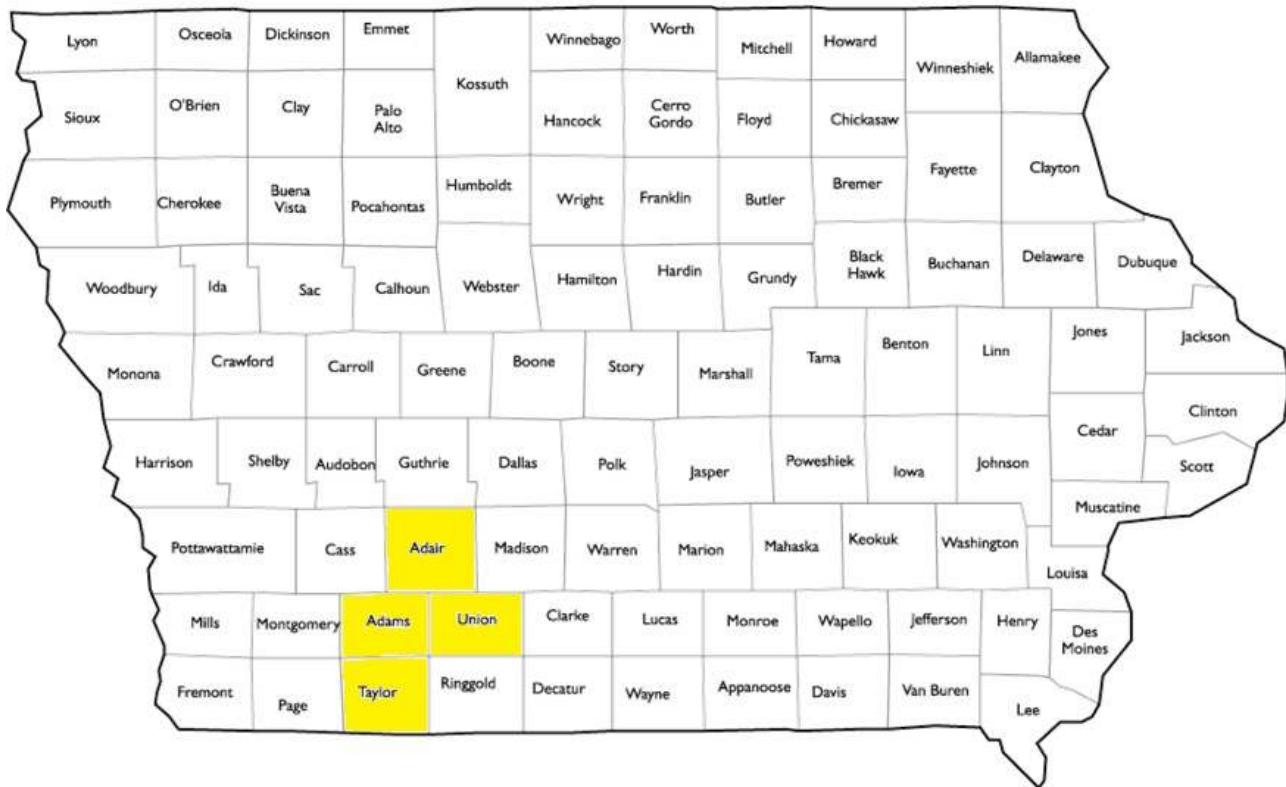


SOUTHERN HILLS REGIONAL MENTAL HEALTH

Mental Health and Disability Services

Management Plan Policies and Procedures

Geographic Area: Serving the Counties of Adair, Adams, Taylor and Union



Introduction and Vision

Southern Hills Regional Mental Health (SHRMH) 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, SHRMH created 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 and other complex human service needs.

In accordance with the principles enumerated in the legislative redesign, SHRMH shall 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

SHRMH shall maintain local county offices as the foundation to the service delivery system.

Basic Framework of the Regional MH/DS Services Management Plan

This regional Mental Health & Disability Services Management Plan describes the framework for system design that SHRMH shall organize.

This Mental Health & Disability Services Management Plan (hereafter referred to as Plan) defines standards for member counties of Southern Hills Regional Mental Health

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

In compliance with Iowa Administrative Code (IAC) 441-25 the Plan includes three parts: 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.

Once approved by the Department of Human Services, a copy of the current plan for SHRMH will be available in the Auditor's office of each member county and on the Department of Human Services website: www.dhs.state.ia.gov

A. Organizational Structure

Governing Board (IC 331.390)

SHRMH organizational structure assigns the responsibility for the non-Medicaid funded MH/DS services with the Governing Board. Member counties shall appoint one member from the County Board of Supervisors (or designee) and an alternate member to serve as a Director on the Governing Board. The Governing Board shall include two ex-officio and non-voting representatives: one representing individuals who utilize mental health and disability services or an actively involved relative of such an individual and one from service providers in the region. No member shall be an employee of the Department of Human Services.

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

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

The Regional Advisory Board shall appoint an individual who utilizes mental health and disability services or an actively involved relative of such an individual and individual representing providers of the region to the Regional Governing Board.

Chief Executive Officer

The Governing Board shall appoint the Chief Executive Officer. The CEO functions are supervised and evaluated by the Governing Board and the CEO is the single point of accountability to the Governing Board.

Administrative Team

The Regional Administrative Team shall consist of the current CEO and office staff. The Team will be employees of the designated Fiscal Agent for the Region. The Team shall be assigned the Region's administrative responsibilities, including but not limited to claims processing, contracting, and intakes, so that each of the required functions is performed.

B. Service System Management

SHRMH shall directly administer the Region MH/DS Plan through Regional Governing Board and contract with service providers to meet the service needs of the individuals. The Regional Governing Board 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.

County Office	Address	Phone
Southern Hills Regional Mental Health	106 Central #106, Glenwood, Iowa 51534	712-525-1337
		712-525-1249 (fax)

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

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

Conflict of Interest

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

C. System Management

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

SHRMH 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 shall be based on the expectation that individuals and families will have multi-occurring issues, and shall incorporate an organized quality improvement partnership process to achieve the vision defined at the beginning of this Plan.

Within this vision, SHRMH shall 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
- High quality, and wherever possible evidence based
- Organized into a seamless continuum of community based support
- Tailored to each individual with planning that expands the involvement of the individual
- Provided in the least restrictive, appropriate setting
- Designed to empower individuals and families as partners in their own care
- 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

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)

An individual with multi-occurring conditions is defined as any person of any age with ANY combination of any MH condition (including trauma) and/or developmental or cognitive disability (including Brain Injury) and/or any Substance Abuse condition, including gambling and nicotine dependence, whether or not they have already been diagnosed. Individuals with multi-occurring conditions commonly also have medical, legal, housing, financial, and parenting issues and other complex needs.

SHRMH shall fund individuals with multi-occurring conditions that meet the eligibility criteria in section F of this manual. Service and supports will be offered through the enrollment process including the standardized functional assessment.

SHRMH 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. SHRMH shall work to build the infrastructure needed to result in positive outcomes for individuals served at all levels of the system.

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

SHRMH shall create committees that focus on training, communications, finance, policy development, contracting for outcomes, information systems, resource development, service delivery system design, quality improvement, and other committees as indicated, to organize the tasks, activities, and functions associated with building, implementing, and sustaining systems of care.

The SHRMH staff will regularly participate in community efforts that provide an opportunity to collaborate with other funders, service providers, individuals and families, advocates and the courts in the interest of better serving individuals with mental illness and disabilities. The annual review will document and report these efforts.

Iowa Plan

Prior to authorizing regional funding, treatment providers and service coordinators must request Medicaid pay for Iowa Plan-covered services for eligible consumers and pursue all available levels of appeal in the event of denials by the Medicaid managed Care Company. SHRMH may fund services and supports for individuals who meet the Regional eligibility criteria for those ineligible for, or whose needs cannot be fully met (based on the functional assessment) by the Iowa Plan.

Third-party Payors

Prior to authorizing regional funding, treatment providers and coordinators of services must seek approval from Medicaid, Medicare, or any other third-party payor for any service. SHRMH may fund additional services and supports for individuals who meet the Regional eligibility criteria for those ineligible for, or whose needs cannot be fully met (based on the functional assessment).

Judicial and Criminal Justice System

SHRMH will partner with the courts to develop and ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. Cass County Memorial Hospital is SHRMH's designated hospital for involuntary hospitalizations under Sections 229.11 and 229.13, *Code of Iowa*.

To better coordinate services between the mental health system and the judicial system, SHRMH will facilitate the development of protocols for identifying county jail inmates needing mental health treatment and for securing such treatment.

Employment

SHRMH will continue working 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. 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.

Transitioning Youth to the Adult System

SHRMH will work with DHS social workers in transitioning youth to the adult system through Case Management and in collaboration with IHH providers, and will continue being a resource to explore options for children with complex needs. SHRMH staff will participate in the DHS /County Transition meetings with DHS and the Juvenile Court Officers. Service coordination may begin as early as age 16 to help identify services/resources needed.

Education

SHRMH network providers will work with schools and Vocational Rehabilitation on transition plans for individuals in special education who will be leaving the school system.

Other Regions

SHRMH has been and shall continue to be very active in activities involving training and coordination on a statewide basis with other regions and counties. SHRMH also attends Regional Leadership meetings with other regions and the Department of Human Services.

It is the policy of SHRMH that the region shall work with other regions to help coordinate funding for mutually beneficial service development activities. When providers have a “home office” in another region but also satellite offices in a county in this region, SHRMH shall honor that region’s contracts for services that were contracted with that region. For different or new services, SHRMH shall enter into a contract with the provider to cover SHRMH counties or work with the host region to add those services to its contract.

SHRMH shall notify any region of a client that is physically located in a SHRMH county that appears to have residency in that region prior to approving services that are not emergent in nature. SHRMH 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 SHRMH county, SHRMH shall fund 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, SHRMH shall expect reimbursement from the region (or the state) that the client is determined to have residency in if it is not SHRMH.

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

SHRMH shall strive to provide services in a dispersed and equitable manner to meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. In areas where services are not available within the region, providers shall be encouraged to expand or begin services. The following measures shall be used to ensure services are available in all parts of the region:

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

Within the broad system approach outlined above, SHRMH shall oversee access and utilization of services, and population based outcomes, for the MH/DS 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, SHRMH shall 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 shall 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 shall be used for future planning and will be incorporated into the annual service budget plan, to increase the provider network to meet access standards and other needs identified in the data.

Results will also be used to review the system of care approach plan, guide SHRMH in collaboration with agencies, to increase access and decentralize services. In addition, the data elements, indicators, metrics and performance improvement for population management shall be continuously improved over time as the region develops increasing capability for managing the needs of its population.

SHRMH will continue to work with DHS to facilitate regional access and data sharing on disability services funded by Medicaid in order to coordinate SHRMH funded service and the services managed by the State.

D. Financing and Delivery of Services and Support (IAC 441-25.21(1)j)

Non-Medicaid mental health and disability services funding shall be under the control of the Southern Hills Regional Mental Health (SHRMH) Governing Board in accordance with Iowa Administrative Code 441-25.13 (331.391). The SHRMH Governing Board shall retain full authority and financial risk for the Plan. The finances of the Region shall be maintained to limit administrative burden and provide public transparency.

The SHRMH Chief Executive Officer shall prepare a proposed annual budget. The priority in the budget process is to project the costs of funding core services for target populations by gathering information from each member county including data on measuring compliance with access standards as defined in Iowa Code 441-25.3. The next step in the budgeting process is to include costs to increase or enhance services to meet the access standards. Additional funds will be budgeted to allow for expansion of services in addition to core for target population and if funds are available, core services for non-target populations will be included in the budget.

The SHRMH Governing Board has designated Union County to act as the Regional Fiscal Agent. The SHRMH Governing Board shall determine an amount of projected MH/DS fund balance to be paid to the Regional Fiscal Agent. 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.

The proposed budget shall be reviewed by the SHRMH governing board for final approval. The Regional staff shall be responsible for managing and monitoring the adopted budget.

Services funded by SHRMH are subject to change or termination with the development of the regional MH/DS budget each fiscal year for the period of July 1 to June 30.

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 including, but not limited to, the following: expenses for administration;

purchase of services; and enterprise costs for which the region is a service provider or is directly billing and collecting payments.

Contracting

SHRMH shall 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 provider located in other regions. SHRMH 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.

All approved provider contracts shall be between the provider and the SHRMH region (rather than individual counties). All contracts must be approved and signed by the Governing Board Chair or designee.

SHRMH may develop financial incentives and or outcome measures in order to obtain higher performance 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. SHRMH 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 privately or publicly funded services and support must apply for and accept such funding and support and comply with requirements to remain eligible for 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.

SHRMH 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. SHRMH shall be the funder of last resort and regional funds shall not replace other funding that is available.

For individuals meeting the diagnostic eligibility in Section F of this manual, the type and frequency of service provided shall be determined by the results of the required standardized functional assessment as designated by the director of the department of human services. **(IAC441-25.21(1)(o))**, described in Section F Eligibility process of this manual.

E. Enrollment (IAC441-25.21(1)e)

Application and Enrollment

Individuals residing in SHRMH counties, or their legal representative, may apply for regional funding for services by contacting any SHRMH designated access point (Attachment A) to complete an application (Forms Appendix). All applications shall be forwarded to the SHRMH office. The SHRMH office shall determine eligibility for funding.

The SHRMH application shall be used for all applications. If language or other barriers exist, the access points shall contact an appropriate person to assist the applicant in the intake process or contact the local

DHS office to make such arrangements. The completed application shall be forwarded by access points to the SHRMH office by the end of the business day.

SHRMH staff shall review the application in a timely manner to determine if all necessary information is present and complete on the application. If the application is incomplete, the applicant shall be contacted requesting additional information. Failure to respond with necessary information and/or to provide a fully completed application may result in a denial of funding.

Residency

“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. SHRMH shall notify any region of a client that is physically located in a SHRMH county that appears to have residency in that region prior to approving services that are not emergent in nature.

Exception to Policy

An exception to policy may be considered in cases when an individual is significantly adversely affected by the regional eligibility policy. To request an Exception to Policy, the individual or the individual’s service coordinator shall submit the following information:

- Individual’s name
- Current services the individual is receiving
- The policy for which the exception is being requested
- Reason why the exception should be granted

The SHRMH staff shall review the exception and a response shall be given to the individual and/or legal representative and, when appropriate, the service coordinator within 10 working days. Decisions on requests shall be documented and used in the annual report to identify future changes in policy.

Confidentiality

SHRMH is committed to respecting individual privacy. To that end, all persons, including SHRMH 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.

Confidential information may be released without written permission of the individual or their guardian for medical or psychological emergencies and inspection by certifying or licensing agencies of the state or federal government.

Individual files shall be maintained for seven years following termination of service to the individual.

Procedures to ensure confidentiality shall include:

- Individual's (or their legal guardian's) written consent shall be obtained prior to release of any confidential information, unless allowed by law.
- 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 SHRMH 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 printed confidential information disposed of shall be shredded.
- Steps shall be taken to ensure 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.

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 may not be an automatic reason for denial; however, the inability of SHRMH staff to obtain sufficient information to make an eligibility determination may result in denial of regional funding.

F. Eligibility (IAC 441-25.21(1)c)

General Eligibility

SHRMH shall review the application to determine if the applicant meets the general eligibility criteria of the Regional Plan.

The individual is at least eighteen years of age.

Or

- a) An individual who is 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.

The individual is a legal resident of the state.

Financial Eligibility

The individual complies with financial eligibility requirements in IAC 441-25.16

1) Income Guidelines: (IC 331.395.1)

- Gross incomes 150% or below of the current Federal Poverty Guidelines. (Attachment B)
At the discretion of the SHRMH, applicants with income above 150% may be eligible for regional funding with an individual copayment
- 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, Habilitative Services, etc.) shall be followed if different than those established in this manual.

- In determining income eligibility, the average monthly income for the past 3 months will be considered, however, recent employment and/or income changes may be considered by the SHRMH in determining income eligibility. Applicants are expected to provide proof of income (including pay stubs, income tax return, etc.) as requested by SHRMH.

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.

- The countable value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this subrule.
- A transfer of property or other assets within 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.
- 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.

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 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.

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 shall 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 sections 230.15.
- The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.19.

Co-payments in this section are related to core services to target populations as defined in Iowa Code 331.397. No co-payment shall 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 Attachment D. A co-payment is required for those individuals with incomes between 150%-250% of poverty. This amount is collected by the service agency.

Diagnostic Eligibility

The individual must have a diagnosis or co-occurring diagnosis that includes Mental Illness or Intellectual Disability,

Mental Illness

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

Individuals who meet the following three conditions:

1. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of approximately 70 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, Fourth Edition, American Psychiatric Association.
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.
3. The onset is before the age of 18.

(Criteria from "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revision (DSM IV)," 1994 revision, American Psychiatric Association) or the most recent approved by the State of Iowa.

The results of a standardized assessment 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 psychological or psychiatric evaluation or other acceptable verification of diagnosis is not available, SHRMH 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)

Assistance to persons other than those defined as core population is limited to services that were covered in the management plan of at least one or more counties of the region prior to the formation of the region. No previous management plan for any of the member counties provided for services to other than persons in the core population unless mandated by law.

Eligibility Process:

Entry/Access Points: The first point of contact for someone seeking mental health and disability services. Examples of entry points include health care providers, hospitals, corrections, clerk of court offices, advocates as well as designated Access Points. Access Points are required to send completed applications or referrals by the end of the working day that the contact is received.

Initial Needs Identification. Applications and Referrals are prioritized based on presenting issues, needs, and risk assessment. If applicant meets the general eligibility criteria and needs treatment services, the staff will inform the applicant of the provider options and refer them to appropriate services with the provider they choose. If individuals need other services or supports and are eligible for case management or integrated health home (IHH), staff will inform them of the case management or integrated health home provider options and refer them to the appropriate agency. If the individual needs other services or supports and are not eligible for case management or integrated health home, staff will refer the individuals to regional social workers for service coordination

Service Coordination: Case Managers, IHH or regional social workers provide another link to funding and providers. Those involved in service coordination may request regional funded services as needed. Service coordination will also assist in scheduling individuals for a standardized functional assessment required in Iowa Code.

Assessment: Individualized services are determined in accordance with the standardized functional assessment. The Assessment will be used in the Individualized Care Plan to determine services and units of services funded.

Individualized Care Planning: Includes the gathering and interpretation of comprehensive assessment information, and creating strategies with the consumer about their ongoing care and support. Service Coordination is particularly important in facilitating appropriate care for consumers with multiple or complex needs. Individualized planning supports the consumer to identify goals and implement strategies, actions and services to achieve those goals. This may involve linking the consumer to a range of services, identifying how self-management support, education and health promotion will be provided, and establishing effective communication among all the providers involved in delivering services to the individual.

Service Authorization

Request for Services: Service Coordination and intake workers request services on behalf of the individuals based on the initial needs identification or standardized assessment. Requests for outpatient services will be handled by the intake workers. Timely eligibility determination includes the issuance of a **Notice of decision (NOD)**. The Notice of Decision informs eligible individuals and/or their advocate and service providers of the approval or denial of mental health funding, reason for the action, what the share of cost is, if any, and appeal rights if the applicant is dissatisfied with the action specified in the NOD. The NOD also specifies the service provider, type and units of services approved based on immediate need or results from the standardized assessment.

Timeframe: Eligibility determination and referrals for emergency and necessary services shall not exceed 10 days (IAC 441-25.21. If a functional assessment is required it will be completed within 90 days IAC 441-21.15. Once an individual's functional assessment is received individuals will be referred for services to a provider or choice and issued a Notice of Decision within 10 days.

Service Funding Authorization

Notice of Decision: The Notice of Decision informs eligible individuals and/or their advocate and service providers of the approval or denial of mental health funding, reason for the action, what the share of cost is, if any, and appeal rights if the applicant is dissatisfied with the action specified in the NOD. The

NOD also specifies the service provider, type and units of services approved based on immediate need or results from the standardized assessment. Notice of Decisions will be issued with 10 days of receiving an individual's Functional Assessment results.

All individuals that receive ongoing Service Management shall have an individualized plan which shall identify the individual's needs and desires and set goals with action steps to meet those goals. Eligible individuals that request or accept the service may be referred to a targeted case manager for service coordination. Other individuals shall receive individualized service coordination from SHRMH staff.

The Service Coordinator, Social Worker, or when applicable, the Targeted Case Manager shall invite providers to participate in the development of the consumer's Individual Comprehensive Plan (ICP) to ensure effective coordination.

Together with the individuals, guardians, family members, and providers, service coordinator or Social Worker develop and implement individualized plans for services and supports. The individual will actively participate in the development of the service plan. If the individual is an adult and has no guardian or conservator, s/he may elect to involve family members in the service planning process, and to approve the final service plan. 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 service plan. Individuals may be represented by advocates, other individual's representatives, friends or family during the service planning process.

As with the application and enrollment process, individuals shall be informed of their right to appeal any service planning/service authorization decision.

Re-enrollment

Individuals must reapply for services on at least an annual basis.

G. Appeals Processes (IAC 441-25.21(1))

Non Expedited Appeal Process (IAC 441-25.21(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.

How to Appeal:

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. Assistance in completing the appeal form shall be provided upon request.

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

Reconsideration – The regional CEO or designee shall review appeals and grievances. After reviewing an appeal, the CEO or designee shall contact the appellant not more than five (5) working days after the written appeal is received. The CEO or designee 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 ten (10) 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.

If a resolution is not agreed upon through Reconsideration, 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.

Southern Hills Regional Mental Health 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)1.2)

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 SHRMH 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:

Using the written appeal forms that shall be attached to Notice of Decision form

1. The appeal shall be filed within 5 days of receiving the notice of decision by SHRMH. The expedited review, by the Division Administrator or designee shall take place within 2 days of receiving the request, unless more information is needed. Then 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.

H. Provider Network Formation and Management (IAC 441-25.21 (1)j)

SHRMH shall have a network of service providers to meet the continuum of service needs of individuals. The Region retains the right to select services providers to be a part of the SHRMH provider network. Providers must be approved SHRMH MH/DS network providers in order to be eligible for regional funding. (Payment for commitment related sheriff transportation and court-appointed attorneys, and other incidental or temporary services, may be exempt from this policy.)

Eligibility to Contract with SHRMH

In order to contract with SHRMH, 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 SHRMH or another Iowa region

- If SHRMH does not have a contract for a needed service with an established provider, a request from Non-Traditional Provider may be considered.

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 shall 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 the Region.
2. Provider shall complete a Provider Network Application. Provider applicant shall be screened by the Region. Provider may be asked to meet for an interview or provide additional information. Criteria for consideration includes:
 - Priority for core and core plus services
 - Unmet need for the proposed services
 - Unmet access standard for proposed services
 - Provider experience in providing the services
 - Documented consumer outcomes, and family/ consumer satisfaction
 - Retention of consumers in other programs
 - Coordination with other provider agencies
 - Evidence of individualized services
 - Relationship with other regions the agency serves
 - Funding source for the service
 - Financial viability of the agency
3. The Region shall inform the provider of acceptance or denial.
4. New network providers shall receive appropriate orientation and training concerning SHRMH's MH/DS Plan.

The CEO makes a recommendation to the Regional Governing Board. Upon approval by the Regional Governing Board, the contracting/rate setting process is initiated with the new provider.

All providers included in the SHRMH 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.

In addition to the above, SHRMH is currently encouraging providers to participate in the quality improvement partnership for system development in the region, to become welcoming, person/family centered, trauma informed, and multi-occurring capable. SHRMH will ensure providers are trained to provide multi-occurring, trauma informed, evidenced based practices as outlined in (IAC-441-25.4)

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

SHRMH shall manage the provider network to ensure individual needs are met. SHRMH shall contract with licensed and accredited providers to provide each service in the required core services domains. SHRMH shall ensure an adequate number of providers are available to avoid waiting lists including outpatient mental health providers, Community Mental Health Centers, and at least one inpatient psychiatric hospital located within reasonable proximity to the SHRMH region.

Regional Contracts

All MHDS contracts utilize a standard contract template approved by the SHRMH Governing Board. All contracts for MHDS services are annual contracts based on a July 1st to June 30th fiscal year unless exception is requested and approved. Discretion for all contracting and rate setting issues rests with the SHRMH Governing Board and not with individual member counties.

Contracting/Rate Setting Process

Contracting and rate negotiation matters shall be handled in the following manner:

- The CEO and Regional Governing Board shall meet with a current or prospective contracting party to negotiate contract terms and rates with the final recommendation being approved by the Regional Governing Board.

Rate Setting Terms

Rates established and approved by the State (such as HCBS Waiver, Habilitation Services, etc.) shall be acceptable rates for regionally funded comparable services. All rates and rate changes shall be effective July 1st of each year. A rate established for a new service, or provider, shall be in effect until the following June 30th. Any exceptions for mid-year rate changes must be authorized by the Governing Board. SHRMH will honor and utilize rates established by other MHDS regions for providers outside of SHRMH. Providers must not negotiate or accept rates or terms lower than those contracted with SHRMH from any other Region or County.

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

SHRMH shall offer access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g1. The SHRMH staff reviewed Case Management units serving the SHRMH region and made recommendations to the Region Governance Board, based on the following criteria:

- TCM programs located within the SHRMH region
- Existing relationships between county case management programs and service coordination/county social work
- Length of time from referral to assignment
- Length of time from assignment to service implementation

Designated Case Management agencies serving the SHRMH must be accredited according to the rules of the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in IAC 441-24.1.

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.
- Methodologies for complying with the requirements of sub rule 441-24.1, which may include the use of electronic record keeping and remote or internet based training.

All applications and/or referrals shall be forwarded to the SHRMH office. 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 establishing, reviewing, monitoring, etc. of services for the individual.

I. Quality Management and Improvement (IAC 441-25.21(1)e)

SHRMH 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 SHRMH staff shall evaluate the reports and recommend areas of improvement
- Cost-effectiveness
 - Compare program costs and outcomes to determine resource reinvestment
- 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:
 - SHRMH 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 Iowans 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.
 - SHRMH will follow the process outlined in the Outcome and Performance Measures Committee Report of December 14, 2012. SHRMH 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. SHRMH 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.

- SHRMH'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
 - ◆ 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, SHRMH staff will develop goals and action steps to improve performance. The results shall be documented in the annual summary.

Annually, SHRMH 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.

J. Service Provider Payment Provisions (IAC 441-25.21(1)k)

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

SHRMH 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.

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. 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.

SHRMH 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 days of receipt of required documentation unless unforeseen circumstances exist.

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

It is the intent of SHRMH that only SHRMH staff shall authorize services for residents of the SHRMH region.

K. Waiting List Criteria (IAC 441-25.21(1)r)

SHRMH may implement a waiting list if encumbered expenses for a given fiscal year exceed regional MH/DS funds available. Core Services for core populations shall be considered priority services. Funding for additional-core services may be placed on the waiting list or be subject to reduction in services in the following manner. New applicants other than target will be placed on a waiting list

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 the service may be available to applicant. If unable to estimate such time, the SHRMH shall state such and shall update the applicant at least every 60 days as to the status of their service request.

The waiting list shall be centrally maintained by SHRMH.

Any waiting list that may exist shall be reviewed annually when planning for the future budgeting needs and future development of services.

L. Amendments (IAC 441-25.21(3))

The manual has been approved by the Southern Hills Regional Mental Health Governing Board and is subject to approval by the Director of Human Services.

Amendments to this Policies and Procedures Manual shall be reviewed by the Regional Advisory Board who shall make 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.

Attachment A

Access Points

SHRMH shall designate the access points and their function(s) in the enrollment process. 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 SHRMH Office.

Access Point	Address	Phone number
Adair County Public Health	117 NW Hayes, Greenfield, Iowa 50849	641-743-6173
Adams Taylor Union Case Management	Courthouse 500 Ninth St., P.O. Box 423, Corning, Iowa 50841	641-322-4203
Crossroads Mental Health Center	1003 Cottonwood Rd., Creston, IA 50801 Main Office	641-782-8457
	117 NW Hayes St., Greenfield, Iowa 50849	
	619 Court, Bedford, IA 50833	
	810 E. VanBuren, Lenox, IA 50851	
	603 David, Corning, IA 50841	

Attachment B

**2013 Federal
Poverty Guidelines**

Persons in Family or Household	48 Contiguous States and D.C.	Monthly 100%	Monthly 150%
1	\$11,490	\$958	\$1,436
2	15,510	\$1,293	\$1,939
3	19,530	\$1,628	\$2,441
4	23,550	\$1,963	\$2,944
5	27,570	\$2,298	\$3,446
6	31,590	\$2,633	\$3,949
7	35,610	\$2,968	\$4,451
8	39,630	\$3,303	\$4,954
For each additional person, add	4,020	\$335	\$503

(SHRMH shall update the Guidelines as they are made available from the Federal Government)

SOUTHERN HILLS MENTAL HEALTH REGION Application Form

For individuals living in: list Adair, Adams, Taylor and Union 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 _____ Street _____ City _____ State _____ Zip _____ County _____
End Date _____

Current Service Providers:

Name	Location
1. _____	_____
2. _____	_____

Current Residential Arrangement: (Check applicable arrangement)

<input type="checkbox"/> Private Residence	<input type="checkbox"/> Foster Care/Family Life Home	<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Homeless/Shelter/Street
<input type="checkbox"/> Other _____			

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

Current Employment: (Check applicable employment)

<input type="checkbox"/> Unemployed, available for work	<input type="checkbox"/> Unemployed, unavailable for work	<input type="checkbox"/> Employed, Full time
<input type="checkbox"/> Employed, Part time	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
<input type="checkbox"/> Work Activity	<input type="checkbox"/> Sheltered Work Employment	<input type="checkbox"/> Supported Employment
<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> Seasonally Employed	<input type="checkbox"/> Armed Forces
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Volunteer	<input type="checkbox"/> 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: _____

Relationship: _____

Address: _____

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.)

Name: _____

Address: _____

Phone: _____

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

Name: _____

Address: _____

Phone: _____

List All People In Household:

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

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)

- Social Security
- SSDI
- SSI
- Veteran's Benefits
- Employment Wages
- FIP
- Child Support
- Rental Income
- Dividends, Interest, Etc
- Pension
- Other

Applicant Amount:

Others in Household Amount:

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?**

Health Insurance Information: (Check all that apply)

Primary Carrier (pays 1st)

Secondary Carrier (pays 2nd)

<input type="checkbox"/> Applicant Pays	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Family Planning only
<input type="checkbox"/> Medicare A, B, D	<input type="checkbox"/> Medically Needy	<input type="checkbox"/> MEPD
<input type="checkbox"/> No Insurance	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> HAWK-I
Company Name _____		
Address _____		
Policy Number: _____		
(or Medicaid/Title 19 or Medicare Claim Number)		
Start Date: _____ Any limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Spend down: _____ Deductible: _____		

<input type="checkbox"/> Applicant Pays	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Family Planning only
<input type="checkbox"/> Medicare A, B, D	<input type="checkbox"/> Medically Needy	<input type="checkbox"/> MEPD
<input type="checkbox"/> No Insurance	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> HAWK-I
Company Name _____		
Address _____		
Policy Number _____		
(or Medicaid/Title 19 or Medicare Claim Number)		
Start Date: _____ Any limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Spend down: _____ Deductible: _____		

Referral Source:

<input type="checkbox"/> Self	<input type="checkbox"/> Community Corrections	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Social Service Agency
<input type="checkbox"/> Targeted Case Management	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 _____

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!)

I certify that the above information is true and complete to the best of my knowledge, and I authorize SHRMH Region 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 ACIS Region 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** _____

Attachment D

Sliding Fee Schedule for Services

150%	151% to 175%	176% to 200%	201% to 225%	226% to 250%
0%	20%	40%	60%	80%