

**MENTAL HEALTH AND DISABILITY SERVICES  
MANAGEMENT PLAN  
POLICY AND PROCEDURES**

GEOGRAPHIC AREA: SERVICE THE COUNTIES OF CLARKE, DECATUR, LUCAS, MARION, MONROE, RINGGOLD, AND WAYNE.

# *CROSS*

## COUNTY RURAL OFFICES OF SOCIAL SERVICES

Approved By:

County Rural Offices of Social Services Governing Board: 10/08/2015

X

---

Dennis Smith, Vice Chair  
CROSS Governing Board of Directors

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

## Table of Contents

Introduction and Vision	3
A.Organizational Structure	4
B.Service System Management	6
C.Financing and Delivery of Services and Support	12
D.Enrollment	14
E.Eligibility	19
F.Appeals Processes	24
G.Provider Network Formation and Management	27
H.Quality Mangment and Improvement	30
I.Service Provider Payment Provisions	32
J.Waiting List Criteria	34
K.Amendments	34
Glossary	35-37
Attachments	
Appendix	

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

## Introduction and Vision

County Rural Offices of Social Services (CROSS) region was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390. Within this region, CROSS will create a regional management plan designed to improve health, hope, and successful outcomes for the adults in our region who have mental health disabilities and intellectual / developmental disabilities, including those with multi-occurring issues with other complex human service needs.

In accordance with the principles enumerated in the legislative redesign, CROSS will work in a quality improvement partnership with stakeholders in the region (providers, families, individuals, and partner health and human service systems) to develop a system of care approach that is characterized by the following principles and values:

- Welcoming and individual-oriented
- Person and family driven
- Recovery/resiliency oriented
- Trauma-informed
- Culturally competent
- Multi-occurring capable

CROSS will maintain local county offices as the foundation to the service delivery system.

### Basic Framework of the Regional MHDS Services' Management Plan

This regional Mental Health & Disability Services' Management Plan describes the framework for system design that CROSS will organize, the process for making progress in the direction of that vision, as well as the specific activities within the system that will be funded and monitored directly by CROSS.

This Mental Health & Disability Services' Management Plan (hereafter referred to as Plan) defines standards for member counties of the County Rural Offices of Social Services (CROSS) region.

The region supports the provision of cost-effective, individualized services and supports that assist persons with disabilities to be independent, productive, and integrated into the community within the constraints of available resources.

In compliance with Iowa Administrative Code (IAC) 441-25, the Plan includes three parts: Annual Service & Budget Plan, Annual Report, and Policies & Procedures Manual. The Annual Service & Budget Plan includes the services to be provided and the cost of those services, local access points, targeted case management agencies, a plan for ensuring effective crisis prevention and a description of the scope of services, projection of need and cost to meet the need, and provider reimbursement provisions. The Annual Report provides an analysis of data concerning services managed for the previous fiscal year. The Policies & Procedures Manual includes policies and procedures concerning management of the MHDS service and MHDS plan administration.

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

A current plan is available in each local CROSS office and on the Regional and Department of Human Services websites.

## A. Organizational Structure

### **Governing Board (IC 331.390)**

CROSS organizational structure assigns the ultimate responsibility for the non-Medicaid funded MHDS services with the County Rural Offices of Social Services (CROSS) governing board.

The Governing Board of Directors shall contain the following Directors:

- a) Each member county shall appoint one of its supervisors to serve as a Director on the Governing Board and an alternate appointee if the first appointee is unavailable. The appointees of each member county shall select its Director and he or she shall serve indefinitely at the pleasure of the county appointing the Director, until a successor is appointed, or until the appointed Director's death, resignation, or the end of such person's service as a county supervisor. Any Director appointed under this Section may be removed for any reason by the county appointing the Director, upon written notice to the Region's Board of Directors, which notice shall designate a successor Director to fill the vacancy.
- b) At least one individual who utilizes mental health and disability services, or is an actively involved relative of such an individual. This Director shall be appointed by the committee given that power by the Governing Board, with such appointment to become effective upon approval by the Governing Board of the Region. This Director shall serve as an ex-officio, non-voting Director. This Director shall serve an initial term of one year, which shall begin upon the effective date, with appointments thereafter to be for two year terms.
- c) At least one individual representing service providers in the Region. This Director shall be appointed by the committee given that power by the Governing Board, with such appointment to become effective upon approval by the Governing Board of the Region. This Director shall serve as an ex-officio, non-voting Director. This Director shall be appointed to two year terms, with the initial term beginning upon the effective date.

# **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

## **MH/DS Advisory Committee (IC 331.390(2) e; 331.392.(2)i; IAC 441-25.14.(1)i)**

CROSS shall encourage stakeholder involvement by having a regional advisory committee assist in developing and monitoring the plan, goals and objectives identified for the service system, and serve as a public forum for other related MH/DS issues. The MH/DS Advisory committee shall represent stakeholders which shall include, but not be limited to, individuals, family members, county officials, and providers.

The Advisory Committee shall be appointed by the Governing Board and shall have a minimum of (5) five members. The committee members shall be: individuals who utilize services or actively involved relatives of such individuals; service providers; and the Governing Board Directors. The advisory committee shall advise the Governing Board as requested by the Governing Board and shall also make designations of the ex officio members of the Governing Board as described above.

CROSS will entertain applications for the Regional Advisory Committee from provider groups, advisory groups, and interested parties throughout the region. Applications (*Attachment B*) will be available in the member county offices. The applicants shall be at least one (1) from each category: (a) an individual who utilizes mental health and disability services or an actively involved relative of such an individual, (b) an individual representing providers. The technical assistance committee which is comprised of the Disability Service Coordinators of each member county will review the nominations and make further recommendations to the Governing Board which will render the final appointment to the Advisory Committee.

### **Chief Executive Officer**

The Governing Board will appoint the Chief Executive Officer as referenced in Iowa Code Section 331.438E. The CEO functions are supervised and evaluated by the Governing Board.

The Executive Officer shall be chosen by the Governing Board. The Executive Officer shall remain an employee of his or her respective county and shall report to both his or her respective Board of Supervisors and the Region's Governing Board. The Governing Board may also appoint an alternate or interim Executive Officer as needed, with such person remaining an employee of his or her respective county and reporting to both his or her respective Board of Supervisors and the Region's Governing Board. The Executive Officer shall be the single point of accountability for the Region.

The CEO must have a bachelor's or higher degree in human services- related or administrative -related field. In lieu of a degree in administration, a coordinator may provide documentation of relevant management experience.

The Chief Executive Officer may employ or contract with persons or entities (including contracting with member counties for member county employees to provide services to the Region) to staff the needs of the Region; however, the terms of all employment or contracts for staff shall be approved by the Governing Board.

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

## **Regional Staff (General Functions)**

The Regional staff shall consist of one or more Service Disability Coordinators either hired directly by the Region or provided to the Region by the member counties. Coordinators must have a bachelor's or higher degree in human services- related or administrative -related field. In lieu of a degree in administration, a coordinator may provide documentation of relevant management experience.

The Regional Service Disability Coordinators shall remain employees of their respective counties. The Regional Service Disability Coordinators (SDC) shall be assigned their member county's administrative responsibilities, so that each of the required functions is performed.

## **B. Service System Management**

CROSS shall directly administer the Region MH/DS Plan through the local Cross offices and contract with service providers to meet the service needs of the individuals. Member counties shall provide adequate credentialed staff to carry out the administration of this Plan. The staff delegated to perform functions of Coordinators of Disability Services shall have the qualifications required by IC 331.390(3)b and IAC 441-25.12(2)e.

### LOCAL COUNTY CROSS COMMUNITY SERVICES OFFICES

COUNTY OFFICE	ADDRESS	PHONE , FAX, EMAIL
Clarke County Social Services	100 S. Main, Osceola, Iowa 50213 Clarke County Courthouse	Ph: 641-414-2968 Fax: 641-446-1592 Email: clarkecountymentalhealth@gmail.com
Decatur County Community Services	201 NE Idaho ST, Leon , Iowa 50144	Ph: 641-446-7178 Fax: 641-446-8208 Email: deccpcc@decccs.org
Lucas County Community Services	125 S. Grand, Chariton, Iowa 50049	Ph: 641-774-0423 Fax: 641-774-4383 Email: egbertk@lucasco.org
Marion County Community Services	2003 N. Lincoln, Box 152, Knoxville, IA 50138	Ph: 641-828-8149 Fax: 641-842-3442 Email: dsc@co.marion.ia.us
Monroe County Community Services	1801 S. B St. , Albia, Iowa 52531	Ph: 641-932-2427 Fax: 641-932-2578 Email: kfisher@monroecoia.us
Ringgold County Public Health	119 South Fillmore, Mount Ayr, Iowa 50854	Ph: 641-464-0691 Fax: 641-464-2476 Email: bfletchall@rcph.net
Wayne County Community Services	101 N. Lafayette, Chariton, Iowa 50060 Mailing address: Box 435, Courthouse, Corydon, Iowa 50060	Ph: 641-872-1301 Fax: 641-872-2843 Email: waynecpc@grm.net

## **Risk Management and Fiscal Viability (IC 331.25.21(1)f)**

CROSS does not intend to contract management responsibility for any aspect of the regional system of care to any agency or entity. The CROSS Regional Board shall retain full authority for the regional system of care and the associated fixed budget.

# **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

## **Conflict of Interest**

Funding authorization decisions shall be made by the CROSS staff, who shall have no financial interest in the services or supports to be provided. If such a situation occurs, that interest must be fully disclosed to the individuals, counties, and other stakeholders.

## **System of Care Approach Plan (IAC 441-25.21(1)(h))**

CROSS shall provide leadership and management at the local level for designing a regional system of care for Mental Health and Disability Services. The design of the system will be based on the expectation that individuals and families will have multi-occurring issues of all kinds, and will incorporate an organized quality improvement partnership process to achieve the vision defined at the beginning of this Plan.

Within this vision, CROSS will work in partnership with providers and other stakeholders to develop services that are:

- Welcoming and accessible
- Able to emphasize integrated screening, early identification, and early intervention
- Evidenced based practices that the region has independently verified as meeting established fidelity to evidenced based service models including but not limited to:
  - Assertive community treatment or strengths based case management
  - Integrated treatment of co-occurring substance abuse and mental health disorders.
  - Supported Employment
  - Family Psycho education
  - Illness Management and recovery
  - Permanent supportive housing
- Organized into a seamless continuum of community- based support
- Individualized with planning that expands the involvement of the individual; supporting self-sufficiency and the empowerment of individuals and their families as partners in their own care.
- Provided in the least restrictive, appropriate setting
- Designed to leverage multiple financing strategies within the region including increased use of Medicaid funded services and Iowa Health and Wellness Plan
- Supported by provision of training and technical assistance to individuals and families, as well as to providers and other partners.

# **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

## **Developing an Integrated Multi-Occurring Capable Trauma Informed System of Care: Implementation of Interagency and Multi-system Collaboration and Care Coordination (IAC 441-25.21(1)n; 441-25.21(1)m)**

CROSS shall maintain a service delivery approach that builds partnerships within a quality improvement framework to create a broad, integrated process for meeting multiple needs. This approach is based on the principles of interagency collaboration; individualized, strengths-based practices; cultural competence; community-based services; accountability; and full participation of individuals served at all levels of the system. CROSS shall work to build the infrastructure needed to result in positive outcomes for individuals served.

In order to accomplish this goal, CROSS will utilize, and participate in, the Comprehensive Continuous Integrated System of Care (CCISC) process provided by ZiaPartners (Cline and Minkoff) throughout Iowa, and engage all of its stakeholder partners, including mental health and disability providers, in a process to utilize the CCISC framework to make progress. CCISC represents a framework for system design, and a process for getting there, in which all programs and all persons providing care become welcoming, accessible, person/family centered, hopeful, strength-based (recovery-oriented) trauma informed, and multi-occurring capable. CROSS strongly recommends that all providers participate in this initiative and encourages providers to develop multi-occurring capability for each program provided in the region, and for all staff. Providers wanting to be a part of the region network will be required to participate in this initiative.

The specific steps that will be taken by the participating partners in this process are outlined in the Initial Charter Document that is incorporated as into the Plan. *(Appendix A)*

In addition, CROSS shall partner with courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. CROSS shall collaborate with the Iowa Department of Human Services, Iowa Department of Public Health, Department of Corrections, and Iowa Medicaid Enterprises, other regions, service providers, case management, individuals, families and advocates to ensure the authorized services and supports are responsive to individuals' needs, consistent with system principles and cost effective.

CROSS will establish a provider group to meet quarterly to discuss issues related to systems of care, develop collaboration, review quality improvement initiatives, identify areas of cost savings and identify issues within the delivery of care system.

CROSS will establish mental health crisis groups in each member county that will include mental health providers, local hospitals, sheriff departments, county attorneys, court advocates, and magistrates or their designees. These local groups will look at the member county's committal processes, review the system of care, and establish quality improvement indicators and initiatives within the region.

If these efforts do not result in a sufficient number of providers trained in the provision of co-occurring and /or trauma – informed care CROSS will identify additional strategies to ensure their availability.

In addition to the work groups mentioned above, CROSS will establish the following committees:



# **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

Advisory Committee: Shall be comprised of at least one (1) from each category: (a) an individual who utilizes mental health and disability services or an actively involved relative of such an individual, (b) an individual representing providers and the Governing Board. The advisory committee will focus on regional policy development, quality assurance, resource development, training, communications, service delivery and system design.

Technical Assistance Committee (TAC): Is comprised of the CROSS Disability Service Coordinators. Their focus is to provide technical assistance to committees and the Regional Board.

Finance Committee: Is appointed by the Regional Board and is comprised of members of the TAC committee and the Regional Board. Their focus is on finance, risk pool management, as it relates to the budget and service plan and to provide support and input to the CEO, advisory committee and Regional Board.

Other committees may be appointed by the governing board as need indicates to organize the tasks, activities, and functions associated with building, implementing, and sustaining systems of care.

## **Decentralized Service Provisions (IAC 441-25.21(1)i)**

CROSS shall strive to provide services in a dispersed manner to meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. CROSS and providers will work cooperatively to ensure that various service options are geographically distributed through the region.

## **Regional Service Systems**

The CROSS will collaborate with other Regions to provide for smooth transitioning for individuals from one Region to another to ensure continuity of care. Cross will also collaborate with adjoining regions when Network agencies provide services in multiple counties. It is the policy of CROSS that the region shall work with other regions to help coordinate funding for mutually beneficial service development activities. CROSS does not routinely block grant for services, If a provider has a “home office” in another region and provides services in CROSS and that provider has a block grant with the “home office” region; Cross will establish an equitable fee for service contract with the provider. Otherwise providers that have a “home office” in another region but provide service in the CROSS region, CROSS will honor the “home” region’s contracts for services. For different or new services, CROSS shall enter into a contract with the provider to cover CROSS counties or work with the host region to add those services to its contract.

The collaboration is intended to develop and maintain consistent intake, billing and rate setting processes.

The CROSS shall notify any region of a client that is physically located in a CROSS county that appears to have residency in that region prior to approving services that are not emergent in nature. CROSS shall not make any client wait for funding based on disputes over residency. If the need presents and there is a disagreement over residency on a client who is physically located in a CROSS county, CROSS shall fund

# **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

services for the client while working with the other region or the state to resolve the residency dispute. At the time of the dispute resolution, CROSS shall expect reimbursement from the region (or the state) that the client is determined to have residency in if it is not CROSS.

## **Case Coordination /Management**

The CROSS Region will collaborate at an individual level with individuals, authorized legal representatives, and advocates through Care Coordinators in each member county and the designated Case Management agencies that CROSS has contractual relationships with to ensure the development of an individualized service and care plan. At the systems level CROSS collaboration occurs by providing individuals, their legal representatives, advocates, and provider's opportunities to shape service delivery through strategic planning forums, satisfaction surveys and stake holder meetings.

## **Iowa Plan**

Prior to authorizing county-financed services, treatment providers and coordinators of service must request that the Medicaid managed care company pay for Iowa Plan-covered services for eligible individuals and pursue all available levels of appeal in the event of denials by the Medicaid managed care company. CROSS does not supplement rates nor does it pay for services provided to individuals who have been decertified based on the contractor's medical necessity criteria.

## **Third –Party Payers**

Prior to authorizing county-financed services, treatment providers and coordinators of services must seek approval from Medicaid, Medicare, or any other third-party payer for any service that is similar to the county-financed services being considered. If a provider licensed or certified by the state loses that license or certification and, as a result, may no longer participate in the Medicaid or Medicare program or be eligible for reimbursement from the third party payers, Cross will not assume financial responsibility for the portion of the service costs which could have been billed to Medicaid or Medicare or third party payers. If a provider has responsibility for filing reports necessary to maintain Medicaid eligibility for an individual consumer and fails to do so, resulting in the individual's loss of Medicaid, the county will not assume financial responsibility for the share of service costs which could have been billed to Medicaid.

## **Judicial and Criminal Justice System**

CROSS will partner with the courts in the development of alternatives to commitment and to coordinate funding for services for individuals under commitment. To better coordinate services between the mental health system and the judicial system, CROSS will develop a mental health crisis intervention group to identify alternatives to commitment by developing protocols for identifying county jail inmates needing mental health services, protocols for inmates to access those services and coordination with care coordinators to ensure a continuity of care both in and out of the jail.

# **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

## **Inpatient treatment**

CROSS has designated three mental health hospitals for inpatient treatment: Clarinda Mental Health Institute, Mount Pleasant Mental Health Institute, and Mary Greely Hospital. Each of these hospitals lies within a 100 mile radius of the CROSS region. Other hospitals may be used if requested by individuals or families if they have third party coverage accepted by that hospital. In the event a psychiatric bed is not available at one of the designated hospitals and there is no alternative placement CROSS will be financially responsible for placement at another facility. If a person has legal residence in the CROSS region but resides in another region the CROSS will advise the appropriate care coordinator and /or family that the plan and hospitals for inpatient treatment whether voluntary or involuntary commitment follows the Region where the person is living; a private hospital is the first choice if the individual is eligible for Medicaid or other insurance and that a state mental health institute is to be used as a last resort or if the individual has no insurance the state mental health institute would be the first alternative.

## **Chemical Dependency Services**

CROSS will offer training and technical assistance to encourage all network providers to be capable of serving individuals with multi-occurring disorders, including chemical dependency. CROSS will not utilize mental health funding to pay for chemical dependency treatment.

## **Housing**

CROSS will work with the Southern Iowa Regional Housing Authority and the Southeast Iowa Regional Housing Authority to ensure appropriate access to public housing programs. Disability Service Coordinators will assist individuals in accessing rent subsidies through the housing authorities. CROSS will also seek ways to resolve client related issues. In addition to SIRHA and SEIRHA the CROSS Disability Service coordinators will utilize general assistance programs within the member counties to ensure access to housing.

## **Employment**

CROSS will work with local and regional Workforce Development initiatives that support integrating employment, training, education, and support services for all job seekers, workers, and employers in accordance with the Workforce Investment Act. CROSS will advocate that this include integrating services for people with disabilities. CROSS will work with a local provider to expand their evidenced based work initiative "Project Search" which is focused on job internships with local businesses for high school students with a disability so they may gain job skills and potential employment after graduation. Care Coordinators of service and providers will use other federal, state, and private funding sources and programs that encourage competitive and supported employment. This may include Ticket to Work, Social Security Work incentives and Medicaid.

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

## **Utilization and Access to Services (IAC 441-25.21(1)d)**

Within the broad system approach outlined above, CROSS will oversee access to and utilization of services, and population- based outcomes, for the MHDS- involved population in the region, in order to continuously improve system design and better meet the needs of people with complex challenges. In order to accomplish this, CROSS will integrate planning, administration, financing, and service delivery using utilization reports from both the region and the state including the following:

- inventory of available services and providers
- utilization data on the services

Results will be analyzed to determine if there are gaps in services or if barriers exist due to:

- service offered
- adequate provider network
- restrictions on eligibility
- restrictions on availability
- location

This information will be used for future planning in the annual service budget plan, improving the system of care approach plan, collaboration with agencies, decentralizing service provisions, provider network formation, and strategic planning. In addition, the data elements, indicators, metrics and performance improvement for population management will be continuously improved over time as the region develops increasing capability for managing the needs of its population.

At the individual person level, Care Coordinators which include: Targeted Case Managers, Disability Service Coordinators and IHH Intensive Care Coordinators serve as gatekeepers to Region and State funded community based services, as identified in the CROSS Region Annual Service and Budget Plan and according to access standards in IAC 441-25.3 All Region funded authorizations for community based services are subject to a second level review process by CROSS that is based on the functional assessment. Providers of inpatient and outpatient treatment services have delegated authority to determine admission for services for inpatient psychiatric care that the region pays for whether voluntary or involuntary. Outpatient providers have limited delegated authority for admission to outpatient service and are subject to review for eligibility by the CROSS Disability Service Coordinators.

## **C. Financing and Delivery of Services and Support (IAC 441-25.21(1)(a))**

Non-Medicaid mental health and disability services funding shall be under the control of the County Rural Offices of Social Services (CROSS) Governing Board in accordance with Iowa Administrative Code 441-25.13 (331.391). The CROSS Governing Board shall retain full authority and financial risk for the Plan. The finances of the Region will be maintained to limit administrative burden and provide public transparency.

The CROSS Chief Executive Officer and Disability Service Coordinators shall prepare a proposed annual budget with priority given to core services and core populations. The proposed budget shall be reviewed by the CROSS finance committee and submitted to the governing board for final approval. The

# **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

Disability Service Coordinators and CEO shall be responsible for managing and monitoring the adopted budget. Services funded by CROSS are subject to change or termination with development of the regional MH/DS budget each fiscal year for the period of July 1 to June 30. Funding for core populations and core services will receive the highest priority and be the last subjected to change or termination.

## **Accounting System and Financial Reporting**

The accounting system and financial reporting to the department conforms to Iowa Code 441- 25.13 (2) (331.391) and includes all non-Medicaid mental health and disability expenditures funded by the Region. Information is separated and identified in the most recent Uniform Chart of Accounts approved by the State County Finance Committee.

All funds received by the member counties for purposes related to the Region shall be deposited into a Region account designated for such member county (the “member county’s Region fund”). These funds shall be administered by the applicable member county in compliance with the law and subject to, direction from the Governing Board, Chief Executive Officer and other written policies of the region.

CROSS uses a web-based management information system, CSN, which supports demographic, financial and clinical information for a managed care service delivery structure. The system supports a decentralized system that allows the Disability Service Coordinators to be on-line to determine service eligibility, to enroll individuals, to authorize services, and to process claims. The system has varying levels of security to permit users to access only at the level that they have authorization.

Claims data will be submitted by each care coordinator to their corresponding county auditor who will issue payment from the member county’s regional fund. A monthly report of revenue, expenditures and member fund balances will be submitted to the Region CEO to compile into a regional report that will be submitted to the Regional Governing Board on a quarterly basis.

The fiscal agent will manage the risk pool funds and operations expenses associated with the region. The CEO will submit claims for the CROSS administrative funds to the Fiscal Agent. The regional accounts shall be audited by the Fiscal Agent’s auditing agent and maintained using generally accepted accounting principles.

On a quarterly basis, the Chief Executive Officer shall recommend to the Governing Board a per capita amount for each member county to contribute to a risk pool fund (“the Region’s risk pool fund”). Upon approval of the quarter’s per capita amount for the “Region’s risk pool fund”, each member county shall cause this amount to be transferred from its member county Region fund to the Region’s risk pool fund within fourteen (14) calendar days.

In the event a member county’s Region Fund results in a negative equity position or negative ending cash balance in the operating budget for that member county’s Region Fund, an amount necessary to cure the negative equity position or negative balance shall be transferred from the Region’s Risk Pool Fund to the particular member county’s Region fund. Any amounts transferred under this subsection shall be repaid from the Region fund of the member county that had the negative equity position or

# **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

negative ending cash balance in its operating budget through a transfer to the Region's Risk Pool Fund at such times and in such

amounts as recommended by the Chief Executive Officer and approved by the Governing Board to be prudent and feasible.

The Region shall comply with Chapters 12B and 12C of the Iowa Code for deposit and investment of Region funds. All expenditures, including funds held by Regional Fiscal Agent and funds held in individual county accounts, shall comply with the guidelines outlined in the Annual Service and Budget plan.

## **Contracting**

CROSS will contract with MH/DS providers whose base of operation is in the region. The region may also honor contracts that other regions have with their local providers. CROSS may also choose to contract with providers outside of the Region. A contract may not be required with providers that provide one-time or as needed services.

CROSS will examine ways to develop financial incentives for obtaining high- performance individual outcomes and cost effectiveness. The region may utilize vouchers and other non-traditional means to fund services.

## **Funding**

Funding shall be provided for appropriate, flexible, cost-effective community services and supports to meet individual needs in the least restrictive environment possible. CROSS recognizes the importance of individualized planning for services and supports to empower all individuals to reach their fullest potential.

An individual who is eligible for other publicly funded services and support must apply for and accept such funding and support. Failure to do so shall render the individual ineligible for regional funds for services that would have been covered under funding, unless the region is mandated by state or federal law to pay for said services.

Individuals, who are in immediate need and are awaiting approval and receipt of assistance under other programs, may be considered eligible if all other criteria are met.

CROSS shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the MH/DS Plan, within the constraints of budgeted dollars. CROSS shall be the funder of last resort and regional funds shall not replace other funding that is available.

## **D. Enrollment** (IAC441-25.21(1)b)

### **Application and Enrollment**

Individuals residing in CROSS counties, or their legal representative, may apply for regional funding for services by contacting any CROSS Community Services office or may contact one of the designated access points (*Appendix C*) identified in the annual service and budget plan of this document. Intake staff

## **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

at any of the designated access points may also independently identify individuals potentially eligible for county services, and may offer them an intake and referral. All individuals presenting at or referred to designated access points will be informed of their right to apply for services. The applicant will complete

a Regional application (*Attachment A*) with assistance from access point staff as needed. All applications shall be forwarded to the Community Services office in the county where the applicant lives. If additional information is needed to complete an application, the access point staff or disability services coordinator will inform the applicant and assist in obtaining said information as needed. Failure to provide the information needed to fully complete the application may result in a delay or denial of funding. All access points will be open during normal working hours and will have such other evening and weekend hours as they determine are needed. CROSS Disability Service Coordinators will determine eligibility in a timely manner, using the criteria and process outlined in the attachment section of this document (*Attachment G*).

The CROSS application shall be used for all access point applicants. If language or special needs exist, the access points shall contact an appropriate person to assist the applicant in the intake process or contact the local Community Services office to make such arrangements. The completed application shall be forwarded by access points to the local Community Services office by the end of the business day.

If the individual meets the threshold eligibility criteria and wishes to receive services, the CROSS disability service coordinator will enroll the individual as a CROSS member. All individuals served using any portion of region funds must be entered into the management information system, however formal enrollment is not necessary prior to initiating necessary and immediate services, emergency or crisis stabilization services even if it is ultimately determined that he individual does not meet the threshold eligibility criteria.

### **Notice of Enrollment Decision**

The CROSS Disability Services Coordinator processing the application will send all applicants, or their authorized representatives, written notices of the enrollment decision within five (5) working days of a completed eligibility determination. (*Attachment D*) If the individual is being placed on a waiting list for funding, the notice of decision will include an estimate of how long the individual is expected to be on the waiting list and the process for the individual or authorized representative to obtain information regarding the individual's status on the waiting list.

The written notice of decision will contain clear information on the process to appeal any decisions of the Disability Service Coordinators or CROSS with regard to the application. The CROSS Care Coordinator will assist any individual wishing to appeal in processing the appeal. Individuals wishing to appeal will also be assisted to find outside advocacy or representation if they so wish.

### **Referral**

If applicants meet the threshold eligibility criteria and need treatment services, the CROSS care coordinator will refer them to appropriate services within the region. If individuals need other service or supports and are eligible for case management or integrated health home, the Disability Service Coordinators will inform them of these provider options and refer them to the appropriate agency. If the individuals need other services or supports and are not eligible for case management or integrated health home, the Disability Services Coordinator will develop an initial individualized plan of care to set

## **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

up initial services to meet immediate needs and will be modified as needed after the Standardized Assessment has been completed.

If applicants meet the threshold eligibility criteria and need services for which there are waiting lists, they will be enrolled by the Disability Services Coordinator and then referred to appropriate services within the region or placement on the central waiting list.

### **Service and Functional Assessment**

If an individual is referred to case management, integrated health home, or service coordination, a standardized functional assessment identified by the state and adopted by CROSS will be completed within 90 days of application. The results will determine the need for services including the type and frequency of service in the individual's case plan.

CROSS will maintain a Level of Support grid, which identifies the range of services recommended for individuals when the assessment score identified on the guide is available. CROSS Care Coordinators will use the Level of Support grid as a guide in the care planning meeting.

All individuals who receive ongoing MHDS services will have an individualized plan which identifies the individual's needs and desires and sets goals with action steps to meet those goals. Eligible individuals who request or accept the service may be referred to targeted case management, integrated health home coordination or service coordination.

If an individual whose county of residence is within the CROSS Region and is physically living within the region elects to receive coordination of services through Targeted Case Management from an agency designated by another region, the service provider(s) will be responsible for reporting any outcome data that may be required by CROSS. This stipulation is in place so CROSS can receive individual outcome data to determine the performance of service providers.

Individuals with state case status must receive enrollment and service planning and authorization in accordance with the state payment program rules in Iowa Administrative Code 441-153. The CROSS system will manage non-Medicaid services for individuals physically residing in the CROSS Region who are enrolled in the state payment program; using the same policies and procedures used to manage services to individuals whose county of residence is within the CROSS Region. Services for individuals with state payment status will be provided within the funds made available through the state payment program.

Coordinators of service will invite providers to participate in the development of the individuals' Comprehensive Plan (ICP) to ensure effective coordination. Individualized plans for services and supports to address multi-occurring issues of all kinds will be developed and implemented together with the individuals, guardians, family members and providers. The individual will be asked to actively participate in the development of the individualized plan. Individuals who are adults and have no guardian or conservator may elect to involve family members in the service planning process, and to approve the final plans. If the individual has a guardian or conservator, or is otherwise unable to give informed consent, the designated guardian, parent or other representative will approve the plan.



# **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

Individuals may be represented by advocates, other consumer representatives, friends or family during the service planning process.

Each plan for an individual receiving service under the CROSS Regional Management Plan will specify the time frames for re-authorization of the plan or individual services within the plan. At no time will the time frame for reviewing services extend beyond a yearly threshold.

## **Service Funding Authorization**

Service funding authorizations will be issued by the Disability Services Coordinator in the member county where the applicant has residency. In some instances, it may be necessary to consider funding services that are not covered in the CROSS Regional Management Plan. To fund these services an exception to policy must be issued by the CROSS Regional Governing Board.

The criteria for granting an exception to policy are:

1. Is there an extreme need for an item or service?
2. Are there exceptional circumstances that justify an exception to policy?
3. Would an exception to policy result in a net savings to the region?
4. Have all other possible sources been exhausted?
5. What is the cost to the region and are there funds in the Regional budget?

Exceptions to policy are granted at the discretion of the Regional Governing Board. The Technical Assistance Committee will conduct reviews of all exceptions to policy to gather information and answer the above criteria; the request will then be submitted to the Regional Governing Board for final decision. There are no appeal rights on an exception to policy request. However, an individual who does not agree with the exception to policy recommendation can ask for the request to be reconsidered. Exception to policy requests will be processed within 10 working days of their submission to the Disability Services Coordinator.

Exceptions to policy may be granted to CROSS rules, but they cannot be granted to rules that are based on federal policy or state law. Exceptions to policy will not be granted for program eligibility requirements, such as income guidelines or resource limits.

There is no fee or charge to request an exception to policy. An exception to policy request must be in writing. An exception to policy is a last resort request. It should be requested only when all other options have been exhausted.

## **Notice of Decision**

The Disability Services Coordinator in the member county where the individual has residency will issue the notice of decision which will be sent to the individual within 5 working days of the Individual

## **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

Comprehensive Service Plan (ICP) meeting. The Notice of Decision is included as an attachment to this document, (*Attachment E*), and shall inform the individual of the action taken on the application, the reason for the action, the service provider, and the services and units of services approved and where applicable those services shall be based on results from the standardized assessment. The applicant shall be sent a copy of the region's appeal process with the authorization and informed of their right to

appeal the decision. The coordinator of services is also responsible for getting approval for and coordinating services that are funded through other funding streams. Services necessary to address immediate needs for stabilization and support will be initiated as soon as possible as outlined in IAC 441-25.21(1)c.3.

### **Re enrollment**

An enrolled Individual must reapply for services on at least an annual basis. Disability Services Coordinators must maintain up to date eligibility information in the management information system. This includes address, insurance, and financial information. Information in the system must be updated as changes occur, and at least annually.

### **Co-payment for Services**

Any co-payments or other client participation required by any federal, state, region or municipal program in which the individual participates will be required to be paid by the individual. Such co-payments include but are not limited to:

- Client participation for maintenance in a residential care facility through the State Supplementary Assistance Program.
- The financial liability for Institutional services paid by counties as provided in Iowa Code section 230.15.
- The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.19.
- Client income is over the established guidelines based on a sliding fee scale.

Co-payments in this section are related to core services to target populations as defined in Iowa Code 331.397. No co-payment will be assessed to individuals with income equal to or less than 150 percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the U.S. Department of Health and Human Services.

Individuals with income over the established guidelines may be eligible for services on a sliding fee scale as shown in (*Appendix E*). A co-payment is required for those individuals with incomes between 150%-300% of poverty. This amount is collected by the provider agency.

### **Confidentiality**

CROSS is committed to respecting individual privacy. To that end, all persons, including CROSS staff, Governing Board, and others with legal access to individual information, shall have an obligation to keep individual information confidential. Information shall only be released in accordance with HIPAA and other federal and state laws and in accordance with professional ethics and standards. Confidential information will be released only when it is in the best interest of the individual to whom the information pertains or when required by law.

# **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

In order to determine eligibility for regional funding, perform ongoing eligibility review, and to provide service coordination and monitoring, individuals or their authorized representatives shall be requested to sign release forms. Failure of individuals to sign or authorize a release of information shall not be an automatic reason for denial; however, CROSS staff inability to obtain sufficient information to make an eligibility determination may result in denial of regional funding.

Procedures to assure confidentiality shall include:

- Individual's (or their legal guardian's) written consent shall be obtained prior to release of any confidential information, unless an emergency as stated below.
- Information or records released shall be limited to only those documents needed for a specific purpose.
- Individual, or an authorized representative, shall be allowed to review and copy the individual record.
- Individual and related interviews shall be conducted in private settings.
- All discussion and review of individual's status and/or records by CROSS staff, case managers, and others shall be conducted in private settings.
- All paper and computer files shall be maintained in a manner that prevents public access to them.
- All confidential information disposed of shall be shredded.
- Steps shall be taken to assure that all fax, email, and cellular phone transmissions are secure and private.
- Staff shall receive initial and ongoing training concerning confidentiality and staff shall sign a statement agreeing to confidentiality terms.

*Confidential information may be released without written permission* from the individual or their guardian for medical or psychological emergencies and inspection by certifying or licensing agencies of the state or federal government. It may also be released in the event of suspected dependent adult or child abuse. A copy of the regional HIPAA policies and procedures covering confidentiality may be viewed in all local CROSS offices or the CROSS website.

## **E. Eligibility** (IAC 441-25.21(1)c)

### **General Eligibility**

The following threshold criteria must be met to determine if an applicant is eligible for enrollment in the CROSS Regional service system. A CROSS Disability Service Coordinator shall review the application to determine if the applicant meets the following general eligibility criteria of the Regional Plan.

#### **Age**

1. The individual is at least (18) eighteen years of age, OR
  - a. An individual who is (17) seventeen years of age, is a resident of this state, and is receiving publicly funded children's services may be considered eligible for services through the regional service system during the three-month period preceding the individual's eighteenth birthday in order to provide a smooth transition from children's to adult services.
  - b. An individual less than (18) eighteen years of age and a resident of the state may be

## **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

considered eligible for those mental health services made available to all or a portion of the residents of the region of the same age and eligibility class under the county management plan of one or more counties of the region applicable prior to formation of the region. Eligibility for services under paragraph “b” is limited to availability of regional service system funds without limiting or reducing core services, and if part of the approved regional service system management plan.

2. The individual is a legal resident of this state and the individual’s county of residence is in the CROSS Region.

*“County of residence”* means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university. (IC 331.394(1)a)

If an applicant has complied with all information requests, access to services shall not be delayed while awaiting a determination of legal residence. CROSS shall notify any region of a client that is physically located in a CROSS county that appears to have residency in that region prior to approving services that are not emergent in nature.

It is the policy of CROSS that if another county, region, or the State, determines residency in error or approves services for persons who do not have residency in their region, CROSS will assume payment when written notification is received by CROSS of the error. CROSS staff shall authorize services according to the policies and procedures set forth in this manual. If CROSS determines residency in error, CROSS will notify the other region or the State of the error. CROSS will work with the other regions or state to accept residency and to assume payment responsibility when written notification was received.

### **Financial Eligibility (IAC 114-25.16)**

A person must comply with all the following financial eligibility requirements in IAC 441-25.16 to be eligible for services under the CROSS regional service system.

#### **1. Income Guidelines (IC 331.395.1)**

- a. The person must have a gross income equal to or less than one hundred fifty percent (150%) of the federal poverty level, (*Appendix D*) as defined by the most recently revised poverty income guidelines published by the United States Department of Health and Human Services, to be

## **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

eligible for CROSS funding. At the discretion of CROSS, applicants' with income above 150% may be eligible for regional funding with an individual copayment as specified in this manual.

*(Appendix E)*

- b. The income eligibility standards specified herein shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program. The income guidelines established for programs funded through Medicaid (Waiver programs, Habilitation Services, etc.) shall be followed if different than those established in this manual.
  
- c. In determining income eligibility, the average monthly income for the past (3) three months will be considered; however, recent employment and/or income changes may be considered by the CROSS in determining income eligibility. Applicants are expected to provide proof of income (including pay stubs, income tax return, etc.) as requested by CROSS.

### **2. Resources Guidelines: Iowa Code 331.395**

An individual must have resources that are equal to or less than \$2,000 in countable value for a single-person household or \$3,000 in countable value for a multi-person household or follow the most recent federal supplemental security income guidelines.

- a. The countable value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this sub-rule.
  
- b. A transfer of property or other assets within (5) five years of the time of application with the result of, or intent to, qualify for assistance may result in denial or discontinuation of funding.
  
- c. The following resources shall be exempt:
  - (1) The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence. The homestead shall include all land that is contiguous to the home and the buildings located on the land.
  - (2) One automobile used for transportation.
  - (3) Tools of an actively pursued trade.
  - (4) General household furnishings and personal items.
  - (5) Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
  - (6) Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.
  - (7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.

d. If an individual does not qualify for federally funded or state-funded services or other support, but meets all income, resource, and functional eligibility requirements of this chapter, the

# **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

following types of resources shall additionally be considered exempt from consideration in eligibility determination:

- A retirement account that is in the accumulation stage.
- A medical savings account.
- An assistive technology account.
- A burial account or trust limited in value as to that allowed in the Medical Assistance Program.

An individual who is eligible for federally funded services and other support must apply for and accept such funding and support unless the individual receives an exemption from state or federally funded services and can produce proof of such exemption.

## **Co-payment for Services**

Any co-payments or other client participation required by any federal, state, region or municipal program in which the individual participates will be required to be paid by the individual. Such co-payments include but are not limited to:

- Client participation for maintenance in a residential care facility through the State Supplementary Assistance Program.
- The financial liability for Institutional services paid by counties as provided in Iowa Code section 230.15.
- The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.19.
- Client income is over the established guidelines based on a sliding fee scale.

Co-payments in this section are related to core services to target populations as defined in Iowa Code 331.397. No co-payment will be assessed to individuals with income equal to or less than 150 percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the U.S. Department of Health and Human Services.

Individuals with income over the established guidelines may be eligible for services on a sliding fee scale as shown in *(Appendix E)*. A co-payment is required for those individuals with incomes between 150%-300% of poverty. This amount is collected by the provider agency.

## **3. Diagnostic Eligibility**

In addition to meeting the financial guidelines stated above, the individual must also have a diagnosis of Mental Illness (MI) or Intellectual Disability (ID), or Developmental Disability (DD). Individuals with eligible MI, ID, or DD who may also have multi-occurring SUD, Brain Injury, or Physical Disabilities, are welcomed for care, and eligible for services related to their qualifying diagnosis.

### **Mental Illness (MI)**

Individuals shall have had at any time during the preceding twelve-month period a mental

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

health, behavioral, or emotional disorder or, in the opinion of a mental health professional, may now have such a diagnosable disorder. The diagnosis shall be made in accordance with the criteria provided in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association, and shall not include the manual's "V" codes identifying conditions other than a disease or injury. The diagnosis shall also not include substance-related disorders, dementia, antisocial personality, or developmental disabilities, unless co-occurring with another diagnosable mental illness.

## **Intellectual Disability (ID)** Iowa Code Chapter 4.1 (9A)

Individuals shall meet all the following three conditions:

1. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of approximately (70) seventy or below on an individually administered IQ test (for infants, a clinical judgment of significantly sub average intellectual functioning) as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, American Psychiatric Association; and
2. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety; and
3. The onset is before the age of (18) eighteen. (Criteria from "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revision (DSM IV), 1994 revision, American Psychiatric Association)

In addition to the above criteria, the results of a standardized assessment shall support the need for intellectual disability services of the type and frequency identified in the individual's case plan.

### Acceptable verification for Diagnostic requirements

If a copy of a psychological or psychiatric evaluation or other acceptable verification of diagnosis does not accompany the application, CROSS may refer the applicant to an appropriate mental health professional for evaluation to verify and document a diagnosis.

### **Assistance to Other than Core Populations (IAC441-25.21(1)2)**

If funds are available without limiting or reducing CORE Services, CROSS shall fund services to individuals who have a diagnosis of a **developmental disability** other than an intellectual disability as defined in Iowa code chapter 4.1(9A).

*"Persons with developmental disabilities"* means a person with a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments.

**MENTAL HEALTH AND DISABILITY SERVICES  
MANAGEMENT PLAN  
POLICY AND PROCEDURES**

2. Is manifested before the person attains the age of (22) twenty-two.
3. Is likely to continue indefinitely.



# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

## **Assistance to Other than Core Populations (CON'T.)**

4. Results in substantial functional limitations in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

5. Reflects the person's need for a combination and sequence of services which are of lifelong or extended duration.

## **F. Appeals Processes** (IAC 441-25.21) (1)

### **Non Expedited Appeal Process (IAC 441-25.210) (1) (I.)(1)**

Individuals, families, individual representatives (with the consent of the individual), and providers may appeal the decisions of the region or any of its designees or contractors at any time. Such individuals or organizations may also file a grievance about the actions or behavior of a party associated with the regionally managed system of care at any time. The appeal process shall be made available with the notice of decision (NOD), on the regional website and within each member counties local office.

**Assistance from CROSS staff in completing the appeal form shall be provided upon request.**

### **Non-appealable issue:**

- Decisions regarding licenses or certification issues by DHS, DIA or any other licensing or accrediting body.
- Competence to engage in the practice of a discipline or profession.
- Diagnostic decisions
- Determinations by an individual provider that the provider cannot meet the needs of the individual.
- Discharge decisions of providers.
- Decision to place an individual on a waiting list.
- Exceptions to policy

### **How to Appeal**

Send a written statement with a clear description of the issue to the CROSS Office that the Notice of Decision was received from (see table below) within ten (10) working days of receipt of the Notice of Decision. See appeal procedure attached to this document in appendix F.

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

## LOCAL COUNTY COMMUNITY SERVICES OFFICES

COUNTY OFFICE	ADDRESS	PHONE , FAX, EMAIL
Clarke County Social Services	100 S. Main, Osceola, Iowa Clarke County Courthouse	Ph: 641-414-2968 Fax: 641-446-1592 Email: clarkecountymentalhealth@gmail.com
Decatur County Community Services	201 NE Idaho ST, Leon , Iowa 50144	Ph: 641-446-7178 Fax: 641-446-8208 Email: deccpcc@decccs.org
Lucas County Community Services	125 S. Grand, Chariton, Iowa 50049	Ph: 641-774-0423 Fax: 641-774-4383 Email: egbertk@lucasco.org
Marion County Community Services	2003 N. Lincoln, Box 152, Knoxville, Iowa 50138	Ph: 641-828-8149 Fax: 641-842-3442 Email: dsc@co.marion.ia.us
Monroe County Community Services	1801 S. B St. , Albia, Iowa 52531	Ph: 641-932-2427 Fax: 641-932-2578 Email: kfisher@monroecoia.us
Ringgold County Public Health	119 South Fillmore, Mount Ayr, Iowa 50854	Ph: 641-464-0691 Fax: 641-464-2476 Email: bfletchall@rcph.net
Wayne County Community Services	101 N. Lafayette, Corydon, Iowa 50060 Mail: Box 435, Courthouse, Corydon, Iowa 50060	Ph: 641-872-1301 Fax: 641-872-2843 Email: waynecpc@grm.net

**Reconsideration** - The Service Coordinator located in the member county that issued the Notice of Decision and one member of the TAC committee shall review appeals and grievances. After reviewing an appeal, the Service Coordinator shall contact the appellant not more than five (5) working days after the written appeal is received. The Service Coordinator shall collect additional information from the appellant and other sources, if necessary and consent is given. Following a review of additional information and all relevant facts, a written decision shall be issued no later than five (5) working days following the contact with the appellant. A copy of the decision shall be sent to the appellant and/or representative by regular mail.

**Final Review** -

If a resolution is not agreed upon through Reconsideration process, then the appellant can pursue a hearing through a state Administrative Law Judge (ALJ). The decision of the state ALJ shall be the final decision. The County Rural Offices of Social Services shall not pay legal fees for an appellant. If you cannot afford legal representation, you may contact Legal Services of Iowa at 1-800-532-1275 or <http://www.iowalegalaid.org/>

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

## **Expedited Appeals Process** (IAC 441-25.21(1)(I.2))

This appeals process shall be performed by a mental health professional who is either the Administrator of the Division of Mental Health and Disability Services of the Iowa Department of Human Services or the Administrator's designee. The process is to be used when the decision of County Rural Offices of Social Services concerning an individual varies from the type and amount of service identified to be necessary for the individual in a clinical determination made by a mental health professional, and the mental health professional believes that the failure to provide the type and amount of service identified could cause an immediate danger to the individual's health and safety.

## **How to Appeal**

The mental health professional shall use the appeal process that is attached to the Notice of Decision form or may obtain a copy of the process from the CROSS social services office located in the county where the individual resides or from the CROSS website. The forms shall be sent to:

Department of Human Services - MHDS Division  
Hoover State Office Building, 5th Floor  
1305 E Walnut, Des Moines, IA 50319

1. The appeal shall be filed within (5) five days of receiving the notice of decision by County Rural Offices of Social Services. The expedited review, by the Division Administrator or designee, shall take place within (2) two days of receiving the request, unless more information is needed. There is an extension of (2) two days from the time the new information is received
2. The Administrator shall issue an order, including a brief statement of findings of fact, conclusions of law, and policy reasons for the order, to justify the decision made concerning the expedited review. If the decision concurs with the contention that there is an immediate danger to the individual's health or safety, the order shall identify the type and amount of service, which shall be provided for the individual. The Administrator or designee shall give such notice as is practicable to individuals who are required to comply with the order. The order is effective when issued.
3. The decision of the Administrator or designee shall be considered a final agency action and is subject to judicial review in accordance with section 17A.19.

The County Rural Offices of Social Services shall not pay legal fees for an appellant. If you cannot afford legal representation, you may contact Legal Services of Iowa at 1-800-532-1275 or <http://www.iowalegalaid.org/>

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

## **G. Provider Network Formation and Management** (IAC 441-25.21 (1)j)

The CROSS provider network will include contracts with sufficient licensed and accredited providers to provide services in the required core and additional core service domains where applicable so that there is no waiting list due to lack of available providers and to ensure trained providers are available. Any providers in the CROSS Region provider network must sign a provider network agreement. The agreement requires that all providers participate in the quality improvement partnership for system development in the region, to become welcoming, person/family centered, trauma informed and multi-occurring capable. The region shall partnership with network providers to ensure trauma informed care training is recognized by the national center for trauma informed care or other generally recognized professional organization specified by the Regional Governance Board. Contract monitoring is performed by CROSS staff to ensure that contract requirements are being met, including where they are at with system development.

The Region retains the right to select service providers to be a part of the CROSS provider network. Providers must be approved CROSS MH/DS network providers in order to be eligible for regional funding. See contract rate setting policy. (*Appendix G*)

*(Payment for commitment-related sheriff transportation and court-appointed attorneys, and other incidental or temporary services, may be exempt from this policy.)*

To be included in the Regional MH/DS provider network a provider must meet at least one of the following criteria:

- Currently licensed, accredited or certified by the State of Iowa, or
- Currently enrolled as a Medicaid provider, or
- Have a current accreditation by a recognized state or national accrediting body (Joint Commission on Accreditation of Health Care Organization-JCAHO; Council on Rehabilitation Facilities-CARF; etc.
- Currently has a contract with CROSS or another Iowa region

**OR**

- A provider of services that does not require state certification, as long as they provide high quality services and can meet the non-traditional provider criteria. (*Attachment K*)

All providers included in the CROSS MH/DS provider network subject to licensure or accreditation shall meet all applicable standards and criteria. Current network providers that lose their licensure and/or accreditation or are in jeopardy of losing their licensure and/or accreditation may be removed from the provider network and all individuals receiving services from the provider may be transferred to another network provider. If the situation warrants an immediate change in providers, the region shall transfer individuals to another network provider.

The CROSS region will work collaboratively with CROSS Network Providers to have staff trained in Positive Behaviors Supports, Trauma-Informed Care, Multi-Occurring Conditions and other

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

areas identified by CROSS and the service providers. CROSS contracts will require that all providers participate in the quality improvement partnership for system development in the region, to become welcoming, person/family centered, trauma-informed, and multi-occurring capable, and to agree to participate in the such activities described in the charter.

The current CROSS MH/DS network is included in the Annual Service and Budget Plan

New providers may be added to the provider network if it is determined either a particular individual will benefit from the service (as determined by the individual's inter-disciplinary team), or, that the provider will provide service(s) that will enhance the service system. New network providers shall be approved through the following process:

1. A referral or request for a new network provider may be made by an individual (or authorized representative), consumer's case manager or social worker, or directly by a provider. All requests to become a member shall be directed to one of the member counties Disability Services Coordinators' Offices in the Region.
2. Provider shall complete a Provider Network application. (*Attachment F*)
3. Provider applicant shall be screened within (10) ten working days of the receipt of request by the Region's Technical Assistance Committee. Provider may be asked to meet for an interview or provide additional information.
4. The Region's CEO shall inform the provider of acceptance or denial within (5) working days from completion of the Technical Assistance Committee's review.
5. A current provider or applicant receiving a denial for membership due to the above criteria may file an appeal. (*Appendix H*)
6. New network providers shall receive appropriate orientation and training concerning CROSS's MH/DS Plan.

Some of the services in the required core service domains are available through our community collaborations but are funded through other mechanisms. CROSS will seek to fill gaps initial and additional core services as the need is identified and funds are available. If CROSS does not have a current contract for a needed service with an established provider, a request for funding through a Non-Traditional Provider Contract may be submitted to Cross staff for approval by the CROSS Governing Board. Non-traditional contracts are also available for when traditional service providers are not the best option.

CROSS shall manage the provider network to insure individual needs are met. CROSS shall ensure an adequate number of providers are available to avoid waiting lists by contracting with outpatient mental health providers, Community Mental Health Centers, at least one inpatient psychiatric hospital, and Home and Community Based Providers, and nontraditional providers of services. Through contracting CROSS will ensure services provided in the region meet the access guidelines stated in the Iowa Administrative Code 441-25.3(331).

# **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

## **Service Provider Payment Provisions**

Each service provider receiving CROSS Regional funds for service provision will submit a monthly invoice. The monthly invoice will include the following information:

1. Identification number of each individual served during the reporting period.
2. Number of unit of service delivered to each individual during the reporting period.
3. Unit rate and total charge for services provided to each individual consumer.
4. Co-pays collected or reimbursement billed to other sources, which are deducted on the billing.
5. Net amount to be charged to the region for each individual for the reporting period.

Invoices will be sent to the Disability Services Coordinator in the member county where the individual resides. Upon receipt of this information staff will check the bill and additional information against service authorizations recorded in the management information system. Services delivered without service authorization will be checked against regional service authorization protocols to assure delivery was permitted (e.g. crisis service, outpatient services). Any service units delivered and charged to the region not meeting these criteria will be deducted from the bill. Payment to contractors will be initiated as soon as this review process is completed.

CROSS will prepare quarterly and annual reports of unduplicated client counts, expenditure data, application denials, and other relevant information.

## **Designation of Targeted Case Management Providers (IAC 441-25.21(1)g)**

CROSS shall offer individuals a choice of case management provider and access to cost effective, strengths- based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g. CROSS has contracts with two certified agencies to ensure individuals provider options. Targeted case managers are prohibited from referring a person receiving case management only to services administered by their agency of employment.

Targeted case management providers are accredited by the Department of Human Services. All Targeted Case managers and Service Coordinators, and supervisors of those programs' staff members must meet the qualifications required by the accreditation 441-24.1(225C).

The CROSS Technical Assistance Committee shall accept applications from interested agencies, and process the applications according to the afore mentioned provider enrollment criteria and submit the applications to the Region Governance Board, who shall designate Targeted Case Management agencies to offer services to the individuals enrolled in the Medicaid Program.

Designated Case Management agencies serving the CROSS must be accredited by the Department of Human Services.

Targeted Case Management and Service Coordination Services shall meet the following expectations:

- Performance and outcome measures relating to the safety, work performance, and community residency of the individuals receiving the service
- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.

# **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

- Methodologies for complying with the requirements of sub rule 441-25.21(g), which may include the use of electronic recording keeping and remote or internet- based training.

All applications and /or referrals shall be forwarded to the local community services office in which the individual resides. That office shall assist in the referral process, and contact the case management agency of the individual's choice. The case management agency then becomes responsible for proceeding with the case management process of assessment, care planning, referrals and linkage to services with monitoring and follow-up for the individual.

## **H. Quality Management and Improvement** (IAC 441-25.21(1)e)

CROSS shall have a quality improvement process that provides for ongoing and periodic evaluation of the service system and of the providers of services and supports in the system. Stakeholders, with emphasis on individual input, shall be involved in the development and implementation of the quality improvement program.

### **System Evaluation**

The system evaluation shall include, but not be limited to outcome and performance in the following domains:

- access to service
- life in the community
- person centeredness
- health and wellness
- quality of life and safety
- family natural supports

### **Methods Utilized for Quality Improvement**

- Evaluation of individual satisfaction, including empowerment and quality of life
  - Direct interaction and feedback from individuals, families, providers, case managers, service coordinators, and other stakeholders
- Provider satisfaction; patterns of service utilization; responsiveness to individual needs and desires
  - Needs assessments, satisfaction surveys, and other written questionnaires
- Improvement of the ability of providers to work in partnership with each other and with the regional management team to share collective responsibility for the population in the region
  - Provider/team meetings and training opportunities
- The number and disposition of individual appeals and exception to policy requests and the implementation of corrective action plans based on these appeals and requests
  - The CROSS Technical Assistance and Advisory committees shall evaluate the reports and recommend areas of improvement
- Cost-effectiveness
  - Compare program costs and outcomes to determine resource reinvestment

## **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

- Establishment and maintenance of a data collection and management information system oriented to the needs of individuals, providers, and other programs or facilities. Tracking changes and trends in the disability services system and providing reports to the Department of Human Services as requested for the following information for each individual served:
  - CROSS staff collects data using the Iowa Association of Counties Community Services Network (CSN), a data management system to connect counties and agencies with a shared system which captures and reports standardized information for lowans accessing the community services system while abiding by HIPAA, State, and Federal Laws. CSN has the data capacity to exchange information in compliance with the reporting requirements including DHS established client identifier, demographic information, expenditure data concerning the services and other support provided to each individual, as specified by the department.
  - CROSS will follow the process outlined in the Outcome and Performance Measures Committee Report of December 14, 2012. CROSS will initially use the statistical data from CSN to develop reports that will help to establish measures. Next, a determination will be made about what additional data should be collected, where the data will come from and what the cost is to collect the data. The Report suggests the information should come from providers and regional statistical data as well as from service recipients and their families, requiring development of surveys. CROSS will partner with DHS leadership in this area in order to standardize the data that is being collected to make it meaningful statewide as well as regionally.
  - CROSS's initial focus aligns with Code of Iowa 225.C.4 (1)u to develop a process to analyze data on the following:
    - Access standards for required core services.
    - Penetration rates for serving the number of persons expected to be served, particularly the proportion of individuals who receive services compared to the estimated number of adults needing services in the region.
    - Utilization rates for inpatient and residential treatment, including:
      - Percent of enrollees who have had fewer inpatient days following services.
      - The percentage of enrollees who were admitted to the following:
        - State mental health institutes
          - Medicaid funded private hospital in-patient psychiatric services programs;
          - State resource centers; and
          - Private intermediate care facilities for persons with intellectual disabilities.
    - Readmission rates for inpatient and residential treatment
      - The percentage of enrollees who were discharged from the following and readmitted within 30 and 180 days:
    - State mental health institutes



## **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

- Medicaid funded private hospital in-patient psychiatric services programs;
  - State resource centers;
  - Private intermediate care facilities for persons with intellectual disabilities.
- Employment of the persons receiving services.
  - Administrative costs.
  - Data reporting.
  - Timely and accurate claims payment.

Once a range is determined, CROSS staff will develop goals and action steps to improve performance. The results shall be documented in the annual summary.

Annually, CROSS Governing Board shall assess the region's performance and develop a list of priority areas needing improvement.

### **Quality of Provider Services**

The services and supports evaluation shall include, but not be limited to:

- evaluation of the quality of provider services and supports based on individual satisfaction and achievement of desired individual outcomes;
- the number and disposition of appeals of provider actions and the implementation of corrective action plans based on these appeals;
- cost-effectiveness of the services and supports developed and provided by individual providers;
- the evaluations shall ensure that services and supports are provided in accordance with provider contracts.

Annually, CROSS Governing Board shall assess the region's performance and develop a list of priority areas needing improvement. All staff shall participate in developing a program plan that includes measurable goals and action steps with a process of collecting data. Based on the data, areas needing improvement shall be addressed.

The Technical Assistance Committee and the Chief Executive Officer shall evaluate the levels of improvement resulting from the program plan and determine if further action is needed. This shall be documented in the annual report.

### **I. Service Provider Payment Provisions** (IAC 441-25.21(1)k)

#### **Incorporating the System of Care Approach in Requests for Proposals and Contracts:**

CROSS will consider providing assistance for implementation of core and core plus services, for decentralizing services, and to meet the access standards associated with services by offering requests for proposals (RFPs) in combination with other strategies, including traditional fee for service, startup costs, and grant funds for specified services.

# **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

## **Request for Proposal:**

CROSS will consider the use of competitive Requests for Proposal (RFP) to expand core services. A review team of CROSS staff will evaluate each proposal according to the established protocol specified in the RFP. CROSS reserves the right to decline any and all proposals.

## **Fee for Service:**

Contractual requirements will be used to ensure that all system participants are aligned with system of care principles. Each service provider shall provide monthly billing invoices within 60 days of service provision, and other information requested of the provider for utilization review. Bills shall be submitted to the member county Services Coordinator where the individual being served has residency. Billing invoices shall be processed by the county of residence.

Each service provider shall provide monthly billing invoices within 60 days of service provision, and other information requested of the provider for utilization review. The monthly billings shall include the following information:

- Name and unique identifier of each individual served during the reporting period.
- Dates of service.
- Invoice number.
- Number of units of service delivered to each individual served.
- When requested, attendance records.
- Unit rate and total cost of the units provided to each individual. Copayments or other charges billed to other sources shown as deductions on the billing.
- Actual amount to be charged to the Region for each individual for the period.

CROSS staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Non-emergency services delivered without service funding authorization shall be deducted from the billing.

All eligible bills shall be paid within (60) sixty days of receipt of required documentation unless unforeseen circumstances exist.

No billings received more than (60) sixty days after the close of the fiscal year in which the service was provided shall be considered for payment by CROSS unless there is a statutory obligation. Fiscal year for CROSS is July 1 – June 30.

## **Startup Costs:**

Providers or programs requesting startup costs for core and crisis services will be reviewed by CROSS staff. CROSS reserves the right to decline any and all requests for startup costs.

## **Grant Funds:**

Grant funds may be considered to cover costs of new services until a fee for service rate can be established. Other uses may be to provide access to crisis services or the continuation of a service. CICS reserves the right to decline any and all requests for grants.

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

## **J. Waiting List Criteria** (IAC 441-25.21(1r))

CROSS may implement a waiting list if encumbered expenses for a given fiscal year exceed regional MHDS funds available. Core populations and Core services shall be given priority. Services will be categorized into two categories: Priority Services and Priority two (2) Services. Priority Services consist of Core Services. Priority 2 services are additional services or non-core services. There are two population groups: Core Populations and Other Than Core populations. If a waiting list is deemed necessary Funding for other than target populations, non-core or priority (2) two services (*Appendix B*) may be placed on the waiting list or be subject to reduction in services. New applicants will be placed on a waiting list.

Population groups and services may be affected in the following order:

Service reductions for Other Than Core Populations of Priority 2 Services

Service reductions for Core Populations of Priority 2 Services

Service reductions for Other Than Core Populations of Priority Services

Service reductions for Core Populations of Priority Services.

Waiting lists may also be utilized if other than core services for mental health or intellectual disability services requested are unavailable at the time of application.

If placed on a waiting list, the applicant shall be informed on the Notice of Decision form. The notice shall identify the approximate time a service may be available to applicant. If unable to estimate such time, the CROSS shall state such and will update the applicant at least every 60 days as to the status of their request.

## **K. Amendments** (IAC 441-25.21(3))

The manual has been approved by the County Rural Offices of Social Services' governing board and is subject to approval by the Director of Human Services.

Amendments to this Policy and Procedures Manual shall be reviewed by the Regional Advisory Board which makes recommendations to the Regional Governance Board. After approval by the Regional Governance Board, amendments shall be submitted to the department of human services for approval at least 45 days before the planned date of implementation.

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

## GLOSSARY

### DEFINITIONS

**Access point** -- a provider, public, or private institution, advocacy organization, legal representative, or educational institution with staff trained to complete applications and guide individuals with a disability to needed services”.

**Applicant** -- an individual who applies to receive services and supports from the service system.

**Assessment and evaluation** -- a service as defined in 441-25.1.

**Assistive technology account** -- funds in contracts, savings, trust or other financial accounts, financial instruments, or other arrangements with a definite cash value that are set aside and designated for the purchase, lease, or acquisition of assistive technology, assistive technology services, or assistive technology devices. Assistive technology accounts must be held separately from other accounts. Funds must be used to purchase, lease, or otherwise acquire assistive technology services or devices for a working individual with a disability. Any withdrawal from an assistive technology account other than for the designated purpose becomes a countable resource.

**Authorized representative** -- a person designated by the individual or by Iowa law to act on the individual’s behalf in specified affairs to the extent prescribed by law.

**Chief Executive Officer** -- the individual chosen and supervised by the governing board who serves as the single point of accountability for the mental health and disability services region including, but not limited to, planning, budgeting, monitoring county and regional expenditures, and ensuring the delivery of quality services that achieve expected outcomes for the individuals served. Iowa Administrative Code 441-25.11(331)

**Choice** -- the individual or authorized representative chooses the services, supports, and goods needed to best meet the individual’s goals and accepts the responsibility and consequences of those choices.

**Clear lines of Accountability** -- the structure of the governing board’s organization makes it evident that the ultimate responsibility for the administration of the non-Medicaid funded mental health and disability services lies with the governing board and that the governing board directly and solely supervises the organization’s chief executive officer.

**Conflict Free Case Management** -- there is no real or seeming incompatibility between the case manager’s other interests and the case manager’s duties to the person served in determination for services; establishing funding levels for the individual's services; and include requirements that do not allow the case manager from performing evaluations, assessments, and plans of care if the case manager is related by blood or marriage to the individual or any of the individual's paid caregivers, financially responsible for the individual, or empowered to make financial or health-related decisions on behalf of the individual.

**Community** -- an integrated setting of an individual’s choice.

**Coordinator of disability services** -- as defined in Iowa Code 331.390.3.b.

**Countable resource** -- All liquid and non-liquid assets owned in part or in whole by the individual household that could be converted to cash to use for support and maintenance and that the individual household is not legally restricted from using for support and maintenance.

**County of residence** -- The County in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the

# **MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES**

county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

**CROSS** – County Rural Offices of Social Services is the regional authority for the regional mental health management system.

**Empowerment** -- The service system ensures the rights, dignity, and ability of individuals and their families to exercise choices, takes risks, provide input, and accept responsibility.

**Exempt resource** -- A resource that is disregarded in the determination of eligibility for public funding assistance and in the calculation of client participation amounts

**Household** -- for an individual who is 18 years of age or over: the individual, the individual's spouse or domestic partner, and any children, step-children, or wards under the age of 18 who reside with the individual. For an individual under the age of 18, household -- the individual, the individual's parents (or parent and domestic partner), step-parents or guardians, and any children, step-children, or wards under the age of 18 of the individual's parents (or parent and domestic partner), step-parents, or guardians who reside with the individual.

**Income** -- all gross income received by the individual's household, including but not limited to wages, income from self-employment, retirement benefits, disability benefits, dividends, annuities, public assistance, unemployment compensation, alimony, child support, investment income, rental income, and income from trust funds.

**Individual** -- any person seeking or receiving services in a regional service system.

**Individualized services** -- services and supports that are tailored to meet the personalized needs of the individual.

**Liquid assets** -- assets that can be converted to cash in 20 days. These include but are not limited to cash on hand, checking accounts, savings accounts, stocks, bonds, cash value of life insurance, individual retirement accounts, certificates of deposit, and other investments.

**Managed care** -- a system that provides the coordinated delivery of services and supports that are necessary and appropriate, delivered in the least restrictive settings and in the least intrusive manner. Managed care seeks to balance three factors: achieving high-quality outcomes for participants, coordinating access, and containing costs.

**Managed system** -- a system that integrates planning, administration, financing, and service delivery. The system consists of the financing or governing organization, the entity responsible for care management, and the network of service providers.

**Medical savings account** -- an account that is exempt from federal income taxation pursuant to Section 220 of the United States Internal Revenue Code (26 U.S.C. §220) as supported by documentation provided by the bank or other financial institution. Any withdrawal from a medical savings account other than for the designated purpose becomes a countable resource.

**Mental health professional** -- the same as defined in Iowa code section 228.1.

**Non-liquid assets** -- assets that cannot be converted to cash in 20 days. Non-liquid assets include, but are not limited to, real estate, motor vehicles, motor vessels, livestock, tools, machinery, and personal property.

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

**Population** -- as defined in Iowa Code 331.388.

**Provider** -- an individual, firm, corporation, association, or institution which is providing or has been approved to provide medical assistance, is accredited under Chapter 24, holds a professional license to provide the services, is accredited by an national insurance panel, or holds other national accreditation or certification.

**Regional administrator or Regional administrative entity** -- the administrative office or organization formed by agreement of the counties participating in a mental health and disability services region to function on behalf of those counties.

**Regional services fund** -- the mental health and disability regional services fund created in Iowa code section 225C.7A.

**Regional service system management plan** -- the regional service system plan developed pursuant to Iowa Code 331.393 for the funding and administration of non-Medicaid funded mental health and disability services, including an annual service and budget plan, a policy and procedure manual, an annual report, an explanation of how the region will coordinate with the Department in the provision of mental health and disability services funded under the medical assistance program.

**Resources** -- all liquid and non-liquid assets owned in part or in whole by the individual household that could be converted to cash to use for support and maintenance and that the individual household is not legally restricted from using for support and maintenance.

**Retirement account** -- any retirement or pension fund or account listed in Iowa Code section 627.6(8)“f”.

**Retirement account in the accumulation stage** -- a retirement account into which a deposit was made in the previous tax year. Any withdrawal from a **retirement account becomes a countable resource**.

**Service system** refers to the mental health and disability services and supports administered and paid from the regional services fund.

**State case status** -- the standing of an individual who has no county of residence.

**State commission** -- MHDS Commission as defined in Iowa Code 225C.5.

**System of Care** -- the coordination of a system of services and supports to individuals and their families that ensures they optimally live, work, and recreate in integrated communities of their choice.

**System principles** -- practices that include individual choice, community and empowerment.

**MENTAL HEALTH AND DISABILITY SERVICES  
MANAGEMENT PLAN  
POLICY AND PROCEDURES**

<b>Appendix Label</b>	<b>Name of Appended Document</b>
A	CCISC Provider Charter
B	Waiting List Priority Matrix
C	Access Points
D	Federal Poverty Guidelines
E	Sliding Fee Schedule
F	Appeal Process: Non-Expedited & Expedited
G	Contracting /Rate Setting Policy/Procedure
H	Provider contracting/rate setting appeal process

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

## APPENDIX A

The County of Rural Offices of Southern Iowa (CROSS) is joining in a partnership with its Stakeholders of all types within the CROSS region to create an integrated regional system with the following values, vision and mission:

### COMMON VALUES

#### **Collaboration:**

Sharing knowledge and ideas, Connection, Learning and development, support

#### **Compassion:**

Respectful, HOPE, Supportive, Acceptance

#### **Valued and Meaningful Life:**

Celebrate success large and small, Integrity, HOPE, welcoming

#### **Accountability:**

Self reliance, Self Advocacy, Empowerment

### VISION

It is our vision to become a welcoming, hopeful, trauma-informed, and multi-occurring capable regional system, working in partnership with each other and the individuals and families we serve to make progress toward having happy hopeful lives.

### MISSION

Agency Mission Statement: In partnership, providers of the CROSS region will create a community that encourages resiliency, stability and growth.

### CALL TO ACTION

A consensus has emerged that recognizes the need to create a broad regional quality improvement approach with universal application for all programs and all people providing service and support.

In order to accomplish this goal the County Rural Offices of Social Services (CROSS) region has identified the **Comprehensive, Continuous, Integrated System of Care (CCISC) model** as a framework for quality improvement oriented multi-occurring capable system design and implementation.

(The basic framework and principles of CCISC, as described by Minkoff and Cline (2004, 2005).

*This charter document outlines initial agreed upon action steps for the CROSS Region, in partnership with our Boards, our county leadership, agency and program managers, front line staff, consumers and families, and other stakeholders to organize the implementation of the vision.*



# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

## *Action Steps: For the CROSS Region counties and leadership:*

1. **Say it out loud.** Adopt this charter document to reflect system level formal commitment to welcoming, recovery/resiliency oriented, and trauma-informed, multi-occurring capability as a formal goal, disseminated to everyone officially by the director or designee.
2. **Safe, empowered, quality improvement partnership.** Create a safe environment for change in which all shareholders are empowered participants in a quality improvement partnership where recognition of improvement opportunities is rewarded and achievements of small successes are celebrated.
3. **Steering Committee.** Develop and support a representative **Regional Steering Committee** that reflects the partnership in the system as well as all the counties, providers and other shareholders, the job of which is to work to steer or coordinate the implementation of the transformation quality improvement process.
4. **Change Agents.** Support ongoing development of an empowered cadre of change agents representing the front line voice of, service/support and administrative staff, , and consumers/families/other shareholders, and ensure empowered representation of the Change Agents at the Steering Committee
5. **Project Management Information:** Create a mechanism for collecting and communicating quality improvement information related to the progress of each county, each program, and to the region as a whole.
6. **Charter Development.** Organize a process in the Steering Committee for implementation/adopting/modifying of this charter document over the course of the first 6 months of this process.
7. **Partnerships.** Support efforts to have staff at all levels work across previous boundaries to form partnerships with each other in the transformation process.
8. **Welcoming Trauma-informed Multi-occurring care Policy.** Develop a regional/county policy and procedure for creating safe and welcoming access to empowered hopeful partnerships for individuals, families, and communities at risk for and/or experiencing complex conditions in all programs. Included in this policy will be a vision for how each component of SOUTHERN IOWA REGION is a welcomed priority partner with the other components.
9. **Program Improvement:** Support EACH program working to improve all policies, practices, procedures, and interventions to become more welcoming, hopeful, trauma-informed, and multi-occurring capable. Facilitate the use of the COMPASS-EZ and COMPASS-ID as appropriate for each program to identify its baseline in the improvement process.
10. **Practice Improvement: Screening** Begin a process to facilitate the ability of each program to screen for and report information on individuals and families at risk for and/or experiencing complex issues and co-occurring conditions, such as mental health, substance use, intellectual disability, trauma, and health issues.
11. **Practice Improvement: Integrated Stage Matched Strength based Assessment and Recovery Planning.** Support the development of agency paperwork, guidelines and instructions for how to document integrated, trauma-informed assessment and recovery plans
12. **Workforce Development.** Create a workforce development plan and core competencies supporting universal trauma-informed multi-occurring competency in region wide workforce development efforts and plans, addressing all categories of staff.
13. **Technical Assistance.** Arrange for provision of consultation, training and technical assistance for the system and for each county and provider to be able to make progress.

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

## ***Action Steps for CROSS REGION Provider participant:***

1. **Say it out loud.** EACH program leader makes a clear commitment to welcoming, recovery/resiliency oriented, trauma-informed, multi-occurring capability as a formal goal, disseminated all staff.
2. **CQI Team.** EACH program identifies its own change team of leadership, front line staff, and consumers who are interested in creating welcoming, recovery/resiliency oriented, trauma-informed multi-occurring capable services . The team meets regularly.
3. **Change Agents.** EACH program identifies an adequate number of representative change agents to support internal change and to participate in the agency wide Change Agent Team.
4. **COMPASS-EZ.** Conduct an initial baseline self-survey **for each program** using the COMPASS-EZ (or, the **COMPASS-ID**) and at annual intervals.
5. **Action Plan.** Based on the program self-survey, develop a program-specific QI action plan outlining measurable changes to move toward Recovery/resiliency oriented, trauma-informed Multi-occurring Capability. Monitor the progress of the action plan at three to six month intervals.
6. **Welcoming and access.** Program action plans will work on improvement of welcoming, safety, trauma-informed engagement, and access for individuals and families at risk for and/or experiencing complex needs.
7. **Screening and Identification.** Program action plans will work on improvement of routine integrated screening and enhancing data collection related to identifying individuals and families with co-occurring mental health (including trauma), ID, and substance use conditions.
8. **Trauma-Informed Integrated Strength Based Assessment.** Program action plans will work on improvement of developing trauma-informed integrated, hopeful, strength based assessment processes for all individuals and families
9. **Integrated Stage Matched Recovery Planning.** Program action plans will work on improving inclusion of stage- matched integrated interventions for individuals and families with complex conditions, within integrated person-centered and family centered service/recovery/supports planning.
10. **Workforce Competency.** Program action plans will include adoption of the goal of trauma-informed Multi-occurring Competency for all staff, as part of the program's workforce development plan.
11. **Inter-program Partnerships.** Program action plans will include working on developing and/or enhancing existing partnership relationships with other SOUTHERN IOWA REGION (and other County) Programs, at the supervisor and front line staff level.

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

## APPENDIX B

CORE Priority Services (IC331.25.3)	Description	Core Populations		Other Than Core Population DD	Access Standards
		MI	ID		
<b>Assessment and evaluation</b> Psychiatric or Psychological Evaluations and Standard functional Assessment)	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	X	X	X	Assessment completed within 90 days of notice of enrollment. Individual who has received inpatient treatment shall be assessed within 4 weeks.
Case management (Targeted Case Management)	Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.	X	X	X	*Service Coordination: Individuals shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area. Individuals shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility
Crisis evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.	X	X	X	Within 24 hours
Day habilitation	Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.	X	X		Within one week of functional assessment/care planning meeting determining need.
Family peer support	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	X	X		

**MENTAL HEALTH AND DISABILITY SERVICES  
MANAGEMENT PLAN  
POLICY AND PROCEDURES**

Health homes	A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.	X			
Home and vehicle modification	a service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.	X	X	X	Lifetime limit equal to that established for the HCBS waiver for individuals with intellectual disabilities. Provider payment will be no lower than that provided through the HCBS waiver.
Home health aide services	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	X	X	X	Standardized Assessment supports need for this service
Job development	Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.	X	X	X	Referral shall be within 60 days of request for such service.

## MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

Mental health inpatient treatment commitment	Acute inpatient mental health services are 24-hour settings that provide services to individuals With Acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms; address health and safety needs and develop a comprehensive discharge plan to appropriate level of care.	X			Shall receive treatment within 24 hours. Available at inpatient mental health services at any state or private mental health unit in Iowa at host region contractual rate. In the absence of a contract, CROSS shall reimburse at the current Medicaid rate.  Court ordered.
Medication prescribing	Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.	X			Standardized Assessment support the need for this service
Commitment Related (Evaluations, Sheriff Transport, Legal Representation, Mental Health Advocates	Court ordered services related to mental health commitments	X	X		Court order
Mental health outpatient therapy	Services shall consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management and individual, family, and group therapy.	X	X		Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment.
Peer support services	A program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the	X	X		Standardized Assessment support the need for this service.

**MENTAL HEALTH AND DISABILITY SERVICES  
MANAGEMENT PLAN  
POLICY AND PROCEDURES**

	community.				
Personal emergency response system	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	X	X	X	Standardized Assessment support the need for this service
Prevocational services	Services that focus on developing generalized skills that prepares an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	X	X		Standardized Assessment support the need for this service
Respite Services	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	X	X		
Service Coordination	Activities designed to help individuals and families identify service needs and coordinate service delivery but which do not constitute case management as defined by the MH and ID commission	X	X	X	Service Coordination: Individuals shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area. Individuals shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility

## MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

Supported Employment	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	X	X	X	Standardized Assessment supports the need for this service
Supported Community Living Services	Services provided in a non-institutional setting to adult persons with mental illness, mental retardation, or developmental disabilities to meet the persons' daily living needs.	X	X	X	First appointment shall occur within 4 weeks of the request.
Twenty four hour crisis response		X	X	X	24 hours a day, 365 days a year provided through community mental health centers.

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

## APPENDIX B (CON'T.) Priority Level 2 Waiting List Matrix

Priority 2 Services	Description	Core Populations		Other Than Core Population DD	Conditions
		MI	ID		
Transportation	Transportation to day habilitation and vocational programs	X	X	X	
Basic Needs (Rent, Utilities)	Assistance for rent, utilities etc.	X	X	X	Not meant to be ongoing
Prescription Medicine	Prescription psychiatric medications for persons having a mental health diagnosis	X			On a case by case basis with an exception to policy approved by TA committee. 3 Month limit. All other means of payment must be considered.
Residential Care Facilities	Community facility providing care and treatment	X	X		Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan
Work Activity/Sheltered Work Shop	Is for services provided by a facility carrying out a recognized program of rehabilitation, habilitation, or education for persons with disabilities. Designed to lead to competitive employment or provision of long-term, remunerative employment	X	X		Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan
Information: referral services	Service that informs individuals of available services and programs	X	X	X	
Public Education Services	To educate the general public about the realities of mental health and mental illness.	X	X	X	
Homemaker Services	Homemaking and personal care services	X	X	X	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan
Chore Services	Services such as window and door maintenance including hanging screens, replacing window panes and washing windows; minor repairs of walls, floors, stairs, railings and handles; heavy cleaning which includes attics or basements to remove fire hazards, moving heavy furniture, extensive wall washing, floor care or painting or trash removal; yard work such as mowing lawns, raking leaves and shoveling walks	X	X	X	On a case by case basis with an exception to policy approved by TA committee. All other means of payment must be considered. Not meant to be ongoing.  Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan



**MENTAL HEALTH AND DISABILITY SERVICES  
MANAGEMENT PLAN  
POLICY AND PROCEDURES**

Standardized functional assessment must support the need for all services of the type and frequency identified in the individual's case plan.

# MENTAL HEALTH AND DISABILITY SERVICES MANAGEMENT PLAN POLICY AND PROCEDURES

## APPENDIX C

### Access Points

An access point is a part of the service system or community that shall be trained to complete the MH/DD funding applications for persons with a disability and forward them to the local CROSS Office.

Access Points	Address	Phone Number
Clarke County Courthouse, CROSS Coordinator Office	Clarke County Courthouse 100 S. Main, Osceola, IA 50213	641-414-2968
Crossroads Mental Health	820 N Main, Osceola, IA 50213	641-342-4888
Clarke County Hospital	800 S Fillmore St. Osceola, IA 50213	641-342-2184
Clarke County Public Health	134 W. Jefferson, Osceola, IA 50213	641-342-3724
Decatur/Ringgold County Case Management	201 NE Idaho St, Leon, Iowa 50144	641-446-7178
Decatur County Community Services	201 NE Idaho St., Leon, Iowa 50144	641-446-7178
Community Health Centers of Southern Iowa		
Leon	302 NE 14 <sup>th</sup> St., Leon, Iowa 50144	641-446-2383
Lamoni	802 E Ackerley, Lamoni, Iowa 50140	641-784-7911
Decatur County Hospital	1405 NW Church, Leon, Iowa 50144	641-446-4871
Decatur County Public Health	207 NE Idaho St., Leon, Iowa 501044	641-446-6518
Decatur/Ringgold County Case Management	201 NE Idaho St, Leon, Iowa 50144	641-446-7178
Lucas County Community Services, CROSS Coordinator Office	125 South Grand Chariton, IA 50049	641-774-0423
Southeast Iowa Case Management	207 West Second St., Suite3, PO Box 1626 Ottumwa, IA 52501	641-684-6399
Lucas County Health Center	1400 N. 7 <sup>th</sup> , Corydon, IA 50049	641-774-3370
Marion County Community Services	2003 N. Lincoln, Box 152, Knoxville, IA 50138	641-828-8149
Marion County Public Health	2003 N. Lincoln Box 152, Knoxville IA 50138	641-828-2238
Monroe County Community Services, Cross Coordinator Office	1801 South B Street, Albia, Iowa 52531	641-932-2427
Community Health Centers of Southern Iowa	12 Washington Ave West, Albia, Iowa 52531	641-932-2065
Southeast Iowa Case Management	103 South Clinton, Albia, IA 52531	641-932-5697
Ringgold County Public Health	119 South Fillmore, Mount Ayr, Iowa 50854	641-464-0691
Decatur/Ringgold County Case Management	201 NE Idaho St, Leon, Iowa 50144	641-446-7178
Wayne County Community Services	101 North Lafayette, Corydon, IA 50060	641-872-1301
Southeast Iowa Case Management	103 South Clinton, Albia, IA 52531	641-932-5697
Community Health Centers of Southern Iowa	215 West State Street, Corydon, IA 50060	641-872-1750
Decatur /Ringgold County Case Management	201 NE Idaho Street, Leon, IA 50144	641-446-7178

**APPENDIX D**

**2014 FEDERAL POVERTY GUIDELINES**

	Poverty Guideline
Persons in family / household	
For families/households with more than 8 persons, add \$4060 for each additional person	

Household Size	Gross Income											
	100%		133%		138%		150%		200%		300%	
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
<b>1</b>	\$ 973.00	\$ 11,676.00	\$ 1,294.09	\$ 15,529.08	\$ 1,342.74	\$ 16,112.88	\$ 1,459.50	\$ 17,514.00	\$ 1,946.00	\$ 23,352.00	\$ 2,919.00	\$ 35,028.00
<b>2</b>	\$ 1,311.00	\$ 15,732.00	\$ 1,743.63	\$ 20,923.56	\$ 1,809.18	\$ 21,710.16	\$ 1,966.50	\$ 23,598.00	\$ 2,622.00	\$ 31,464.00	\$ 3,933.00	\$ 47,196.00
<b>3</b>	\$ 1,649.00	\$ 19,788.00	\$ 2,193.17	\$ 26,318.04	\$ 2,275.62	\$ 27,307.44	\$ 2,473.50	\$ 29,682.00	\$ 3,298.00	\$ 39,576.00	\$ 4,947.00	\$ 59,364.00
<b>4</b>	\$ 1,988.00	\$ 23,856.00	\$ 2,644.04	\$ 31,728.48	\$ 2,743.44	\$ 32,921.28	\$ 2,982.00	\$ 35,784.00	\$ 3,976.00	\$ 47,712.00	\$ 5,964.00	\$ 71,568.00
<b>5</b>	\$ 2,326.00	\$ 27,912.00	\$ 3,093.58	\$ 37,122.96	\$ 3,209.88	\$ 38,518.56	\$ 3,489.00	\$ 41,868.00	\$ 4,652.00	\$ 55,824.00	\$ 6,978.00	\$ 83,736.00
<b>6</b>	\$ 2,664.00	\$ 31,968.00	\$ 3,543.12	\$ 42,517.44	\$ 3,676.32	\$ 44,115.84	\$ 3,996.00	\$ 47,952.00	\$ 5,328.00	\$ 63,936.00	\$ 7,992.00	\$ 95,904.00
<b>7</b>	\$ 3,003.00	\$ 36,036.00	\$ 3,993.99	\$ 47,927.88	\$ 4,144.14	\$ 49,729.68	\$ 4,504.50	\$ 54,054.00	\$ 6,006.00	\$ 72,072.00	\$ 9,009.00	\$ 108,108.00
<b>8</b>	\$ 3,341.00	\$ 40,092.00	\$ 4,443.53	\$ 53,322.36	\$ 4,610.58	\$ 55,326.96	\$ 5,011.50	\$ 60,138.00	\$ 6,682.00	\$ 80,184.00	\$ 10,023.00	\$ 120,276.00
<b>For each additional person add</b>	\$ 338.00	\$ 4,060.00	\$ 449.54	\$ 5,400.00	\$ 466.44	\$ 5,197.00	\$ 507.00	\$ 6,090.00	\$ 676.00	\$ 8,120.00	\$ 1,014.00	\$ 12,168.00

**MENTAL HEALTH AND DISABILITY SERVICES  
MANAGEMENT PLAN  
POLICY AND PROCEDURES**

**Appendix D.** Fee Schedule for Services (based on 2014 federal poverty guidelines)

% of Poverty Level	100%-150%	151%-175%	176%-200%	201%-225%	226%-250%	251%-275%	276%-300%
Client Pays	0	20%	40%	60%	80%	85%	90%
CLIENT BENEFIT County Pays (County Liability)	100%	80%	60%	40%	20%	15%	10%

## County Rural Offices of Social Services-Mental Health and Disability Services

### Appendix E. Appeals Processes (IAC 441-25.21) (1)

#### Non Expedited Appeal Process (IAC 441-25.210) (1) (L)(1)

Individuals, families, individual representatives (with the consent of the individual), and providers may appeal the decisions of the region or any of its designees or contractors at any time. Such individuals or organizations may also file a grievance about the actions or behavior of a party associated with the regionally managed system of care at any time.

**Written appeal forms, with a clear description of the appeals, investigation, and disposition process, and the telephone number for submitting a verbal appeal or grievance shall be attached to the Notice of Decision form. The appeal form will also be available in each member county's community services office or online at the CROSS website. Assistance in completing the appeal form shall be provided upon request by CROSS staff.**

#### **How to Appeal**

To appeal, a completed appeal form must be sent to the CROSS Office that the Notice of Decision was received from (see table below) within ten (10) working days of receipt of the Notice of Decision.

COUNTY OFFICE	ADDRESS	PHONE , FAX, EMAIL
Clarke County Social Services	100 S. Main, Osceola, Iowa Clarke County Courthouse	Ph: 641-414-2968 Fax: 641-446-1592 Email: <a href="mailto:clarkecountymentalhealth@gmail.com">clarkecountymentalhealth@gmail.com</a>
Decatur County Community Services	201 NE Idaho ST, Leon , Iowa 50144	Ph: 641-446-7178 Fax: 641-446-8208 Email: <a href="mailto:deccpcc@decccs.org">deccpcc@decccs.org</a>
Lucas County Community Services	125 S. Grand, Chariton, Iowa 50049	Ph: 641-774-0423 Fax: 641-774-4383 Email: <a href="mailto:egbertk@lucasco.org">egbertk@lucasco.org</a>
Marion County Community Services	2003 N. Lincoln, Box 152, Knoxville, Iowa 50138	Ph: 641-828-8149 Fax: 641-842-3442 Email: <a href="mailto:dsc@co.marion.ia.us">dsc@co.marion.ia.us</a>
Monroe County Community Services	1801 S. B St. , Albia, Iowa 52531	Ph: 641-932-2427 Fax: 641-932-2578 Email: <a href="mailto:kfisher@monroecoia.us">kfisher@monroecoia.us</a>
Ringgold County Public Health	119 South Fillmore, Mount Ayr, Iowa 50854	Ph: 641-464-0691 Fax: 641-464-2476 Email: <a href="mailto:bfletchall@rcph.net">bfletchall@rcph.net</a>
Wayne County Community Services	101 N. Lafayette, Corydon, Iowa 50060 Mail: Box 435, Courthouse, Corydon, Iowa 50060	Ph: 641-872-1301 Fax: 641-872-2843 Email: <a href="mailto:waynecpc@grm.net">waynecpc@grm.net</a>

#### **LOCAL COUNTY COMMUNITY SERVICES OFFICES**

**Reconsideration** - The Service Coordinator located in the member county that issued the Notice of Decision and one member of the TAC committee shall review appeals and grievances. After reviewing an appeal, the Service Coordinator shall contact the appellant not more than five (5) working days after the written appeal is received. The Service Coordinator shall collect additional information from the appellant and other sources, if necessary and consent is given. Following a review of additional information and all relevant facts, a written decision shall be issued no later than five (5) working days following the contact with the appellant. A copy of the decision shall be sent to the appellant and/or representative by regular mail.

#### **Final Review** -

If a resolution is not agreed upon through Reconsideration process, then the appellant can pursue a hearing through a state Administrative Law Judge (ALJ). The decision of the state ALJ shall be the final decision.

The County Rural Offices of Social Services shall not pay legal fees for an appellant. If you cannot afford legal representation, you may contact Legal Services of Iowa at 1-800-532-1275 or <http://www.iowalegalaid.org/>

#### **Expedited Appeals Process (IAC 441-25.21(1)(L.2)**

**This appeals process shall be performed by a mental health professional who is either the Administrator of the Division of Mental Health and Disability Services of the Iowa Department of Human Services or the Administrator's designee. The process is to be used when the decision of County Rural Offices of Social Services concerning an individual varies from the type and amount of service identified to be necessary for the individual in a clinical determination made by a mental health professional, and the mental health professional believes that the failure to provide the type and amount of service identified could cause an immediate danger to the individual's health and safety.**

#### **How to Appeal**

The mental health professional shall use the written appeal forms that will be attached to the Notice of Decision form or may obtain a form from the CROSS social services office located in the county where the Individual resides or from the CROSS website. The forms shall be sent to:

Department of Human Services - MHDS Division  
Hoover State Office Building, 5th Floor  
1305 E Walnut, Des Moines, IA 50319

1. The appeal shall be filed within 5 days of receiving the notice of decision by County Rural Offices of Social Services. The expedited review, by the Division Administrator or designee, shall take place within 2 days of receiving the request, unless more information is needed. There is an extension of 2 days from the time the new information is received
2. The Administrator shall issue an order, including a brief statement of findings of fact, conclusions of law, and policy reasons for the order, to justify the decision made concerning the expedited review. If the decision concurs with the contention that there is an immediate danger to the individual's health or safety, the order shall identify the type and amount of service, which shall be provided for the individual. The Administrator or designee shall give such notice as is practicable to individuals who are required to comply with the order. The order is effective when issued.
3. The decision of the Administrator or designee shall be considered a final agency action and is subject to judicial review in accordance with section 17A.19.

The County Rural Offices of Social Services shall not pay legal fees for an appellant. If you cannot afford legal representation, you may contact Legal Services of Iowa at 1-800-532-1275 or <http://www.iowalegalaid.org/>

**County Rural Offices of Social Services-Mental Health and Disability Services**

APPENDIX G

**CONTRACTING/RATE SETTING POLICIES AND PROCEDURES**

**A. Regional Contracts**

All MHDS contracts shall utilize a standard contract template that has been approved by the CROSS Governing Board. All contracts for MHDS services shall be annual contracts based on a July 1<sup>st</sup> to June 30<sup>th</sup> fiscal year. Discretion for all contracting and rate setting issues shall rest with the CROSS Governing Board and not with individual member counties.

**B. Contracting/Rate Setting Structure**

CROSS shall utilize a Contracting/Rate Setting Committee (CRS Committee) for all contracting/rate setting matters. The CRS Committee shall be composed of a maximum of 3 members of the Technical Assistance Team. The CEO shall appoint the CRS Committee members and CRS Committee Chair.

**C. Contracting/Rate Setting Process**

Contracting and rate negotiation matters shall be handled in one of the following methods:

- The CRS Committee, or committee representatives designated by the CRS Committee Chair, shall meet with a current or prospective contracting party to negotiate contract terms and rates with the final recommendation being reviewed by the full CRS Committee, or,
- The “host” county Care Coordinator, as designated by the CRS Committee, shall meet with a current or prospective contracting party to negotiate contract terms and rates. The host county Care Coordinator shall present their recommendation to the full CRS Committee. The CRS Committee shall have discretion to accept, reject, or change the recommendation.

Upon review, the CRS Committee shall present a recommendation to the Technical Assistance Committee. The Technical Assistance Committee shall review the recommendation of the CRS Committee and may accept, reject, or change the recommendation. The Technical Assistance Committee shall then make a recommendation to the CROSS Governing Board. All contracting/rate setting matters shall require action of the CROSS Governing Board.

**D. Eligibility To Contract with CROSS**

In order to contract with CROSS, a provider must meet at least one of the following criteria:

- Be currently licensed, accredited, or certified by the State of Iowa, or
- Be a currently enrolled as a Medicaid provider, or
- Have a current accreditation by a recognized state or national accrediting body (such as JCAHO, CARF, etc.), or
- Currently contracting with a CROSS member county.

New providers wishing to contract with CROSS shall apply to do so by submitting the Provider Network Application to the CRS Committee. The CRS Committee shall make a recommendation to the Technical Assistance Committee. Upon approval of the Technical Assistance Committee the contracting/rate setting process outlined above may be initiated.

**E. Rate Setting Terms**

There is an expectation that providers shall complete a designated (CRIS) cost report. Any exception must be approved by the Technical Assistance Committee, upon recommendation by the CRS Committee. Rates established and approved by the State (such as HCBS Waiver, Hab Services, etc.) shall be acceptable rates for regionally funded comparable services. All rates and rate changes shall be effective July 1<sup>st</sup> of each year. A rate established for a new service, or provider, shall be in effect until the following June 30<sup>th</sup>. Any exceptions for mid-year rate changes must be authorized by the CRS Committee. Contracts will be on a fee-for-service basis with any exceptions authorized by the CRS Committee. CROSS will honor and utilize rates established by other MHDS regions for providers out of CROSS. Providers must not negotiate or accept rates or terms lower than those contracted with CROSS from any other Region or County.

**F. Quality Assurance**

The CRS Committee and/or Technical Assistance Committee may establish outcome measures in order to measure performance and progress. The CRS Committee may initiate billing or other audits of provider records if warranted on an “as needed” basis.

**G. Appeals**

A Provider may appeal a decision of the CROSS Governing Board related to contract rates and/or terms by following the procedures outlined below:

1. To initiate a review of a decision, a Provider must send a written request for review to the CROSS Contracting/Rate Setting (CRS) Committee Chair. The request must be postmarked or personally delivered within 10 working days from the date of decision.
2. **Level 1 Review.** The CRS Committee shall review the decision within 10 working days of receipt of the written request for review. The CRS Committee may allow the Provider to submit additional information relative to the appeal and/or may schedule a meeting with the Provider. Within 10 working days of Level 1 Review the CRS Committee shall issue a written recommendation related to the appeal to the Technical Assistance Committee.
3. **Level 2 Review.** The Technical Assistance Committee shall review the appeal request and the recommendation of the CRS Committee at the next Technical Assistance Committee meeting. The Technical Assistance Committee shall provide a written decision of their findings. If the Technical Assistance Committee recommends a change in the previous decision, the Chief Executive Officer (CEO) shall place the recommendation on the agenda of the next CROSS Governing Board meeting for action regarding the recommendation. The CEO shall send a written explanation of the Technical Assistance Committee action and/or recommendation to the Provider. If the Technical Assistance Committee does not recommend any change in the previous decision of the CROSS Governing Board the previous decision shall stand.
4. **Level 3 Review.** The CROSS Governing Board shall review and take action regarding the recommendation of the Technical Assistance Committee at the next scheduled meeting of the CROSS



Governing Board. The CROSS Governing Board Chair, or designee, shall send a written explanation of action taken regarding the appeal.

5. If still dissatisfied following the above process, the Provider may appeal the decision to an Administrative Law Judge (ALJ). The request for appeal hearing by an ALJ shall be submitted in writing to the CROSS CEO within 10 days of the final review decision. The ALJ will schedule and conduct a hearing and shall issue a written decision following the hearing. The decision of the ALJ shall be the final step of the process.

## COUNTY RURAL OFFICES OF SOCIAL SERVICES

### Provider Appeal Procedures

A Provider may appeal a decision of the CROSS Governing Board related to contract rates and/or terms by following the procedures outlined below:

1. To initiate a review of a decision, a Provider must send a written request for review to the CROSS Contracting/Rate Setting (CRS) Committee Chair. The request must be postmarked or personally delivered within 10 working days from the date of decision.
2. **Level 1 Review.** The CRS Committee shall review the decision within 10 working days of receipt of the written request for review. The CRS Committee may allow the Provider to submit additional information relative to the appeal and/or may schedule a meeting with the Provider. Within 10 working days of Level 1 Review the CRS Committee shall issue a written recommendation related to the appeal to the Administrative Team.
3. **Level 2 Review.** The Administrative Team shall review the appeal request and the recommendation of the CRS Committee at the next Administrative Team meeting. The Administrative Team shall provide a written decision of their findings. If the Administrative Team recommends a change in the previous decision, the Chief Executive Officer (CEO) shall place the recommendation on the agenda of the next CRS Governing Board meeting for action regarding the recommendation. The CEO shall send a written explanation of the Administrative Team action and/or recommendation to the Provider. If the Administrative Team does not recommend any change in the previous decision of the CROSS Governing Board the previous decision shall stand.
4. **Level 3 Review.** The CROSS Governing Board shall review and take action regarding the recommendation of the Administrative Team at the next scheduled meeting of the CROSS Governing Board. The CROSS Governing Board Chair, or designee, shall send a written explanation of action taken regarding the appeal.
5. If still dissatisfied following the above process, the Provider may appeal the decision to an Administrative Law Judge (ALJ). The request for appeal hearing by an ALJ shall be submitted in writing to the CROSS CEO within 10 days of the final review decision. The ALJ will schedule and conduct a hearing and shall issue a written decision following the hearing. The decision of the ALJ shall be the final step of the process.

100 S Main, Osceola, IA 50213  
Ph: 641-414-2968 Fax: 641-446-1592  
Email:  
[clarkecountymentalhealth@gmail.com](mailto:clarkecountymentalhealth@gmail.com)

201 NE Idaho Street, Leon, IA 50144  
Ph: 641-446-7178 Fax: 641-446-8208  
Email: [decccpc@decccs.org](mailto:decccpc@decccs.org)

125 S. Grand, Chariton, Iowa 50049  
Ph: 641-774-0423 Fax: 641-774-4383  
Email: [egbertk@lucasco.org](mailto:egbertk@lucasco.org)

1801 S. B. Street, Albia, IA 52531  
Ph: 641-932-2427 Fax: 641-932-2578  
Email: [kfisher@monroecoia.us](mailto:kfisher@monroecoia.us)

2003 N. Lincoln, Box 152, Knoxville, IA  
50138  
Ph: 641-828-8149 Fax: 641-842-3442  
Email: [dsc@co.marion.ia.us](mailto:dsc@co.marion.ia.us)

119 S. Fillmore, Mount Ayr, Iowa 50854  
Ph: 641-464-0691 Fax: 641-464-2476  
Email: [bfletchall@rcph.net](mailto:bfletchall@rcph.net)

101 N. Lafayette, Box 435, Corydon, IA 50060  
Ph: 641-872-1301 Fax: 641-872-2843  
Email: [waynecpc@grm.net](mailto:waynecpc@grm.net)

## County Rural Offices of Social Services

Attachment Label	Name of Attached Document
A	CROSS Application for Services
B	Governing Board and Advisory Committee Volunteer Application
C	Exception to Policy

Mental Health and Disability Services

**County Rural Offices of Social Services-Mental Health and Disability Services**

D	Enrollment Notice
E	CROSS Notice of Decision
F	Provider Network Application
G	Service Access and Authorization
H	Denial Notice
I	Release of Information
J	Non Traditional Provider

County Rural Offices of Social Services-Mental Health and Disability Services

Attachment A For individuals living in: Clarke, Decatur, Lucas, Marion, Monroe, Ringgold & Wayne Counties

Application Date: \_\_\_\_\_ Date Received by Office: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Nickname: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Ethnic Background:  White  African American  Native American  Asian  Hispanic  Other \_\_\_\_\_

Sex:  Male  Female US Citizen:  Yes  No If you are not a citizen, are you in the country legally?  Yes  No

SSN# \_\_\_\_\_ Marital Status:  Never married  Married  Divorced  Separated  Widowed

Legal Status:  Voluntary  Involuntary-Civil  Involuntary-Criminal  Probation  Parole  Jail/Prison

Are you considered legally blind?  Yes  No If yes, when was this determined? \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ May we leave a message?  Yes  No

Current Address: \_\_\_\_\_

Begin Date \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

I live:  Alone  With Relatives  With Unrelated persons

Use as current Mailing Address:  Yes  No If not, \_\_\_\_\_

Previous Address \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Current Service Providers:

	Name	Location
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Current Residential Arrangement: (Check applicable arrangement)

Private Residence  Foster Care/Family Life Home  Correctional Facility  Homeless/Shelter/Street  
 Other \_\_\_\_\_

Veteran Status:  Yes  No Branch & Type of Discharge: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

**County Rural Offices of Social Services-Mental Health and Disability Services**

**Current Employment: (Check applicable employment)**

- Unemployed, available for work     
  Unemployed, unavailable for work     
  Employed, Full time  
 Employed, Part time     
  Retired     
  Student

- Work Activity     
  Sheltered Work Employment     
  Supported Employment  
 Vocational Rehabilitation     
  Seasonally Employed     
  Armed Forces  
 Homemaker     
  Volunteer     
  Other \_\_\_\_\_

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
 Dates of employment: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Hours worked weekly: \_\_\_\_\_

**Employment History: (list starting with most recent to previous.)**

Employer	City, State	Job Title	Duties	To/From
1.				
2.				

**Education: What is the highest level of education you achieved? \_\_\_\_\_ # of years \_\_\_\_\_ Degree**

**Emergency Contact Person:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Guardian/Conservator appointed by the Court?  Yes  No

Protective Payee Appointed by Social Security?  Yes  No

Legal Guardian   
  Conservator   
  Protective Payee  
 (Please check those that apply & write in name, address etc.)

Legal Guardian   
  Conservator   
  Protective Payee  
 (Please check those that apply & write in name, address etc.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**List All People In Household:**

Name	Age	Relationship	Social Security Number
1.			
2.			
3.			
4.			
5.			

**County Rural Offices of Social Services-Mental Health and Disability Services**

**INCOME:** Proof of income may be required with this application including but not limited to pay-stubs, tax-returns, etc.

If you have reported no income above, how do you pay your bills? (Do not leave blank if no income is reported!)

---



---

Gross Monthly Income (before taxes): (Check Type & fill in amount)	Applicant Amount:	Others in Household Amount:
<input type="checkbox"/> Social Security	_____	_____
<input type="checkbox"/> SSDI	_____	_____
<input type="checkbox"/> SSI	_____	_____
<input type="checkbox"/> Veteran's Benefits	_____	_____
<input type="checkbox"/> Employment Wages	_____	_____
<input type="checkbox"/> FIP	_____	_____
<input type="checkbox"/> Child Support	_____	_____
<input type="checkbox"/> Rental Income	_____	_____
<input type="checkbox"/> Dividends, Interest, Etc.	_____	_____
<input type="checkbox"/> Pension	_____	_____
<input type="checkbox"/> Other	_____	_____

**Total Monthly Income:** \_\_\_\_\_

**Household Resources:** (Check and fill in amount and location):

Type	Amount	Bank, Trustee, or Company
<input type="checkbox"/> Cash	_____	_____
<input type="checkbox"/> Checking Account	_____	_____
<input type="checkbox"/> Savings Account	_____	_____
<input type="checkbox"/> Certificates of Deposit	_____	_____
<input type="checkbox"/> Trust Funds	_____	_____
<input type="checkbox"/> Stocks and Bonds (cash value?)	_____	_____
<input type="checkbox"/> Burial Fund/Life Ins (cash value?)	_____	_____
<input type="checkbox"/> Retirement Funds (cash value?)	_____	_____
<input type="checkbox"/> Other _____	_____	_____

**Total Resources:** \_\_\_\_\_

**Motor Vehicles:**  Yes  No      Make & Year: \_\_\_\_\_ Estimated value: \_\_\_\_\_  
 (include car, truck, motorcycle, boat,      Make & Year: \_\_\_\_\_ Estimated value: \_\_\_\_\_  
 recreational vehicle, etc.)      Make & Year: \_\_\_\_\_ Estimated value: \_\_\_\_\_

**Do you, your spouse or dependent children own or have interest in the following:**

House including the one you live in?  Yes  No    Any other real estate or land?  Yes  No    Other? \_\_\_\_\_  Yes  No  
 If yes to any of the above, please explain: \_\_\_\_\_

**Have you sold or given away any property in the last five (5) years?**  Yes  No    **If yes, what did you sell or give away?**

---

**County Rural Offices of Social Services-Mental Health and Disability Services**

**Health Insurance Information: (Check all that apply)**

**Primary Carrier (pays 1<sup>st</sup>)**

**Secondary Carrier (pays 2<sup>nd</sup>)**

Applicant Pays    Medicaid    Iowa Health and Wellness  
 Medicare A, B, D    Medically Needy    MEPD  
 No Insurance    Private Insurance    HAWK-I

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Policy Number: \_\_\_\_\_  
 (or Medicaid/Title 19 or Medicare Claim Number)

Start Date: \_\_\_\_\_ Any limits?  Yes  No

Spend down: \_\_\_\_\_ Deductible: \_\_\_\_\_

Applicant Pays    Medicaid    Iowa Health and Wellness  
 Medicare A, B, D    Medically Needy    MEPD  
 No Insurance    Private Insurance    HAWK-I

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Policy Number \_\_\_\_\_  
 (or Medicaid/Title 19 or Medicare Claim Number)

Start Date: \_\_\_\_\_ Any limits?  Yes  No

Spend down: \_\_\_\_\_ Deductible: \_\_\_\_\_

**Referral Source:**

Self    Community Corrections    Family/Friend    Social Service Agency  
 Targeted Case Management    Other \_\_\_\_\_    Other Case Management

**Have you applied for any of the public programs listed below?**

(Please check those you have applied for and the status of your referral) Has your application been Approved or Denied? If denied and you appealed, what is the date of appeal \_\_\_\_\_. Have you applied for reconsideration \_\_\_\_\_. Have you had a hearing with an Administrative Law Judge and what was the date of the scheduled hearing: \_\_\_\_\_

Social Security \_\_\_\_\_    SSDI \_\_\_\_\_    Medicare \_\_\_\_\_  
 SSI \_\_\_\_\_    Medicaid \_\_\_\_\_    DHS Food Assistance: \_\_\_\_\_  
 Veterans \_\_\_\_\_    Unemployment \_\_\_\_\_    FIP \_\_\_\_\_  
 Other \_\_\_\_\_    Other \_\_\_\_\_

**Disability Group/Primary Diagnosis: (If known)**

Mental Illness    Chronic Mental Illness    Intellectual Disability    Developmental Disability    Substance Abuse    Brain Injury

**Specific Diagnosis determined by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Axis I:** \_\_\_\_\_ **Dx Code:** \_\_\_\_\_

**Axis II:** \_\_\_\_\_ **Dx Code:** \_\_\_\_\_

**Why are you here today? What services do you NEED? (this section must be completed as part of this application!)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



County Rural Offices of Social Services-Mental Health and Disability Services

\_\_\_\_\_ I certify that the above information is true and complete to the **best of my knowledge**, and I authorize County staff to check for verification of the information provided including verification with Iowa county government and the state of Iowa Dept. of Human Services (DHS) and Iowa Department of Corrections or Community Corrections staff. I understand that the information gathered in this document is for the use of the county in establishing my ability to pay for services requested, and in assuring the appropriateness of services requested. I understand that information in this document will remain confidential.

---

\_\_\_\_\_  
Applicant's Signature (or Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other completing form if not Applicant or Legal Guardian

\_\_\_\_\_  
Date

# COUNTY RURAL OFFICE OF SOCIAL SERVICES

Attachment B.

## Interested Participant Application

Print Name: \_\_\_\_\_

**Background:** County Rural Offices of Social Services (CROSS) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390. The region serves Clarke, Decatur, Lucas, Marion, Monroe, Ringgold, and Wayne Counties. The vision of the region is to improve health, hope, and successful outcomes for the adults in our region who have mental health disabilities and intellectual/developmental disabilities, including those with multi-occurring substance use issues, health issues, physical disabilities, brain injuries, and other complex human service needs. The region is governed by a board as per Iowa Code section 331.438C and includes one county Board of Supervisor representative from each county. The board and advisory committee to the board also requires 2 candidates from the region 1) in individual who utilizes mental health and disability services or an actively involved relative of such an individual and 2) an individual representing service providers.

**Facts:** The CROSS Governing Board will meet quarterly rotating meetings within the region to share the burden of travel. The 2 candidates selected will serve as non-voting but contributing members. Mileage to attend quarterly meetings will be reimbursed to the 2 members through CROSS Regional Fiscal Agent at the currently approved mileage rate. Terms of service will be for up to 2 years.

---

Please select which criteria you are applying through:

Individual who utilizes mental health and disability services or an actively involved relative

Individual representing service providers

I am interested in serving on the following (you may indicate both)

Advisory Committee

Governing Board

Please share why you would be interested in serving on the CROSS Governing Board or Advisory Committee?

Please share your experience working with persons with mental disabilities and/or service on other community boards.

Contact Information:

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Attachment C.**

**PETITION for EXEMPTION TO POLICY**

An exception to policy is a request for an item or service that is not covered by the County Rural Offices of Social Services (CROSS). The criteria for granting an exception to policy can be found in 441 Iowa Administrative Code 1.8(2). They are:

- Is there an extreme need for an item or service?
- Are there exceptional circumstances that justify an exception to policy?
- Would an exception to policy result in net savings to the state?
- Have all other possible sources been exhausted?
- What is the cost to the state and are there funds in the Department's budget?

Exceptions to policy may be granted to CROSS rules, but they cannot be granted to rules that are based on federal policy or state law. Exceptions to policy will not be granted for program eligibility requirements, such as income guidelines or resource limits.

Exceptions to policy are granted when the item or service being requested would improve the quality of life of a consumer at no additional cost to the region, or when it would result in a savings to the region.

An exception to policy is granted at the discretion of the Regional Governing Board. There are no appeal rights on an exception to policy request. However, a consumer who does not agree with the exception to policy recommendation can ask for the request to be reconsidered.

There is no fee or charge to request an exception to policy. An exception to policy request must be in writing. An exception to policy is a last resort request. It should be requested only when all other options have been exhausted.

<b>Instructions</b>
---------------------

You may complete the *Petition for Exception to Policy* form or you may write a letter that explains the situation. Use of this form is voluntary.

- Enter the name and address of the person who is filling out the form.
- List the consumer's name, Social Security Number or state ID number, and birth date of the person you are requesting the exception to policy for.
- Provide a description of what the person needs.
- Explain why it is needed. If it is medical in nature, include the medical necessity of the item or service.
- Include the costs and proposed savings of the request.
- Tell what has been tried in the past with the person.

If a home health agency is requesting an exception to policy on behalf of a consumer, the following should be included, as well as the information listed above:

- Explain the services needed, including the hours requested and the level of care involved.
- Identify what other programs are involved with this consumer, such as waiver, in-home health-related care, etc.
- Describe the cost breakdown, salary, fringe benefits, and mileage of the person who is doing the care.
- Incorporate the plan of care or the plan of treatment.
- Include the past 30 days of care notes.

To submit a request for an exception to policy, please fill out the following information. Fax it to the Community Services office in the county where the consumer resides.

Information About Person Filling Out Form			
Name of person requesting the exception to policy:	Phone number:	Date of request:	
Address:	City:	State:	Zip code:

Information About Person Who Needs Exception to Policy		
Who is the exception to policy for:	Social security or state ID number:	Birth date:
Being specific, describe your request for an exception to policy:		
What is the time period that you are requesting the exception to policy to cover (for example, one month, six months, etc.)? The period cannot exceed one year. If the exception to policy is granted, and it is still needed after it expires, it may be renewed by submitting another request.		
What is the date you would like the exception to policy to start?		
Why are you requesting an exception to policy?		

County Rural Offices of Social Services-Mental Health and Disability Services

Does anyone else have information that would be helpful to the CROSS to make a decision on this request for a waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list name, address, and telephone number.	
Do you know how the CROSS has treated similar situations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe how the situation was handled.	
Have you tried any other item or service before requesting an exception to policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the item or service.	
If known, what rule are you requesting an exception to policy for?	
I authorize any person with knowledge of the relevant or important facts relating to the requested waiver to release any information to the County Rural Offices of Social Services (CROSS). I attest to the accuracy and truthfulness of the information contained in this request.	
Signature of Requestor	Date

**Please send this form to the community services department where the consumer resides.**

**See list of sites below**

100 S Main, Osceola, IA 50213

Ph: 641-414-2968 Fax: 641-446-1592

Email: [clarkecountymentalhealth@gmail.com](mailto:clarkecountymentalhealth@gmail.com)

125 S. Grand, Chariton, Iowa 50049

Ph: 641-774-0423 Fax: 641-774-4383

Email: [egbertk@lucasco.org](mailto:egbertk@lucasco.org)

119 S. Fillmore, Mount Ayr, Iowa 50854

Ph: 641-464-0691 Fax: 641-464-2476

Email: [bfletchall@rcph.net](mailto:bfletchall@rcph.net)

201 NE Idaho Street, Leon, IA 50144

Ph: 641-446-7178 Fax: 641-446-8208

Email: [deccpcc@decccs.org](mailto:deccpcc@decccs.org)

1801 S. B. Street, Albia, IA 52531

Ph: 641-932-2427 Fax: 641-932-2578

Email: [kfisher@monroecoia.us](mailto:kfisher@monroecoia.us)

101 N. Lafayette, Box 435, Corydon, IA 50060

Ph: 641-872-1301 Fax: 641-872-2843

Email: [waynecpc@grm.net](mailto:waynecpc@grm.net)

2003 N. Lincoln, Knoxville, IA 50138

Ph: 641-828-8149 Fax: 641-842-3442

Email: [dsc@co.marion.ia.us](mailto:dsc@co.marion.ia.us)

Attachment D.

## ENROLLMENT NOTICE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Your completed application has been processed. According to the information received the following determination was made:

Meet Eligibility

Please schedule an appointment for the standardized assessment within 90 days from the date this notice was mailed. You can make an appointment by contacting the agency below:

Place information here when available.

If you need assistance or have any difficulty making the appointment; please contact your care coordinator in the county that you filed your application. Once you receive a date and time for your appointment; please notify the coordinator in the county where you filed.  
(see contact information below)

If you disagree with this decision you may appeal by following the appeal procedure on the back of this form.

100 S Main, Osceola, IA 50213  
Ph: 641-414-2968 Fax: 641-446-1592  
Email: [clarkecountymentalhealth@gmail.com](mailto:clarkecountymentalhealth@gmail.com)

125 S. Grand, Chariton, Iowa 50049  
Ph: 641-774-0423 Fax: 641-774-4383  
Email: [egbertk@lucasco.org](mailto:egbertk@lucasco.org)

119 S. Fillmore, Mount Ayr, Iowa 50854  
Ph: 641-464-0691 Fax: 641-464-2476  
Email: [bfletchall@rcph.net](mailto:bfletchall@rcph.net)

201 NE Idaho Street, Leon, IA 50144  
Ph: 641-446-7178 Fax: 641-446-8208  
Email: [deccpcc@decccs.org](mailto:deccpcc@decccs.org)

1801 S.B. Street Albia, IA 52531  
Ph: 641-932-2427 Fax: 641-932-2578  
Email: [kfisher@monroecoia.us](mailto:kfisher@monroecoia.us)

101 N. Lafayette, Box 435, Corydon, IA 50060  
Ph: 641-872-1301 Fax: 641-872-2843  
Email: [waynecpc@grm.net](mailto:waynecpc@grm.net)

2003 N. Lincoln, Knoxville, IA 50138  
Ph: 641-828-8149 Fax: 641-842-3442  
Email: [dsc@co.marion.ia.us](mailto:dsc@co.marion.ia.us)

**County Rural Offices of Social Services-Mental Health and Disability Services**

Attachment E.

**Notice of Decision**

I. --APPLICANT INFORMATION-- NAME:							
Applicant's Address:				State ID:			
				Applicant CSN ID#: (Optional)			
II. --SERVICES--							
The decision to approve, deny or pend each of the services listed below is printed in the Authorized Service Decision box. Information on the appeal process is listed on the back of this form.							
Provider Information	Service	Number of Units	Units Per	Unit Rate	Service Start Date	Service End Date	Authorized Service Decision
	Details:						
Notes:							
III. --CONTACT INFORMATION--							
Name:							
Phone:			Fax:		Email:		
IV. --AUTHORIZATION--							
Administrator (Printed): --Authorizing County--				Phone:			
Administrator (Printed): County of Legal Residence--			Date:				
Administrator Signature:							
DSC Signature:							
V. BILLING ADDRESS							

100 S Main, Osceola, IA 50213  
 Ph: 641-414-2968 Fax: 641-446-1592  
 Email: [clarkecountymentalhealth@gmail.com](mailto:clarkecountymentalhealth@gmail.com)

125 S. Grand, Chariton, Iowa 50049  
 Ph: 641-774-0423 Fax: 641-774-4383  
 Email: [egbertk@lucasco.org](mailto:egbertk@lucasco.org)

119 S. Fillmore, Mount Ayr, Iowa 50854  
 Ph: 641-464-0691 Fax: 641-464-2476  
 Email: [bfletchall@rcph.net](mailto:bfletchall@rcph.net)

201 NE Idaho Street, Leon, IA 50144  
 Ph: 641-446-7178 Fax: 641-446-8208  
 Email: [deccpcc@decccs.org](mailto:deccpcc@decccs.org)

1801 S. B. Street, Albia, IA 52531  
 Ph: 641-932-2427 Fax: 641-932-2578  
 Email: [kfisher@monroecoia.us](mailto:kfisher@monroecoia.us)

101 N. Lafayette, Box 435, Corydon, IA 50060  
 Ph: 641-872-1301 Fax: 641-872-2843  
 Email: waynecpc@grm.net

2003 N. Lincoln, Knoxville, IA 50138  
 Phone: 641-828-8149 Fax: 641-842-3442  
 Email: [dsc@co.marion.ia.us](mailto:dsc@co.marion.ia.us)

Attachment F.

**PROVIDER NETWORK APPLICATION**

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Check all that are applicable:

\_\_\_\_\_ currently licensed by the State of Iowa

List licensed services: \_\_\_\_\_

\_\_\_\_\_ currently accredited by State of Iowa

List accredited services: \_\_\_\_\_

\_\_\_\_\_ currently enrolled as a Medicaid provider

List Medicaid services you provide: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ have a current accreditation by a recognized state/national accrediting body

List accrediting body: \_\_\_\_\_

\_\_\_\_\_ currently have a contract with "host" county

List county name(s): \_\_\_\_\_

Check all populations that your agency currently serves:

\_\_\_\_\_ Persons with Mental Illness or Chronic Mental Illness

\_\_\_\_\_ Persons with Mental Retardation

\_\_\_\_\_ Persons with other Developmental Disabilities

\_\_\_\_\_ Persons with Brain Injuries

Do you serve persons under the age of 18? \_\_\_\_\_ Yes \_\_\_\_\_ No



**County Rural Offices of Social Services-Mental Health and Disability Services**

Please attach the following to this application:

- a brief provider organizational history,
- a list of any specialized training, education, or skills that your staff possess that may be unique to your organization,
- a copy of proof/certificate of insurance, licensure, or accreditation (as applicable)
- a copy of current rates that have been approved by your host county
- a list of name, address, and phone numbers of three references (including at least one county)

***As the authorized representative of the provider, I swear that all information provided is accurate to my best ability, that our agency and staff will have no financial or other conflict of interest in providing services to CROSS clients.***

Provider Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**County Rural Offices of Social Services-Mental Health and Disability Services**

<b>Attachment G Service Access and Authorization Timeline</b>			
<b>Action</b>	<b>PROCESS</b>	<b>Required Documents</b>	<b>Time Frame</b>
Eligibility	<p>A completed CROSS Application with the following information:                      Proof of Age                      Proof that the applicant is a legal resident of Iowa.</p> <p>Meets Income and Resource Guidelines</p> <p>Diagnostic Eligibility</p>	<p>Birth Certificate or Social Security Card or Iowa Drivers License or Iowa ID or Rental Agreement or release to speak with landlord or Title XIX card.</p> <p>Pay stub, Income Tax Return, or other benefits received private or public or release to speak with employer etc.</p> <p>Provide releases of information so the Care Coordinator may access medical and psychiatric records or provide such records to the Care Coordinator</p>	Eligibility is determined within 10 working days of receipt of application in the CROSS care coordinator's office.
Notice of Enrollment or Denial.	<p>Notice of Enrollment will be sent informing the applicant he/she has been accepted for funding by the region and information to schedule the standardized assessment.</p> <p>Notice of Denial: - will be sent with information to appeal.</p>	<p>See attachment D</p> <p>See Attachment E</p>	Sent within 5 working days of eligibility determination.
Development of individualized Plan	Care Coordinator will set up an appointment with the Enrollee to develop an initial Individualized Plan of Care (IPC). The purpose of the IPC is to set up initial services to meet immediate needs and will be modified as needed after the Standardized assessment.	IPC Plan	Held within 10 working days of the Notice of Enrollment
Standardized Assessment	SIS assessment for ID population Other populations yet to be determined.	Notification of the Assessment is sent with the Notice of Enrollment.	Completed within 90 days of Notice of Enrollment
Initiation of Services	Notice of Service Authorization	See attachment E	Sent within 5 working days of the IPC.
<p>*** In emergent circumstances the application process can be expedited by the Exception to Policy Procedure to avoid any detriment to the applicant and will not exceed 10 days****</p>			

**COUNTY RURAL OFFICES OF SOCIAL SERVICES**

ATTACHMENT H

**NOTICE OF DECISION - ELIGIBILITY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dear Applicant:

I am sorry to inform you that after reviewing your application you do not meet the eligibility criteria for CROSS Region Mental Health Funding due to the following reason(s). Please see the checked boxes and explanation below.

Eligibility Criteria		Reason for Denial
<input type="checkbox"/>	Incomplete Information	
<input type="checkbox"/>	Residency – State or Region	Not a Resident of Iowa Not a resident of the CROSS Region
<input type="checkbox"/>	Income	Over Income Guidelines
<input type="checkbox"/>	Resources	Over Resource Guidelines
<input type="checkbox"/>	Diagnostic	Did not meet diagnostic criteria

Explanation:

Referral:

**If you disagree with this decision you may appeal buy following the appeal procedure on the back of this form.**

100 S Main, Osceola, IA 50213  
Ph: 641-414-2968 Fax: 641-446-1592  
Email: [clarkecountymentalhealth@gmail.com](mailto:clarkecountymentalhealth@gmail.com)

201 NE Idaho Street, Leon, IA 50144  
Ph: 641-446-7178 Fax: 641-446-8208  
Email: [deccpcc@decccs.org](mailto:deccpcc@decccs.org)

125 S. Grand, Chariton, Iowa 50049  
Ph: 641-774-0423 Fax: 641-774-4383  
Email: [egbertk@lucasco.org](mailto:egbertk@lucasco.org)

1801 S.B. Street Albia, IA 52531  
Ph:641-932-2427 Fax: 641-932-2578  
Email: [kfisher@monroecoia.us](mailto:kfisher@monroecoia.us)

119 S. Fillmore, Mount Ayr, Iowa 50854  
Ph: 641-464-0691 Fax: 641-464-2476  
Email: [bfletchall@rcph.net](mailto:bfletchall@rcph.net)

101 N. Lafayette, Box 435, Corydon, IA 50060  
Ph: 641-872-1301 Fax: 641-872-2843  
Email: [waynecpc@grm.net](mailto:waynecpc@grm.net)

2003 N. Lincoln, Knoxville, Iowa 50138  
Ph: 641-828-8149 Fax:641-842-3442  
Email: [dsc@co.marion.ia.us](mailto:dsc@co.marion.ia.us)

County Rural Offices of Social Services-Mental Health and Disability Services

Attachment I. Release of Information

For individuals living in: Clarke, Decatur, Lucas, Marion, Monroe, Ringgold, & Wayne

CLIENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I, the undersigned, hereby authorize the staff of County Rural Offices of Social Services (CROSS) to release and / or obtain the information indicated below, regarding the above named consumer, with:

Name of Person or Agency

Complete Mailing Address

The information being released will be used for the following purpose:

- [ ] Planning and implementation of Services [ ] Referral for new or other services
[ ] Coordination of services [ ] Other (Specify) \_\_\_\_\_
[ ] Monitoring of services

Your eligibility for services or funding [ ] is [ ] is not dependent upon signing this release. {See CFR 164.508(b)(4)}

INFORMATION TO BE RELEASED FROM
County Rural Offices of Social Services:

- Yes No
[ ] [ ] SOCIAL HISTORY
[ ] [ ] PROGRESS SUMMARY REPORT
[ ] [ ] INDIVIDUAL COMPREHENSIVE PLAN
[ ] [ ] ANNUAL REVIEW
[ ] [ ] DISCHARGE SUMMARY
[ ] [ ] RE-RELEASE OF 3RD PARTY INFO (Specify)

(Your information will not be re-released without a signed authorization)

[ ] [ ] OTHER (Specify) \_\_\_\_\_

INFORMATION TO BE OBTAINED FROM
THE AGENCY INDICATED ABOVE:

- Yes No
[ ] [ ] SOCIAL HISTORY
[ ] [ ] EDUCATIONAL / VOCATIONAL PLANS
[ ] [ ] PROGRESS SUMMARY
[ ] [ ] PSYCHOLOGICAL EVALUATION / REPORTS
[ ] [ ] PSYCHIATRIC ASSESSMENT / REPORTS
[ ] [ ] MEDICAL HISTORY
[ ] [ ] TREATMENT PLAN
[ ] [ ] DISCHARGE SUMMARY
[ ] [ ] RE-RELEASE OF 3RD PARTY INFO (Specify)

This authorization shall expire on: \_\_\_\_\_
(Not to exceed 12 months)

[ ] [ ] FINANCIAL DOCUMENTATION
[ ] [ ] OTHER (Specify) \_\_\_\_\_

At that time, no express revocation shall be needed to terminate my consent. I understand that this consent is voluntary and I may revoke this consent at any time by sending a written notice to County Rural Offices of Social Services. I understand that any information released prior to the revocation may be used for the purposes listed above and does not constitute a breach of my rights to confidentiality. I understand that any disclosure of information carries with it the potential for un-authorized re-disclosure and once the information is disclosed, it may no longer be protected by federal privacy regulations. I understand that I may review the disclosed information by contacting the recipient named or County Rural Offices of Social Services.

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW:

I specifically authorize the release of data and information relating to Mental Health.

Signature of Client or Legal Guardian: \_\_\_\_\_

Date

Relationship if NOT The Client

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAWS:

I specifically authorize the release of data and information relating to:

- [ ] Substance Abuse (must be signed by the consumer) [ ] HIV-Related Information

Client Signature

Date

Guardian Signature

Date

In order for this information to be released, you must sign here and on the signature line above.

Copy given to Client on: \_\_\_\_\_ OR Client refused copy on: \_\_\_\_\_ County Rural Offices of Social Services

**Attachment J.**

**Non-Traditional Provider**  
**Responsibility: Case Managers and Disability Service Coordinators**

A non-traditional provider may be an individual, organization and/or business who deliver services in the consumer's home and/or other community setting. Non-traditional providers typically are individuals, organizations, or businesses which do not provide MH/ID/DD services as a part of their normal business. These services are not to provide treatment but are supportive and may be rehabilitative in focus, and are initiated when there is a reasonable likelihood that such services will benefit the consumer's functioning in, assist them in maintaining community tenure, and act as an alternative way to achieve the consumer's stated goals or outcomes. A request for funding can be made by any consumer, or the consumer's authorized representative, to utilize non-traditional providers for services as approved in the CROSS Regional Management Plan. Non-traditional providers may be subject to certain licensing, certification, accreditation or other state approval standards.

**Criteria for Selecting a Non-traditional Provider:**

1. The service outcome(s) achieved by the non-traditional provider, as identified by the consumer, must be comparable to services provided by traditional licensed providers.
2. Any non-traditional provider who is expected to work directly with consumers having residency in the CROSS Region will be subjected to the following checks paid by CROSS Region:
  - a. A check of the criminal registry
  - b. A check of the sexual predators registry
  - c. A check of the child abuse/dependent adult abuse registry.
3. The CROSS care coordinator will fund only if the Department of Human Services approves the hiring of the individual based on the registry information.
4. Any non-traditional provider who works directly with CROSS Region consumers may be required to pass a drug-screening test and a communicable disease test as conducted by a medical doctor. The applicant is responsible for payment of these tests.
5. The applicant shall provide evidence of applicable insurance (including liability insurance), and the mental/physical abilities or other qualifications needed to perform the service (e.g.: a driver's license, or the ability to lift, or the ability to read medication labels, etc.)
6. Providers of licensed services must be licensed.

**Process for Approving a Non-traditional Provider:**

1. The applicant (individual, organization or business) will submit a proposal addressing the following information.
  - a. Personal or organizational information (values statement/mission statement)
  - b. Description of their experience working with individuals with disabilities
  - c. Training and previous experience in providing the service the consumer needs
  - d. Description of service to be provided
  - e. Frequency and duration of services
  - f. Description of the skills that qualify them to be a provider
  - g. Provision of transportation if applicable
  - h. Three references that can provide information on the applicant's experience in job situations similar to the service needs of the consumer.
  - i. Cost per unit breakdown
2. Prior to being accepted as a non-traditional provider, the applicant will meet with, and be screened by, the Care Coordinator.
3. The Care Coordinator (or designee) will check:

## County Rural Offices of Social Services-Mental Health and Disability Services

- a. The registries mentioned above
- b. References
- c. Review evidence of applicable insurance, licenses, and/or any other qualifications required.

### **Plan for Continuous Quality Improvement:**

1. The consumer (or authorized representative) and the Care Coordinator (or designee) shall agree to monitoring (type, frequency and duration) the performance and quality of services conducted.
2. Quality Assurance assessments will be made by the Care Coordinator in the same manner as with traditional providers.

### **Process for Reimbursement of Services:**

1. The applicant shall be informed of and comply with all rules for rate setting and reimbursement as stated in the CROSS Region Management Plan.
2. Verification of and payment for services will be individually arranged between the Care Coordinator, the consumer and the non-traditional provider through a voucher mechanism.
3. The Care Coordinator shall make the decision on funding all requests for non-traditional providers, subject to the appeals process.
4. Services that can be funded by another funding source, such as Medicaid, are not eligible for this program. County funding is the payer of last resort

### **Statement of Confidentiality and Non-traditional Provider Agreement:**

1. The applicant will be asked to sign a statement of confidentiality and will hold in the strictest confidence all information provided to them and will not disclose the information unless authorized pursuant to Chapter 228 of the Iowa Code.
2. The applicant will be asked to sign a three-way Non-Traditional Provider Agreement between the consumer, CROSS Region, and the non-traditional provider.
3. Any variations from the standard agreement will be reviewed by the County Attorney's Office in the county of the Care Coordinator processing the application.

The CROSS Technical Assistance Committee will review the request for funding of an out-of-plan provider and will make a recommendation to the CROSS Region Governing Board to authorize funding. The time frame of this process is dependent upon receiving a complete application, the results of the background check and the approval of the CROSS Region Governing Board.