Overview

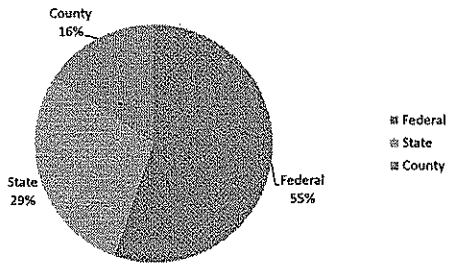
Financing of Iowa's Adult Mental Health and Disability Services

SFY2009 Data

PURPOSE:

- Identify funding sources for adults with
  - Mental Illness
  - Intellectual/Developmental Disabilities
  - Brain Injury
- Identify Services
- Identify Methods of Service Planning by funding source
- Opportunities for Improvement

The estimated total amount of funding expended for adults is $896,500,000



Federal Sources of Funding Includes:

- Title XIX/Medicaid
- Mental Health Block Grant
- Social Services Block Grant (SSBG)
  - *Local Purchase**
  - *Disaster program**
- Money Follows the Person Grant

* *These funds are allocated to counties.*

State Sources of Funding Includes:

- Non-Federal Share for Title XIX/Medicaid assigned to the state
- MHI costs for State Cases
- *Property Tax Relief**
- *Growth**
- *Community Services**
- *Replacement Generation Tax**
- *Purchase of Service Rate Increase**
- *State Payment Program**
- *Risk Pool**

**These funds are allocated to counties*

County Sources of Funding include:

- Property Taxes
  - County Property Tax dollar amount for MHDD funding is frozen at the amount budgeted for 1996.
  - Maximum Allowable Levy Amount: $125,781,915
    - In 2009, 81 counties levied 100% of the Maximum allowed
    - The total amount levied approximately $121,500,000
- Public and Private Miscellaneous Funds

Services Mandated by Federal Code: Title XIX/Medicaid

- Available Statewide
- Eligibility Standards Statewide
- Directed by the State Plan
- Waiver programs may have waiting lists

Services Mandated by Iowa Code:

- Available Statewide
- Eligibility Standards Statewide
- Directed by Iowa Code

Services Mandated by County Plans (for 100% county funding):

- Minimum Statewide Income and Resource Standards
- Maximum Financial Eligibility may vary by county and by program
- Service array is directed by the county management plan and the county ability to pay.
- A county may have a waiting list for 100% county funded services.

Medicaid Service Array for Adults

Service Type	# Serv.	Total	Federal	State	County
Iowa Plan for Behavioral Health (Magellan)	31243	$ 76,975,922	$ 51,612,356	$25,363,566	$ -
Adult Rehabilitative Option		$ (929,254)	$ (630,034)	$ 56,626	$ (355,846)
Habilitation	2695	$ 46,656,763	$ 31,633,285	$ 2,914,206	$ 12,109,271
Remedial Services	683	$ 1,978,149	$ 1,355,508	$ 622,640	$ -
ICF/MR & Resource Centers	1917	$ 254,745,004	$ 172,717,112	$ 24,890,344	$ 57,137,547
HCBS/ID	8056	$ 277,228,929	$ 188,051,031	$ 6,654,323	$ 82,523,575
HCBS/BI	824	$ 16,053,052	$ 10,871,900	$ 5,156,353	$ 24,799
HCBS/Physical Disabilities	951	$ 4,139,987	$ 2,810,829	$ 1,329,158	$ -
HCBS/Ill and Handicap	1472	$ 10,802,896	$ 7,317,590	$ 3,485,305	$ -
Targeted Case Management	8710	$ 25,087,144	$ 17,023,146	$ 4,337,949	$ 3,726,050
Total		$ 712,738,591	$ 482,762,723	$ 74,810,472	$155,165,396

State Mandated Service Array

- Involuntary Commitment Services
  - Evaluation/Hospital Costs
  - Sheriff's Transportation
  - Attorney Fee's related to Commitment
  - Judicial Advocate Fees
- Voluntary Inpatient at the Mental Health Institutes

County Plan Service Array $334,896,052 /approx. 55,000 people

Services Funded by Counties	Dollars Spent	Persons Served
Personal and Environmental Support Services	30.79%	21.45%
Licensed/Certified Living Arrangements	26.90%	5.09%
Vocational and Day Services	13.93%	13.44%
Institutional/Hospital and Commitment Services	10.19%	12.85%
Psychotherapeutic Treatment	9.95%	31.90%
Coordination Services	6.89%	15.28%
Administrative	1.31%	
Information and Education Services	0.04%	
Total	100.00%	100.00%

Not included...

- The following expenditures for the system were not included in either the county data or the Medicaid data.
  - Recipient SSI 'facility-payment' for support
  - State Supplemental Assistance
  - Medicaid Pharmaceutical information for the populations covered
  - Medicaid Client Participation
  - MEPD (Medicaid for Employed Persons with Disabilities) client payments
  - Iowa Plan per person Capitation Rate

Opportunities

- Olmstead-Federal Case Law which applies to:
  - all funders,
  - all stakeholders,
  - all program planning
- Affordable Health Care
  - More Uniform Statewide Access
  - Additional Uniform Services across the State
  - Increase in the number of individuals served (133% of poverty) by the state and federal government.