

Legislative Priorities for 2022 for MH/DS of the East Central Region

Mental Health/Disability Services of the East Central Region (MH/DS of the ECR) is a partnership between nine eastern Iowa counties to provide comprehensive mental health and disability services to individuals in those counties. This regional base of services meets statewide standards to address Iowa's mental health and disability services needs and to improve the wellbeing of Iowans. MH/DS of the ECR proudly supports and provides services for Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, and Linn Counties with a budget in excess of \$20 million for its 600,915 regional citizens.

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The Focus for 2022's Legislative Priorities: Workforce Issues

Workforce issues will continue to be the biggest challenge in 2022 and beyond in making sure that quality mental health and disability services are available to all Iowans. All regions are facing increased challenges in supporting a workforce that can adequately meet the rising demands of Iowans facing brain health (mental health) and disability challenges. The following are issues that we believe state legislators should address to support the MH/DS system in Iowa.

Priority 1: Reduce barriers to availability of Direct Support Professionals and other mental health professionals

Background

Iowa has a serious shortage of prescribing and direct care professionals. Medicaid reimbursement rates and the lack of availability of direct support professionals in Iowa contribute to this shortage. Also, college and medical school programs don't offer enough opportunities for residencies in Iowa. Non-compete agreements hinder the recruitment of practitioners; and pharmacists are a trained and knowledgeable group of practitioners who could become prescribers but currently are not able to.

Recommendations

1. Address the shortage of direct support professionals by adopting a system to **set reimbursement rates** that reflect the actual cost of providing services. MH/DS providers across the state are facing the reality of closing their doors because current reimbursement rates prevent them from competing in an environment with fewer employees.
2. Work with medical schools and nurse practitioner programs in Iowa to encourage them to offer **more psychiatric residencies**, and establish **incentive programs** to attract practitioners to Iowa.
3. Eliminate the use of **non-compete agreements** currently in use by state-funded schools, so that regions could contract with willing practitioners for services.
4. Adopt the practice of other states who **add pharmacists** to the list of prescribing professionals.

Priority 2: Direct the state's managed care organizations to develop more sustainable rates, a more streamlined billing process, and quicker certification of providers

Background

The state's contracted managed care organizations should be required to adopt a methodology that sets the reimbursements for services at the actual cost of service and streamline billing reimbursement and certification for providers. Additionally, regions cannot proceed to expand services due to the inability of Iowa Medicaid

Enterprise (IME) to deliver modifiers, so that providers can pay for newly developed services under the Complex Needs Bill (SF2456), such as crisis stabilization services.

The lack of a modifier is impacting the ability of regions to establish services under the Complex Needs Bill, as well as making it difficult to sustain the limited number of crisis and sub-acute beds currently in the state. These are services required under Iowa Administrative Code 441, Chapter 25. Also, with statewide access centers online, it is imperative that those facilities have reasonable and adequate reimbursement rates to support their viability and long-term sustainability.

Recommendations

1. Facilitate the **development of sustainable rates**. We believe the implementation of managed care services for people with brain health issues has been hampered by the way that DHS and IME have failed to enroll providers in a timely way, as well as to implement rates and codes for new services. Plus, the delay in approving new service rates negatively impacts current providers who are finding it exceedingly difficult to get approval to add services that are requested by recent legislation. In some cases, adding services or approving a new provider has taken in excess of a year. One provider took seven months to get certification to provide sub-acute beds.
2. **Streamline the billing process and provide assistance**. Many smaller providers are finding the process of billing Medicaid for eligible services difficult to navigate. MCOs should provide technical assistance to providers who experience persistent delays or denials.
3. **Require that payments become timelier to eliminate the need for bridge funding**. Regions, and now the state, are often being asked to provide bridge funding for expensive Medicaid-eligible services because, in many instances, integrated home health programs are not making timely assessments, or in some cases any assessments at all, because of heavy caseloads. This is an issue of not only providing timely services to our constituents but an issue of maintaining a quality provider workforce.

Priority 3: Allow the MH/DS Regions to sustain a fund balance of 10% for FY24 and beyond.

Background

Timely payments to providers are critical in helping to maintain an adequate level of service providers. Currently, SF 619 places a limit on fund balances at 5% by FY 2024.

Recommendation

Raise the limit on the fund balance to 10%. This would allow regions to maintain a one-month financial cushion to make certain that providers could be paid on time if DHS allocations would be delayed.

Our Request for the Call to Action

The effects of COVID on our world, and the state of Iowa, have created the workforce shortage for industries and professions everywhere. We believe that the needs of Iowans with brain health needs, and the healthcare professionals who care for them, will continue to escalate. Our focus on workforce priorities will help the overall Iowa medical and health system to adequately meet the rising brain health needs of Iowans.

If no action is taken on these three workforce priorities, it will become increasingly difficult to deliver quality MH/DS services in all parts of the state, thus reducing the quality of life of all Iowans.