

# ECR Legislative Newsletter

June 9, 2022 | Issue No. 9

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## Final Newsletter of the 2022 Spring Legislative Session

This is our final issue of the legislative newsletter for the 2022 spring session in Des Moines. Overall, as a region the ECR is pleased with the progress made by our legislators and we are glad to see new and/or increased funding for much-needed programs approved.

Here is a brief recap of the activity that took place. We have arranged the recap by our 3 legislative priorities for the year, which were:

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

This is what passed:

**Psychiatry Residency Program:** This bill, which started as House File 2157, creates a Psychiatry Residency Program in cooperation with the State mental health institutes, the State resource centers, the State training school, and the Iowa medical and classification center. It directs the University of Iowa Hospitals and Clinics to expand the Psychiatric Residency Program by providing for up to 12 additional residency positions for each class of residents by providing financial support for residency positions that are in excess of the federal residency cap established by the federal Balanced Budget Act of 1997.

**What this means:** Iowa has a serious shortage of prescribing and direct care professionals. We wanted legislators to help remove various barriers and create better systems to encourage professionals to enter and stay in the social services field. This will help to ease the shortage of mental health professionals practicing in Iowa by getting more residents into practice settings.

**This bill aligns with these ECR 2022-2025 Strategic Priorities: Access, Effective Partnerships, Cohesive Region**

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Providing services for 9 Iowa counties:

Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, Linn

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

In House File 2546, DHS is required to implement a **tiered rate reimbursement methodology** for psychiatric intensive inpatient care under the Medicaid program no later than January 1, 2023. The new tiered methodology is to be based on the level of patient acuity and other factors as recommended in the Inpatient Bed Tracking Study Committee Report.

**What this means:** Better (higher) rates for paying our providers for their work, faster processing of bills, and timelier payments to inpatient psychiatric units.

**This bill aligns with these ECR 2022-2025 Strategic Priorities: Access, Array of Services, Fiscal Responsibility**

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

There was a bill introduced this year to address this issue, called Senate File 2314. Although this bill made progress and there was momentum behind it, when the legislative session ended, it was not passed. The requirement that the region reduce its fund balance to 5% has one more year before it takes effect so we will be advocating again next session for a change in legislation to allow for a 10% fund balance.

Overall, the ECR is grateful that these appropriations did happen:

In disbursements, the general fund appropriations to the Department of Human Services for the Medicaid Program were increased by \$35,810,778, compared to estimated FY 2022. The changes include:

- An increase of \$14,600,000 for Home and Community-Based Services (HCBS) provider rates
- An increase of \$7,400,000 to reduce the Intellectual Disabilities HCBS wait list
- An increase of \$4,000,000 for home health rural incentives
- An increase of \$3,125,778 for Intermediate Care Facilities for Intellectual Disabilities (ICF/ID) rate increases
- An increase of \$3,000,000 for behavioral health intervention services rates
- An increase of \$2,000,000 for psychiatric tiered rates
- An increase of \$1,100,000 for residential substance abuse rates
- An increase of \$385,000 for applied behavioral analysis services rates
- An increase of \$200,000 for functional family and multi-systemic therapies

- The legislation permits DHS to transfer up to \$3,000,000 to be used for the implementation of standardized assessment tools for persons with mental illness, intellectual disabilities, developmental disabilities, or brain injuries.
  - The bill allocates \$50,000 for the HCBS Waiver Quality Assurance Program to review and streamline processes and policies related to oversight
  - \$150,000 is allocated for technical assistance for providers of HCBS under the Medicaid Program. There is no change compared to the estimated FY 2022 allocation.
  - \$300,000 is allocated for children's mental health initiatives
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## Looking Ahead

Many thanks go to our region's legislators who supported ECR legislative priorities. We will continue to communicate with them and share stories of successes and challenges to help them understand the reality of brain health and disability needs in our region and state.

We will continue to advocate to advance our current initiatives and will closely track how these initiatives impact our 600,000+ residents who may need mental health and disability services. We will be tracking the impact of changes and work with providers to ensure that the needs of those being served continue to be met. We are hopeful the increase in waiver slots will positively impact the people we serve. Throughout the summer, there will be meetings within the region and with legislators to discuss and prepare for next year's session.

Since your legislators are back home for the summer, reach out to them and let them know what is important to you!