbursement rates. Mississippi and Washington are among 32 states out of 50 that have laws on licensure regarding behavior analysts.

Currently in Iowa, only children covered under Medicaid or state employees receive BCBA services covered by medical insurance. Matt O'Brien mentioned that BCBA is not recognized by hospitals as a billable service. Also, Chapter 225D has changed to now have providers categorized within 1 of only 4 classes of professionals. Due to this change many disciplines previously under this classification are no longer covered such as cosmetologists, nail aestheticians, massage therapists, acupuncturists, etc.

Steve Muller made a motion that the council contact the Governor's office and ask him to support the bill for Senate File 505. James Curry seconded the motion and a vote was taken with none against and none abstaining. Motion was carried.

Steve Muller stated, "As we continue to provide evidence this shall show positive results to increase validation of worth."

There is collaboration between CHSC, Magellan Behavioral Health, and DHS to get services to those who need them and can't afford them.

Due to those who need services being in rural communities with no providers close to provide the needed services, telehealth is being used in the Altoona, Clive, Cedar Rapids, Cedar Falls, and Waterloo area for 2.5 hours daily times 5 days a week. Due to pay scale, daily living options, etc. It is hard to get qualified professionals to move to these more remote rural areas to set-up practice. Wendy Trotter informed the council that she has recently put together an ASD State Leadership Team through the department of education (gathering leaders from each of the AEA's autism teams). The group has met twice so far. Their main focus has been to develop goals and create a statewide Strategic Plan for education. Target areas identified include: early ACCESS, transition from high school to post-secondary school/employment, and a statewide service delivery plan.

Additional discussion centered around the passing of the ABLE Act. Congress (at the federal level) passed the ABLE Act in December 2014 to allow individuals with disabilities to establish tax-free savings trusts into which money can be deposited to pay for future disability-related expenses that help maintain health, independence, and quality of life. Expenses could include home modifications, specialized health and dental care services, assistive technology, education, and transportation. Eligible lowans may save up to \$100,000 in an account without losing eligibility for other services, including Social Security benefits and Medicaid.

Wendy Trotter informed the council that funding has been approved to send 2 representatives from the council to attend the National Autism Leadership Collaborative (NALC) meetings that occur bi-annually (fall and spring). NALC is a national organization that allows for collaboration at a national level to assist states with development and implementation of their state strategic plan for ASD.

NALC Vision Statement:

The vision of the National Autism Leadership Collaborative is enhanced state leadership and improved systems-wide capacity that strengthen outcomes for persons with autism spectrum disorder.

NALC Mission Statement:

The mission of National Autism Leadership Collaborative is:

- to gather leaders from multiple systems of services and supports to promote networking and information sharing across various levels of scale, perspective, and location.
- to equip these leaders with information and resources to be responsive to individuals with ASD across the continuum of service delivery.
- to create a broader, cross-system feedback loop that influences and engages decision makers to effect systems change and bridges policy and practice.

There was discussion that since Iowa Autism Council Membership terms run from May 1st to April 30th of an appointed 3 year term that Chair and Co-Chair elections should better align with this schedule. So, rather than electing positions in November as they have been in the past, elections will be held at the March meeting every year.

Angela Logsdon forwarded a link to infoNET Bill Tracker www.infonetiowa.org/news/bill-tracker/ to the council. (see content listed below).

James Curry made a motion to adjourn the meeting the Angela Logsdon seconded the motion. Motion carried.

SESSION ENDS WITH PASSAGE OF \$7.168 BILLION BUDGET

The 2015 Iowa Legislative Session finally ended just before 4:00 p.m. on Friday, June 5, 2015.. The end of session was delayed by more than a month when House Republicans and Senate Democrats could not find a middle ground on things like education spending, government budgets, and dozens of policy bills.

It was a difficult session. Budgets were tight and demands high. Some legislators were fearful of what the bird flu outbreak will do to our state's economy. After passing a gas tax increase early in session, many legislators were unhappy and not willing to compromise on other issues. Add to that tensions over Medicaid managed care, mental health institute closures, school funding, fireworks, bullying prevention, medical marijuana expansion, school start dates, and you soon start to see how the gridlock started. But it ended on Friday, June 5, with decisions to fund education at 1.25%. After that, the budgets started falling into place. But that doesn't mean everyone was happy with the final fall of the gavel, what legislators call "sine die."

Governor Terry Branstad now has 30 days to sign bills into law, or veto things he does not like. In Iowa, our Governor also has the ability to line item veto things in budget bills. That means the Governor can select which parts of a budget bill he wants to sign, and which parts he wants to veto. The Governor can only do this in budget bills, in other bills its all or nothing.

So take some time to review the bills that passed this year, either at the list at the end of this issue, or in our online Bill Tracker at www.infonetiowa.org/news/bill-tracker/. If you see something you like (or don't like), take action!

- **Send your State Senator and State Representative a note (email or mail) and thank them for their work this session.** Your elected officials worked long and hard this session, and they rarely hear the words "thank you." If you see something you liked in the bills that passed, thank them for that too!
- **Tell Governor Branstad what you think about the bills passed this year.** You have 30 days to convince your Governor why something should be signed or vetoed.

Just a few tips to remember when taking action:

- Be positive in your message.
- Tell them which bill you are talking about (use the bill number).
- Tell them why its important, and how it impacts you.
- Sign your name, address, email/phone number if you have one.
- Mailing addresses can be found in your 2015-16 Legislative Guide: <http://bit.ly/1BQ87Qw>.
- Use our Grassroots Advocacy Center to email legislators and the Governor: www.infonetiowa.org/action/actioncenter/.

ABLE ACT PASSES LEGISLATURE

Earlier in the year, two Senate committees unanimously passed the Iowa ABLE (Achieving a Better Life Experience) Savings Plan Trust Act. Unfortunately, time ran out but interest in the bill did not. With support from Senate President Pam Jochum and Senator Joe Bolkcom, the bill was added to the Senate Health/Human Services Budget (SF 505) and is now on its way to the Governor.

Congress passed the ABLE Act in December 2014 to allow individuals with disabilities to establish tax-free savings trusts into which money can be deposited to pay for future disability-related expenses that help maintain health, independence, and quality of life. Expenses could include home modifications, specialized health and dental care services, assistive technology, education, and transportation. Eligible Iowans may save up to \$100,000 in an account without losing eligibility for other services, including Social Security benefits and Medicaid.

The federal government has yet to set their rules for the program, but we know that each state must create its own program for its residents to be able to establish such savings accounts. Our legislators did that in [Senate File 505](#). Under current federal gift tax limitations, as much as \$14,000 can be deposited annually, with individual donor deduction caps of approximately \$3,100 each. Donors will be able to deduct deposits from income taxes, and any gains are not taxed. To be eligible, the disabling condition must have occurred prior to the age of 26. Iowa's program will be modeled after the College Savings Iowa 529 program administered by the State Treasurer, who received a total of \$300,000 to administer the program and purchase necessary software.

We know that many of our readers were very, very excited about the ABLE Act. Unfortunately, our state will not be able to set up its program until federal guidelines come out telling them what is and is not allowed. Those rules are not expected until late summer or early fall, so be patient. In the meantime, our State Treasurer will be doing all he can to get ready if this legislation is signed into law.

MEDICAID MANAGED CARE PROTECTIONS ADOPTED

Eleven companies have submitted proposals to manage Iowa's Medicaid program; the state plans to select up to four companies. The state is now looking through the thousands of pages of proposals, and will make a decision by the end of August. In the meantime, the state will be doing more meetings to get input on the plans that will be submitted to the federal government asking for permission to privatize Medicaid. Those meetings have not yet been announced.

Legislators also felt it was important for them to have a say in the system, and make sure their constituents were protected. So legislators included the following protections in Senate File 505. These can be vetoed by the Governor, so if they are important to you, make sure you let him know.

- Directs DHS to partner with stakeholders to convene monthly statewide public meetings (beginning March 2016) to get input on the managed care system. These meetings are to be held throughout the state, and would most likely be co-hosted by interested groups. The Executive Committee of the Medical Assistance Advisory Council will make recommendations,

and compile information received from the public.

- Establishes a Legislative Health Policy Oversight Committee (appointed by the Legislative Council) to receive updates on managed care, review data, listen to public concerns and recommendations, and make recommendations for improving the system. Recommendations would be referred to the Legislature, although changes could be addressed without legislation.
- Adds \$220,000 to hire two new Long Term Care Ombudsmen in the Office of the Long Term Care Ombudsman, and directs DHS to request Medicaid administrative match for the work these people will do to address concerns of people receiving Medicaid long term care services and supports.
- Directs the Office of the Long Term Care Ombudsman, Department of Public Health, Department of Human Services, Department of Inspections and Appeals, Disability Rights Iowa, Civil Rights Commission, Senior Health Insurance Information Program, Iowa Insurance Advocate, Iowa Legal Aid, and other consumer advocates and assistance programs to develop a proposal for the establishment of a Health Consumer Ombudsman Alliance to provide a permanent, coordinated health plan system navigation and complaint resolution system.
- If Medicaid managed care is approved and implemented, requires provider rates to be no lower than current rates.
- Requires DHS is to conduct initial functional assessments of new Medicaid enrollees (required to be done in conflict-free manner).
- Prohibits DHS from reducing Medicaid HCBS waiver slots below what is in place January 1, 2015.
- Directs DHS to contract with a private vendor to conduct electronic asset verification as required by the Affordable Care Act.

REFUELING ASSISTANCE STALLS IN HOUSE

After three years of discussion, the Senate passed [Senate File 509](#) on June 2, the "refueling assistance bill" that makes sure drivers with disabilities are able to refuel their vehicles. The bill requires gas stations comply with the Americans with Disabilities Act. Any newly constructed gas station, new or replaced pumps would need to be equipped with refueling assistance devices for people with disabilities. These devices must allow a person to contact service station employees with a closed fist, and must be accessible from the driver's side of the car.

While this does not apply to older service stations unless they renovate or replace pumps, it would apply to all new construction done after the effective date of the bill. The bill included a \$500 tax credit for small businesses that make these accommodations (so not the Hy-Vees and Casey's - its for the smaller mom & pop stores). The tax credit would be available beginning tax year 2016.

The bill passed the Senate 30-20. The bill was sent to the House Ways & Means Committee, which did not take the bill up before the session ended. While it did not make the cut this year, it is eligible for debate again when the Legislature reconvenes January 2016 (and it doesn't have to start over in the

process).

- You can see how your Senator voted [here](#). Make sure to thank them if they voted the way you wanted. If they didn't, talk to them and let them know why you think it's important.
- If this is a bill you want to see become law next year, contact your legislators and the legislators on the [House Ways & Means Committee](#). Remember you can use our Grassroots Action Center to contact your legislators [here](#).
- Sen. Rita Hart (Clinton) has been a long-time supporter of this legislation, and was the bill's original sponsor. You can read more about the bill in a guest column she wrote for *infoNET* [here](#).

FINAL BUDGET REVIEW

The Legislature finished up their work after passing a \$7.168 billion budget that keeps the Mt. Pleasant Mental Health Institute open, allows a private geropsychiatric unit at Clarinda Mental Health Institute, adds \$2 million for MH/DS regions, increases provider rates for HCBS providers and home health providers (\$2 million), jumpstarts the ABLE Act, and provides a framework for the oversight of Medicaid managed care.

[Senate File 505](#) also sets requirements on managed care contractors - requiring provider rates be no lower than they are now and prohibiting DHS from closing down HCBS waiver slots. Legislators also included language directing the Governor not to implement controversial Medicaid cost containment measures that would have capped mileage reimbursement for HCBS transportation services and moved up the transition timeline for Consumer Directed Attendant Care services (moving to agency or Consumer Choices Option) by one year to July 1, 2015.

Here is a very quick review of some other highlights:

- Directs the Aging and Disability Resource Centers and the Mental Health and Disability Services Commission to submit a proposal to the Legislature to create a home modification grant and tax credit program for low-income individuals with disabilities meeting the federal definition of "disability" and earning no more than 250% of the federal poverty level.
- Increases funding for Medicaid by \$52.5 million (\$1.3 billion total). This is about \$40.6 million short of estimates (so likely Medicaid will have a shortfall that lawmakers will need to address when they return in 2016).
- Increases provider rates for nursing homes (\$17 million), home health providers (\$1 million), HCBS providers by .5% (\$1 million), supported employment providers by 10% (\$750,000), and substance-related treatment providers by 3% (no fiscal impact).
- Includes \$66.5 million in Medicaid cuts for "cost containment" (including the \$50 million the Governor plans to save in the transition to managed care). Also included in this is implementation of a complex pharmaceutical oversight program, change drug reimbursement methodology to the

national average drug acquisition cost, and use of new functional assessments for certain Medicaid waiver services.

- Prohibits the Governor from implementing cost containment strategies that cap HCBS waiver reimbursement for transportation, or speed up the transition from Consumer Directed Attendant Care to agency or Consumer Choices Option (this transition will be complete on June 30, 2016).
- Requires DHS to submit an application to CMS/SAMHSA to participate in a two-year pilot project for certified community behavioral health clinics (but no additional money provided to do this).
- Cuts the Medicaid Health Home Contract by \$3 million (because it will become part of managed care), but continues level funding (\$900,000) for the children's mental health home initiative.
- Keeps the Mt. Pleasant Mental Health Institute (MHI) open, but reduces spending by \$746,000. Both the acute adult psychiatric services and inpatient dual diagnosis program remain open, with total funding of \$6.4 million.
- Closes the Clarinda MHI psychiatric unit on December 16, 2015 (\$1.8 million appropriation to keep it open for this six-month period). Directs DHS to issue an RFP to contract (beginning December 16, 2015) with a private nursing facility to manage a 15-bed geropsychiatric unit at Clarinda for hard to place persons who are sexually aggressive or combative due to mental illness or who have unmet geropsychiatric needs.
- Eliminates \$30.6 million mental health and disability services equalization payments to regions because all but two regions have large ending fund balances. Replaces this with \$2 million appropriation directed to those regions who will not be able to maintain a 25% ending fund balance at the end of the next fiscal year (Polk County). DHS is directed to work with the Southern Hills region to look at options for merging into another region to address funding problems.
- Extends the MH/DS Equalization Payment Formula for an additional year (until June 30, 2017) to give the Legislature time to develop a new structure (no funding appropriated). Freezes the MH/DS per capita levy rates at FY15 levels and eliminates the Medicaid offset that required regions to pay back savings from the Iowa Health and Wellness Plan. So no state money for regions this year beyond their local property taxes and the \$2 million for the Polk County Region.
- Cuts the Autism Treatment Program by \$1 million (\$2 million remaining) but allows a family to submit a health benefits summary showing that no autism services are covered in lieu of a formal denial of payment from the insurance company in order to be eligible for reimbursement from the program. The program is also modified to allow reimbursement for services provided by a Board Certified Assistant Behavior Analyst who is supervised by a Board Certified Behavior Analyst (and adds licensed psychologists and psychiatrists to the list of qualified providers),. Finally, the Legislature appropriated \$250,000 to establish a grant program to support educational expenses of persons pursuing board certification as a behavior analyst or assistant behavior analyst.
- Reduces the Family Support Subsidy by \$107,807 due to children aging out, but shifts \$102,000 of

that to the Children at Home Program to add three new providers.

- Extends the repeal of the Prevention of Disabilities Council for another year (June 30, 2016), and requires the MH/DS Commission and Iowa DD Council to work with the Prevention Council, the Department of Human Services, and the Department of Public Health to provide for a transfer of duties prior to dissolution.
- Eliminates the restrictions on how funds can be disbursed from Medicaid Special Needs Trusts and sets new standards that are no more restrictive than federal law and enhances reporting requirements.
- Directs DHS to establish (in cooperation with the Departments of Education and Public Health) a Children's Mental Health and Well-Being Work Group made up of stakeholders to study and make recommendations on children's mental health and well-being (including crisis response). A report is due December 15, 2015.

BILL TRACKER

The [infoNET Bill Tracker](#) is updated with all action as of the close of the legislative session. As the Governor signs and vetoes bills, we will make those changes quickly, so check back frequently. The Governor has until July 5 to make his decisions.