

FEB 1 1958
HUMAN RESOURCES

HOUSE FILE 280
BY CARROLL

Passed House, Date _____ Passed Senate, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act relating to mental health, mental retardation, and
2 developmental disabilities services by revising involuntary
3 hospitalization procedures involving the county central point
4 of coordination process and patient advocates and authorizing
5 counties to create a special program fund for these services.

6 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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HF 280

1 Section 1. Section 229.1B, Code 2005, is amended to read
2 as follows:

3 229.1B CENTRAL POINT OF COORDINATION PROCESS.

4 1. Notwithstanding any provision of this chapter to the
5 contrary, any person whose hospitalization expenses are
6 payable in whole or in part by a county shall be subject to
7 all requirements of the central point of coordination process.
8 The county central point of coordination process administrator
9 or the administrator's designee shall assist the court by
10 determining the person's county of legal settlement and
11 notifying the court of the determination. In addition, the
12 administrator or designee shall identify one or more
13 appropriate hospitals or facilities with an opening available
14 for placement of the person and provide this information to
15 the court along with a placement recommendation.

16 2. The county central point of coordination process
17 administrator shall develop a plan for addressing emergency
18 examinations and placements made under this chapter. The plan
19 shall be developed in consultation with representatives of the
20 community mental health centers and hospitals providing
21 emergency services in that county. The plan shall include but
22 is not limited to a process for the administrator or the
23 administrator's designee to provide the court with a placement
24 recommendation as required by this chapter.

25 3. A person who receives confidential information under
26 this chapter due to the person's responsibilities relating to
27 the central point of coordination process is subject to the
28 requirements of chapter 228, the federal Health Insurance
29 Portability and Accountability Act of 1996, Pub. L. No. 104-
30 191, and other applicable requirements intended to protect the
31 confidentiality of information pertaining to a respondent or
32 person subject to a commitment order under this chapter.

33 Sec. 2. Section 229.8, subsection 2, Code 2005, is amended
34 to read as follows:

35 2. Cause copies of the application and supporting

1 documentation to be sent to the county attorney or the county
2 attorney's attorney-designate for review and to the county's
3 central point of coordination process administrator.

4 Sec. 3. Section 229.9A, Code 2005, is amended to read as
5 follows:

6 229.9A PATIENT ADVOCATE INFORMED.

7 The court shall direct the clerk to furnish the patient
8 advocate of the respondent's county of legal settlement with a
9 copy of application and any order issued pursuant to section
10 229.8, subsection 3. If an order is issued, the clerk shall
11 also provide a copy of the order to the central point of
12 coordination process administrator of the respondent's county
13 of legal settlement. The advocate may attend the
14 hospitalization hearing of any respondent for whom the
15 advocate has received notice of a hospitalization hearing.

16 Sec. 4. Section 229.11, unnumbered paragraph 1, Code 2005,
17 is amended to read as follows:

18 If the applicant requests that the respondent be taken into
19 immediate custody and the judge, upon reviewing the
20 application and accompanying documentation, finds probable
21 cause to believe that the respondent has a serious mental
22 impairment and is likely to injure the respondent or other
23 persons if allowed to remain at liberty, the judge may enter a
24 written order directing that the respondent be taken into
25 immediate custody by the sheriff or the sheriff's deputy and
26 be detained until the hospitalization hearing. The
27 hospitalization hearing shall be held no more than five days
28 after the date of the order, except that if the fifth day
29 after the date of the order is a Saturday, Sunday, or a
30 holiday, the hearing may be held on the next succeeding
31 business day. If the expenses of a respondent are payable in
32 whole or in part by a county, for a placement in accordance
33 with subsection 1, the judge shall give notice of the
34 placement to the central point of coordination process
35 administrator, and for a placement in accordance with

1 subsection 2 or 3, the judge shall order the placement in a
2 hospital or facility designated through the central point of
3 coordination process. Prior to the hearing, the central point
4 of coordination process administrator or the administrator's
5 designee shall provide the court with a placement
6 recommendation identifying one or more appropriate hospitals
7 or facilities with an opening available for placement of the
8 respondent. If determined to be in the best interest of the
9 respondent, the judge may order placement of the respondent in
10 an alternative facility in which an opening is available. The
11 judge may order the respondent detained for the period of time
12 until the hearing is held, and no longer, in accordance with
13 subsection 1 if possible, and if not then in accordance with
14 subsection 2 or, only if neither of these alternatives is
15 available, in accordance with subsection 3. Detention may be:

16 Sec. 5. Section 229.13, subsection 1, paragraph a, Code
17 2005, is amended to read as follows:

18 a. The court shall order a respondent whose expenses are
19 payable in whole or in part by a county placed under the care
20 of an appropriate hospital or facility designated through the
21 central point of coordination process on an inpatient or
22 outpatient basis. The central point of coordination process
23 administrator or the administrator's designee shall provide
24 the court with a placement recommendation identifying one or
25 more appropriate hospitals or facilities with an opening
26 available for placement of the respondent. If determined to
27 be in the best interest of the respondent, the judge may order
28 placement of the respondent in an alternative facility in
29 which an opening is available.

30 Sec. 6. Section 229.14, subsection 2, paragraph a, Code
31 2005, is amended to read as follows:

32 a. For a respondent whose expenses are payable in whole or
33 in part by a county, placement as designated through the
34 central point of coordination process in the care of an
35 appropriate hospital or facility on an inpatient or outpatient

1 basis, or other appropriate treatment, or in an appropriate
2 alternative placement. The central point of coordination
3 process administrator or the administrator's designee shall
4 provide the court with a placement recommendation identifying
5 one or more appropriate hospitals or facilities with an
6 opening available for placement of the respondent. If
7 determined to be in the best interest of the respondent, the
8 judge may order placement of the respondent in an alternative
9 facility in which an opening is available.

10 Sec. 7. Section 229.14A, subsection 1, Code 2005, is
11 amended to read as follows:

12 1. With respect to a chief medical officer's report made
13 pursuant to section 229.14, subsection 1, paragraph "b", "c",
14 or "d", or any other provision of this chapter related to
15 involuntary commitment for which the court issues a placement
16 order or a transfer of placement is authorized, the court
17 shall provide notice to the respondent and the respondent's
18 attorney or ~~mental-health~~ patient advocate pursuant to section
19 229.19 concerning the placement order and the respondent's
20 right to request a placement hearing to determine if the order
21 for placement or transfer of placement is appropriate. A copy
22 of the placement order or transfer authorization shall also be
23 provided to the central point of coordination process
24 administrator of the respondent's county of legal settlement.

25 Sec. 8. Section 229.14A, subsection 7, Code 2005, is
26 amended to read as follows:

27 7. If a respondent's expenses are payable in whole or in
28 part by a county through the central point of coordination
29 process, notice of a placement hearing shall be provided to
30 the county attorney and the county's central point of
31 coordination process administrator. At the hearing, the
32 county may present evidence regarding appropriate placement.
33 The central point of coordination process administrator or the
34 administrator's designee shall provide the court with a
35 placement recommendation identifying one or more appropriate

1 hospitals or facilities with an opening available for
2 placement of the respondent.

3 Sec. 9. Section 229.22, subsection 2, unnumbered paragraph
4 2, Code 2005, is amended to read as follows:

5 If the magistrate orders that the person be detained, the
6 magistrate shall, by the close of business on the next working
7 day, file a written order with the clerk in the county where
8 it is anticipated that an application may be filed under
9 section 229.6. The order may be filed by facsimile if
10 necessary. The order shall state the circumstances under
11 which the person was taken into custody or otherwise brought
12 to a facility, and the grounds supporting the finding of
13 probable cause to believe that the person is seriously
14 mentally impaired and likely to injure the person's self or
15 others if not immediately detained. The order shall confirm
16 the oral order authorizing the person's detention including
17 any order given to transport the person to an appropriate
18 facility. The clerk shall provide a copy of that order to the
19 central point of coordination process administrator of the
20 county where it is anticipated that an application may be
21 filed under section 229.6, to the chief medical officer of the
22 facility to which the person was originally taken, to any
23 subsequent facility to which the person was transported, and
24 to any law enforcement department or ambulance service that
25 transported the person pursuant to the magistrate's order.

26 Sec. 10. Section 229.24, subsection 1, Code 2005, is
27 amended to read as follows:

28 1. All papers and records pertaining to any involuntary
29 hospitalization or application for involuntary hospitalization
30 of any person under this chapter, whether part of the
31 permanent record of the court or a county or of a file in the
32 department of human services, are subject to inspection only
33 upon an order of the court for good cause shown. Nothing in
34 this section shall prohibit a hospital from complying with the
35 requirements of this chapter and of chapter 230 relative to

1 financial responsibility for the cost of care and treatment
2 provided a patient in that hospital, nor from properly billing
3 any responsible relative or third-party payer for such care
4 and treatment.

5 Sec. 11. Section 331.424A, Code 2005, is amended by adding
6 the following new subsection:

7 NEW SUBSECTION. 6. a. Notwithstanding contrary
8 provisions of this section, a county may request approval of a
9 waiver by the department of management to create a special
10 program fund to receive moneys and to pay the direct and
11 indirect costs of special program services provided to persons
12 eligible for services payable from the services fund. In
13 requesting the waiver, the county shall provide information
14 detailing how the special fund will be used, the basis upon
15 which moneys will be credited and expended from the special
16 fund, and other information specified by the department of
17 management in order for the department to determine whether
18 the special fund will be used in a manner that is appropriate
19 to distinguish those uses from the uses of the services fund.
20 The department of management may authorize a waiver for a
21 specific term or an indefinite term and a waiver is subject to
22 other conditions that the department may apply to ensure that
23 the special fund is operated solely for the purposes for which
24 the special fund is authorized. The department's approval of
25 a waiver shall be based upon the department's determination
26 that the special fund will only be used for managing money for
27 special program services provided to persons eligible for
28 services paid from the services fund and are appropriate to
29 distinguish those uses from the uses of the services fund.

30 b. The special program services may be provided to persons
31 whose service costs are attributable to the county that
32 created the special program fund or to other counties. In
33 addition to receipts from the services fund of the county that
34 created the special program fund, receipts from federal,
35 state, and other county and governments, and any other

1 revenues associated with the provision of special program
2 services shall be credited to the special program fund. The
3 levy limitation established pursuant to subsection 4 is not
4 subject to increase as a result of the creation or
5 administration of the special program fund. The management
6 plans approved pursuant to section 331.439 for the counties
7 purchasing services from the special program fund shall
8 address the services payable from the special program fund and
9 the administration of the special program fund.

10 Sec. 12. STUDY GROUP. The supreme court is requested to
11 convene a study group to consider issues relating to the
12 functions performed by patient advocates appointed under
13 chapter 229 and the interaction of patient advocates with
14 other portions of the legal and service systems for persons
15 with mental illness. If established, the study group shall
16 issue a report to the judicial branch, governor, and general
17 assembly with findings and recommendations on or before
18 December 15, 2005.

19 Sec. 13. IMPLEMENTATION OF ACT. Section 25B.2, subsection
20 3, shall not apply to this Act.

21 EXPLANATION

22 This bill relates to mental health, mental retardation, and
23 developmental disabilities services by revising involuntary
24 hospitalization procedures involving the county central point
25 of coordination process and patient advocates and authorizes
26 counties to create a special program fund for these services.

27 The bill amends various provisions in Code chapter 229,
28 relating to involuntary hospitalization of persons with
29 serious mental illness. If a person's hospitalization costs
30 are payable in whole or in part by a county, the county
31 central point of coordination (CPC) administrator, or the
32 administrator's designee, is to assist the court by
33 determining the person's county of legal settlement and
34 notifying the court of the determination. In addition, the
35 administrator or designee is required to identify one or more

1 hospitals or facilities with an opening available for
2 placement of the person and notify the court.

3 In addition, the CPC administrator is required to develop a
4 plan for addressing emergency examinations and placements
5 under Code chapter 229. Local hospitals and other service
6 providers are required to be consulted in developing the plan.

7 The bill states that a person who receives confidential
8 information due to the person's responsibilities relating to
9 the central point of coordination process is subject to
10 federal law and other requirements intended to protect
11 confidentiality of information. Code section 229.24,
12 requiring records of an involuntary hospitalization proceeding
13 to be confidential, is amended to apply to county records of
14 the proceeding.

15 The bill amends Code sections 229.9A and 229.14A, relating
16 to information provided to the patient advocate and placement
17 orders, to require copies of applications, orders, and
18 authorizations to be provided to the county central point of
19 coordination process administrator when they are provided to
20 the patient advocate.

21 Code section 331.424A, creating a county MH/MR/DD services
22 fund in each county to which property tax and other receipts
23 must be credited, is amended. The bill authorizes counties to
24 request a waiver by the department of management to create a
25 special program fund to be used for receipts and expenditures
26 for special program services provided to persons eligible for
27 services payable from the services fund. The department may
28 authorize a waiver for a specific term or an indefinite term
29 or apply other conditions. The special program services may
30 be provided to persons whose service costs are attributable to
31 the county that created the fund or to other counties. The
32 limitation on county levy authority for the MH/MR/DD services
33 fund is not subject to change due to creation and
34 administration of a special program fund. The special program
35 services and administration of the special program fund are

1 required to be addressed in the county management plans of the
2 counties purchasing services from the special program fund.

3 The bill requests the supreme court to convene a study
4 group to consider issues relating to the functions performed
5 by patient advocates and the interaction of patient advocates
6 with other portions of the legal and service systems for
7 persons with mental illness.

8 The bill may include a state mandate as defined in Code
9 section 25B.3. The bill makes inapplicable Code section
10 25B.2, subsection 3, which would relieve a political
11 subdivision from complying with a state mandate if funding for
12 the cost of the state mandate is not provided or specified.
13 Therefore, political subdivisions are required to comply with
14 any state mandate included in the bill.

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