

Table of Contents

<u>Introduction and Vision</u>	3
<u>Basic Framework of the Regional MH/DS Services Management Plan</u>	3
<u>A. Organizational Structure</u>	4
<u>Governing Board</u>	4
<u>MHDS Advisory Committee</u>	4
<u>Chief Executive Officer</u>	5
<u>Administrative Entity</u>	5
<u>B. Service System Management</u>	6
<u>Risk Management and Fiscal Viability</u>	6
<u>Conflict of Interest</u>	6
<u>C. System Management</u>	7
<u>System of Care Approach Plan</u>	7
<u>Developing an Integrated Multi-Occurring Capable Trauma Informed System of Care</u>	7
<u>Implementation of Interagency and Multi-system Collaboration and Care Coordination</u>	8
<u>Decentralized Service Provisions</u>	8
<u>Utilization and Access to Services</u>	8
<u>D. Financing and Delivery of Services and Support</u>	9
<u>Accounting System and Financial Reporting</u>	10
<u>Contracting/Provider Agreements</u>	10
<u>Funding</u>	10
<u>E. Enrollment</u>	11
<u>Application and Enrollment</u>	11
<u>Residency</u>	11
<u>Exception To Policy</u>	12
<u>Confidentiality</u>	12
<u>F. Eligibility</u>	13
<u>General Eligibility</u>	13
<u>Financial Eligibility</u>	13
<u>Diagnostic Eligibility</u>	15
<u>Assistance to Other than Core Populations</u>	15
<u>Notice of Decisions/Timeframes</u>	16
<u>Re-enrollment</u>	17
<u>Co-payment for services</u>	17
<u>G. Appeals Processes</u>	17
<u>Non-Expedited Appeals Process</u>	17
<u>Expedited Appeals Process</u>	18
<u>H. Provider Network Formation and Management</u>	19
<u>Designation of Targeted Case Management Providers</u>	20
<u>I. Quality Management and Improvement</u>	21
<u>System Evaluation</u>	21
<u>Quality of Provider Services</u>	21
<u>Methods Utilized for Quality Improvement</u>	22
<u>J. Service Provider Payment Provisions</u>	22
<u>K. Waiting List Criteria</u>	26
<u>L. Amendments</u>	26
<u>Access Points</u>	27
<u>Sliding Fee Schedule for Outpatient Services</u>	28
<u>Non-Expedited Appeal Form</u>	29
<u>Glossary</u>	31
<u>Forms Appendix</u>	36

Introduction and Vision

Formal planning for development of a region began in 2012. By the fall of 2013, our nine-county region began collaborating to change the way we serve individuals with disabilities. Formation of the Mental Health/Disability Services of the East Central Region (ECR) has allowed us to work together to resolve challenges and carry out responsibilities as a team. We have found that together we have the capacity to exceed what could have been accomplished as individual counties. In partnership with our community, we envision a service system which will create an environment to meet all service needs of persons with disabilities.

The Mental Health/Disability Services of the East Central Region (ECR) 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, the ECR will create a regional management plan designed to improve health, hope, and successful outcomes for the adults in our region who have mental health and/or intellectual/developmental disabilities, including those with multi-occurring substance use issues, health issues, physical disabilities, brain injuries, and other complex human service needs.

In accordance with the principles enumerated in the legislative redesign, the ECR 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

Basic Framework of the Regional MH/DS Services Management Plan

This regional Mental Health & Disability Services Management Plan will describe both the framework for system design that the ECR has organized, as well as the specific activities within the system that will be funded and monitored directly by the ECR.

This Mental Health & Disability Services Management Plan (hereafter referred to as Plan) defines standards for member counties of the East Central Region.

The plan meets the requirements of Iowa Code section 331.393 and provides for 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: 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 services and MHDS plan administration.

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

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

A. Organizational Structure

Please see Attachment F for the ECR Organizational Structure.

Governing Board (Iowa Code 331.390)

The ECR organizational structure assigns the planning and development of the regional MHDS system including the funding of non-Medicaid services with the Governing Board. The make-up of the board is described below. No member shall be an employee of the Department of Human Services.

The Governing Board of Directors shall contain the following Directors:

a) One supervisor from each member county in the region shall be appointed as a Director.

The Board of Supervisors of each member county shall select its Director and he or she shall serve indefinitely at the pleasure of the member county appointing the Director, until a successor is appointed, or unless an earlier appointment becomes necessary due to death, resignation, or the end of such person's service as a county supervisor. An alternate supervisor shall be appointed in the same manner and shall act in the temporary absence or unavailability of the Director.

b) Any County-Appointed Director or alternate may be removed for any reason by the member county appointing the Director or alternate, upon written notice to the Governing Board, which notice shall designate a successor Director or alternate to fill the vacancy.

c) At least one individual who utilizes mental health and disability services, or is an actively involved relative of such an individual. This Director shall serve as an ex-officio, non-voting member and shall be appointed by the Advisory Committee described in Section 4.6 of the ECR 28E Agreement with such appointment to become effective upon approval by the Governing Board and to initially coincide with the Effective Date. This Director shall serve an initial term of one year, with appointments thereafter to be for two year terms.

d) At least one individual representing service providers in the Region. This Director shall serve as an ex-officio, non-voting member and shall be appointed by the Advisory Committee described in Section 4.6 of the ECR 28E Agreement, with such appointment to become effective upon approval by the Governing Board and to initially coincide with the Effective Date. This Director shall be appointed to two year terms.

e) Any Committee-Appointed Director or alternate may be removed for any reason by the Committee appointing the Director, upon written notice to the Governing Board, which notice shall designate a successor Director to fill the vacancy.

East Central Region MHDS Advisory Committee (Iowa Code 331.390(2)e; 331.392.(2)i; IAC 441-25.14.(1)i)

The ECR 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 to serve as a public forum for other related MHDS issues. The MHDS Advisory Committee shall represent stakeholders which shall include, but not be limited to, individuals, family members, county officials, and providers.

The Region shall have an Advisory Committee consisting of individuals who utilize services or are actively involved relatives of such individuals, service providers, Governing Board members and other interested community members. The number and composition of the Advisory Committee shall be established by action of the Governing Board and appointments to the Advisory Committee shall be made by the Governing Board. Committee members shall serve indefinitely at the pleasure of the Governing Board. A member of the Governing Board shall be designated to act as liaison to the Advisory Committee. In addition to providing input to the Governing Board when requested, the Advisory Committee shall designate ex-officio members to serve on the Governing Board as outlined in Section 4.1 of the MHDS ECR 28E Agreement.

Chief Executive Officer

The Governing Board will appoint the Chief Executive Officer (CEO) as referenced in IAC 441—25.12 (c). The CEO functions are supervised and evaluated by the Governing Board. The Chief Executive Officer will be the single point of accountability for the Region and shall be responsible for entering into performance-based contracts with the Department of Human Services. The Chief Executive Officer shall report to the Governing Board and will serve as the contact person for all requests for information or other inquiries from the Department of Human Services or the State of Iowa regarding provision of services, quality of services and expenditures of Regional funds. The Chief Executive Officer shall serve at the pleasure of the Governing Board and shall be under its direct supervision, evaluation and control.

Administrative Entity

The Governing Board shall establish a Regional Administrative Entity. The Governing Board shall appoint Coordinators of Disability Services who shall be under the supervision of the Chief Executive Officer. The Governing Board may adopt such policies, rules, regulations, procedures and other actions as are necessary in the operation of the Region that are not inconsistent with the law or the 28E Agreement.

The Regional Administrative Entity will perform all of the duties required by statute and administrative rule and in conformance with the Regional Management Plan. The Governing Board shall also provide for support staff as determined necessary and support staff shall be under the supervision of the Chief Executive Officer. The duties of the Regional Administrative Entity will be coordinated and assigned by the Governing Board in a manner deemed to be in the best interests of the Region and to ensure as much efficiency as is practicable. These duties will include but are not limited to: care coordination, quality assessments, service development, performance outcomes, referrals, claims processing, budget and forecasting, implementation of best practice models, development of policy, intake procedures and access to services, development/expansion of crisis services and development of new services models that will meet the needs of the residents of the Region.

The Chief Executive Officer, the Coordinators of Disability Services and all support staff will remain employees of individual counties. There will be statements of understanding between the Governing Board and the individual county Boards of Supervisors that will identify the individual employee, the position to be filled, and the portion of the employee's wages and benefits that will be reimbursed to the county from Regional funds.

In addition to the Regional Administrative Entity, the Governing Board may, as deemed necessary and with the consent of the member county, delegate any support functions to a member county. The cost of said support functions will be submitted to the Region as administrative overhead for the member county.

B. Service System Management

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

County Office	Address	Phone
Benton County	303 1 st Ave Vinton IA 52349	319-472-4743
Bremer County	203 1 st Ave NE Waverly IA 50677	319-352-2993
Buchanan County	210 5 th Ave NE Independence IA 50644	319-334-7450
Delaware County	601 Grant St Manchester IA 52057	563-927-5116
Dubuque County	720 Central Dubuque IA 52001	563-589-7870
Iowa County	495 4 th Ave POB 7 Conroy IA 52220	319-662-4245
Johnson County	855 S Dubuque St Iowa City IA 52240	319-339-6169
Jones County	105 Broadway Place Ste 2 POB 427 Anamosa IA 52205	319-462-4457
Linn County	1240 26 th Ave Court SW Cedar Rapids IA 52404	319-892-5671

Risk Management and Fiscal Viability (Iowa Code 331.25.21(1)f)

The ECR does not intend to contract management responsibility for any aspect of the regional system of care to any agency or entity. The Governing 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 ECR staff, who shall have no personal or financial interest in the outcome of the decision. In the event that such a situation occurs, that interest must be fully disclosed to the individuals, counties, and other stakeholders. If it is perceived by any person that a conflict of interest is present, the concerned party may present the concern in writing to the Governing Board. The Chair shall schedule a meeting of the Board within two (2) weeks and notify the concerned party of the meeting date. The Board will determine if a conflict of interest exists. If it is determined there is a conflict, a letter will be sent to the concerned party with options for resolution of the conflict. The Governing Board is empowered to define financial or non-financial conflict of interest situations involving its member(s) and shall take action regarding the voting rights of said member(s) in such situations by authorizing abstention from voting.

C. System Management

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

The ECR provides 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 is based on the expectation that individuals and families have multi-occurring issues, and incorporates an organized quality improvement partnership process to achieve the vision defined in this plan.

Within this vision, the ECR will work in partnership with providers and other stakeholders to further 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
- Individualized to each person 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.

The ECR 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. The ECR shall work to build the infrastructure needed to result in positive outcomes for individuals served.

In order to accomplish this objective, the ECR will utilize and participate in the Comprehensive Continuous Integrated System of Care (CCISC) and engage all of its stakeholder partners, including mental health, disability, and substance abuse providers. The ECR 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.

In addition, the ECR shall partner with courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. The ECR shall collaborate with the Iowa

Department of Human Services, Iowa Department of Public Health, Department of Corrections, Iowa Medicaid Enterprise, other regions, service providers, case management, Integrated Health Homes, individuals, families and advocates to ensure the authorized services and supports are responsive to individuals' needs consistent with system principles and cost effective.

The ECR shall create committees that focus on training, communications, finance, policy development, 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 ECR will invite other funders, other regional service systems, service providers, case management, individuals and their families or authorized representative, and advocates to participate in these committees. These committees will ensure that authorized services and supports are responsive to individuals' needs, consistent with system principles and are cost-effective by soliciting input from committee members and others concerned with the service system. All recommendations made by the committees will be reported back to the Governing Board for incorporation in future planning.

The ECR shall have an Advisory Committee as described in Section A: Organizational Structure. The Governing Board may establish other committees for various other purposes as deemed necessary for the operation of the Region. Once the need for a committee has been established by the Governing Board, member Counties of the Region will provide nominations for individuals to serve on the committee. Appointments to any established committee of the Region shall be made by action of the Governing Board. All recommendations made by the Advisory Committee will be reported back to the Governing Board for incorporation in future planning. All committee appointees shall serve indefinitely at the pleasure of the Governing Board.

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

The ECR shall provide services in a dispersed manner to meet the current and future minimum access standards of core services by utilizing the strengths and assets of the regional service providers. The following measures will be used to insure services are accessible in all parts of the region:

- Analyzing the gaps by assessing unmet needs
- Incorporating feedback from community stakeholders
- Identifying costs and exploring alternative funding streams
- Developing or expanding services to meet gaps
- Identifying service providers willing to provide services within the area
- Ensuring core services are available within 30 miles in urban areas or 45 miles in rural areas
- Exploring technological innovations and modalities to meet needs more efficiently

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

Within the broad system approach outlined above, the ECR will oversee access and utilization to 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, the ECR 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

The region will assist all organizations to become first class providers. First, the ECR will make outcomes data available to providers, referral services and to purchasers of services. Second, timely access to care in the ECR will be improved until help is available when it is needed. Third, the region will provide the resources to assist providers to improve their outcomes. Finally, there will be training and support offered utilizing available technology so that all providers have equitable access to regional offerings. The region will also facilitate cooperation among providers and peers to share information and strategies so that the entire system increases service quality.

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, and provider network formation. 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.

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

NOTE: This section, and the following sections, except for section I, focuses specifically on services directly funded by the East Central Region, within the larger system design partnership described in the previous section.

It is the intention of the Region to setup a hybrid account. Each member county will be responsible for maintaining its own MHDS levy account for the deposit of tax revenues. All MHDS revenues so deposited and maintained, with the exception of interest earned, will belong to and be available upon demand to the Governing Board.

The Region shall establish a Region account(s) for receipt of member county contributions and any state, federal or other funding directed to the Region, and for payment of all claims. The Region account shall be under the control of a fiscal agent to be designated by the Governing Board. Each member county shall contribute monies from their MHDS levy account to the Region account when needed as determined by the Governing Board.

Administrative costs, both for the Region and those incurred by member counties, shall be submitted to and paid through the Region account. Methods for determining allowable administrative costs, billing procedures and payment procedures shall be determined by the Governing Board.

Non-Medicaid Mental Health and Disability Services funding shall be under the control of the Governing Board in accordance with Iowa Administrative Code 441-25.13 (331). The 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 Chief Executive Officer, Fiscal Agent and Administrative Entity shall prepare a proposed annual budget based upon the services outlined in the Annual Service and Budget Plan. Services will be prioritized in the following order:

- Core Services to core populations
- Additional Core Services
- Additional populations
- Services determined to be necessary for the well-being of individuals living within the region

The proposed budget shall be reviewed by the Governing Board for final approval. The CEO, with assistance from the Budget Coordinator, shall be responsible for managing and monitoring the adopted budget.

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

The Governing Board has contracted with a Regional Fiscal Agent. The Governing Board will approve an amount of projected MHDS fund balance to be paid to the Regional Fiscal Agent. Member counties with a fund balance below the percentage approved by the Governing Board will contribute an amount determined by the Governing Board. All expenditures, including funds held by the Regional Fiscal Agent and funds held in individual county accounts, shall comply with the guidelines outlined in the Annual Service and Budget Plan.

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 may be a service provider or is directly billing and collecting payments.

Contracting/Provider Agreements

Based on contracting criteria, the ECR will contract with MHDS providers whose base of operation is in the region to meet the service needs of the population. The region may also honor contracts that other regions have negotiated with their local providers. The ECR 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.

The ECR 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. The region will move toward

outcomes based funding. The ECR 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 funding 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.

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

E. Enrollment (IAC441-25.21(1)e

Application and Enrollment

Individuals residing in the nine-county East Central Region, or their legal representative, may apply for regional funding for services by contacting any ECR Coordinator of Disability Services or may contact one of the designated access points (Attachment A) to complete an application. Applications are also available online at the ECR website (ecriowa.us).

The MH/DS of the East Central Region Application Form 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. The completed application shall be forwarded by access points to the Intake Coordinator's office or designee by the end of the business day.

ECR staff shall review the application within five (5) business days to determine if all necessary information is present and complete on the application. If the application is incomplete, the applicant will be notified by mail informing them of the additional items that must be submitted. Eligibility determination will be completed within ten (10) business days of receipt of a fully completed application and a notice of decision will be mailed to the individual unless otherwise requested. Failure to respond with necessary information and/or to provide a fully completed application may result in a delay or denial of funding.

Residency

If an applicant has complied with all information requests, their access to services shall not be delayed while awaiting a determination of legal residence. In these instances, the ECR shall fund services and later seek reimbursement from the region of the county of legal residence.

"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, a residential care facility, or for the purpose of attending a college or university. (Iowa Code 331.394(1)a)

Exception to Policy

An Exception to Policy may be granted if a decision would result in severely negative consequences for the applicant or when the reversal has positive fiscal impact for the region.

Criteria used to determine if an exception is granted include:

- Documented need for the service
- Need cannot be met outside regional resources
- Exceptional circumstances justified
- Exception is a fiscally sound decision for the region

Exceptions are reviewed and determined by the Region's CEO.

An application for Exception to Policy is requested from the CEO. Information submitted includes the usual identifying information and:

- Date of request
- Brief description of the request
- Why exception is being requested
- Time period the exception covers

The individual or a person the individual chooses may request an Exception to Policy which shall be submitted through the assigned ECR Social Worker if the situation warrants consideration.

The CEO will render a decision within ten (10) business days. The exception period may not exceed one year and may be renewed following the Exception to Policy procedure. Exceptions to Policy may not be appealed.

Confidentiality

The ECR is committed to respecting individual privacy. To that end, all persons, including ECR 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 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 will be maintained for seven years following termination of service to the individual.

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.
- 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 request a copy any regionally-generated information in 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 ECR staff 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.
- For additional information, refer to the ECR website (ecriowa.us).

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, ECR staff's inability 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

ECR staff shall review the application to determine if the applicant meets the general eligibility criteria of the regional plan.

1. Is at least eighteen years of age or meets the following guidelines:
 - 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.
 - b. An individual who is less than 18 years of age and a resident of the state, may be 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. Is a resident of the State of Iowa and currently residing in one of the counties comprising the East Central Region
3. Is a United States citizen or in the United States legally
4. Has a state-issued photo ID. Individuals unable to obtain a state-issued ID may be approved as an Exception to Policy if the Intake Coordinator/Designee is able to verify identity and residency in another manner.

Financial Eligibility

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

1. Income Guidelines: Iowa Code 331.395.1
 - a. Gross incomes 150% or below of the current Federal Poverty Guidelines
 - b. Applicants with household income above 150% may be eligible for regional funding with an individual copayment as specified in this manual.

- c. 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.
- d. In determining income eligibility, the average gross monthly household income for the past 1 month will be considered, however, recent employment and/or income changes may be considered by the ECR in determining income eligibility. Applicants are expected to provide proof of gross income (including pay stubs, income tax return, etc.) as requested by the ECR. Gross income is that which is 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. Household income includes any Social Security benefits and wages of any adult in the household, related or not related, who would normally be responsible for the person's bills, such as a spouse or significant other. It does not include wages of individuals under the age of 18 or full-time students, educational loans, grants, work-study programs or scholarships. Deductions from gross income include alimony, child support, and payroll garnishments.

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 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. Deposit of funds to a retirement account made within the last year of the date of application that exceed the resource threshold as stated above may result in denial or discontinuation of funding.
- d. 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 per licensed adult 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) A retirement account that is in the accumulation stage.
 - (8) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.
- e. An individual who is eligible for federally funded services and other support must apply for and accept such funding and support. ECR will provide funding for services while the

individual is in the process of applying for health insurance. ECR staff may request proof of application and decision of eligibility.

3. Applicant is responsible to report any changes in income, finances, resources, or other changes in eligibility criteria, including household composition. Failure to report may result in repayment to the region and/or denial of service funding.

Diagnostic Eligibility

The individual must have a diagnosis of Mental Illness (MI) and/or Intellectual Disability (ID). Individuals with an eligible MI or ID diagnosis who also have multi-occurring disorders are welcomed for care and eligible for services. Individuals with a covered diagnosis are eligible for all services designated in the Annual Service and Budget Plan if the standardized assessment verifies the need for these services.

Mental Illness

Individuals who at any time during the preceding twelve-month period were diagnosed with 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 70, with a margin of error of plus or minus five (5) points, or below on an individually administered IQ test (for infants, a clinical judgment of significantly sub average intellectual functioning) as defined by the most recent Diagnostic and Statistical Manual of Mental Disorders published by the 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.

The results of a standardized assessment must support the need for intellectual disability or mental illness 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, ECR staff may request the documentation or 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)g)

As of June 30, 2014 individuals receiving services not identified in the service matrix shall continue to receive funding at the current level for a minimum of six (6) months, subject to continued service need and continuing eligibility.

If funds are available, the ECR shall fund services to populations of individuals who have a diagnosis of

a developmental disability other than an intellectual disability as defined in Iowa Administrative Code 441--24.1 (225C) and brain injury as defined in Iowa Code 83.81. These populations were funded in at least one county's previous MHDS plan. All counties comprising the ECR provided services to individuals with developmental disabilities prior to the formation of the region. Delaware, Buchanan, and Bremer Counties provided services to individuals with brain injury prior to the formation of the ECR. The additional populations covered will be determined annually and specified in the Annual Service and Budget Plan.

"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.
2. Is manifested before the person attains the age of 22.
3. Is likely to continue indefinitely.
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.

"Persons with brain injury" means an individual with clinically evident damage to the brain resulting directly or indirectly from trauma, infection, anoxia, vascular lesions or tumor of the brain, not primarily related to degenerative or aging processes, which temporarily or permanently impairs a person's physical, cognitive, or behavioral functions as defined in Iowa Code section 83.81.

Notice of Decisions/Timeframes

Once a fully completed application is received in an East Central Region county office, ECR staff or designee shall determine if the applicant meets the general eligibility criteria within ten (10) business days. A Notice of Decision shall inform the individual of the general eligibility determination and approval for outpatient therapy and psychiatry if requested. If services other than outpatient therapy and psychiatry are requested, information to schedule the standardized assessment will be provided. Necessary and immediate services (as determined by the Service Coordination Coordinator/Designee) will be approved within ten (10) business days. In the event of an emergency, the approval process will be expedited.

A summary of the initial assessment, including diagnosis, will be requested by the ECR. If the individual requires further services, the individual will be referred to the ECR service coordinators, a case management agency or the appropriate Integrated Health Home. Additional services will be approved within five (5) business days from the receipt of a Funding Request submitted by the coordinator/case manager. The applicant shall be sent a copy of the region's appeal process and informed that they have the right to appeal the decision.

Service and Functional Assessment (IAC441-25.21(1)o)

Standardized functional assessment methodology designated by the director of the Iowa Department of Human Services shall be completed on individuals requesting services more intense than outpatient therapy and psychiatry. The assessment will be completed within ninety (90) days of application. The results will determine if there is a need for services, including the type and frequency of service. Individuals eligible for services more intensive than outpatient therapy and psychiatry may be referred to service coordination, care coordination or targeted case management.

Service Funding Authorization

The Service Notice of Decision shall inform the individual of the action taken on the application, reason for the action, authorized service provider, authorized service(s) and units of services approved based on results of the standardized assessment, contingent on availability of funding. The applicant shall be sent a copy of the ECR's appeal process and informed that they have the right to appeal the decision. (See Appeal Process)

All individuals that receive ongoing ECR-funded services more intensive than outpatient therapy and psychiatry may have a service plan which shall identify the individual's needs and desires and establish goals with action steps to meet those goals. As with the application and enrollment process, individuals will be informed of their right to appeal any service planning/service authorization decision.

Re-enrollment

Individuals must be recertified for services no later than their annual service anniversary date. Recertification shall be determined based on financial, resource, diagnostic criteria, and service need. Services may be reevaluated at any time. Individuals are responsible for informing the ECR of changes in income, resources, household members, insurance, or any other factors that may affect eligibility.

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 section 230.15
- The financial liability for and advocate fees related to commitment as provided by Iowa Code section 229.19
- Co-payments based on a sliding fee scale if the client income is over the established guidelines

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 B. A co-payment is required for those individuals with incomes between 150%-300% of poverty. This amount is collected by the service agency. Use of a sliding fee scale will be determined annually and specified in the Annual Service and Budget Plan.

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

Non-Expedited Appeals Process

Individuals, families, and individual representatives (with the consent of the individual) may appeal the decisions of the region or any of its designees or contractors 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 (see Attachment C) must be sent to the ECR Office that the Notice of Decision was received from (see list below) within ten (10) business days of receipt of the Notice of Decision. If you do not agree with the decision about your services, you are welcome to ask for a review. Only you or your legal guardian may ask for the review but anybody you choose may help you. If you don't have anyone to help, please call any of the county offices listed at the end of this section and we will be happy to help you.

Step 1: Reconsideration – An appeal reconsideration form is attached if you would like to use it. Please contact the person who signed the notice you received denying your service(s). You may use the form attached or you can write a letter or email. Please be sure to include your name, address and telephone number. After the information is reconsidered, you will be contacted not more than five (5) business days after the information is received. You may be asked for additional information and other sources may be contacted if you agree to give your permission. Following a review of additional information and all relevant facts, a written decision shall be issued no later than five (5) business days following the contact with you. A copy of the decision shall be sent to you or your legal guardian by standard United States Postal Service mail.

Step 2: Administrative Law Judge - If a resolution is not agreed upon through Administrative Review, then you or your guardian may pursue an appeal hearing through a state Administrative Law Judge (ALJ). The decision of the state ALJ shall be the final decision. The East Central Region shall not pay legal fees for your appeal. If you cannot afford legal representation, you may contact Legal Services of Iowa at 1-800-532-1275 or <http://www.iowalegalaid.org/>. Remember that you are not required to have a legal representative but you can if you want. You may contact any of the following county offices and we will be happy to help you.

Benton	319-472-4743	Iowa	319-662-4245
Bremer	319-352-2993	Johnson	319-339-6169
Buchanan	319-334-7450	Jones	319-462-4457
Delaware	563-927-5116	Linn	319-892-5670
Dubuque	563-589-7870		

Expedited Appeals Process

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 the ECR 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:

Written appeal forms may be requested from ECR staff (see Attachment D).

1. The appeal shall be filed within five (5) business days of receiving the Notice of Decision by the ECR. The expedited review by the Division Administrator or designee shall take place within two (2) business days of receiving the request, unless more information is needed. There is an extension of two (2) business 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)

The ECR is a welcoming, hopeful, trauma-informed, and multi-occurring capable regional system, working in partnership with each other, adding peer support and incorporating people with lived experience into all parts of the system to bring about better outcomes for all individuals.

In partnership with all stakeholders, the ECR offers a system of care that is individualized, offers integrated services and incorporates evidence-based practices that have been independently verified by the region as meeting established fidelity to evidence-based service models as indicated in IAC 441-25.4(3). We are collaborating among all members so that every provider and every person is equipped to succeed. We involve people who use the services in planning and service delivery. All members of the region work together to create an atmosphere of hopefulness and trust for all parties.

The East Central Region expects a welcoming, respectful attitude among all stakeholders. We work together to implement a vision of accessibility, integration, cooperation, and financial accountability.

The ECR maintains a network of licensed and accredited, contracted service providers to meet the continuum of service needs of individuals and to provide each service in the required core service domains. The Region retains the right to select service providers and all must be approved ECR network providers in order to be eligible for regional funding. Payment for commitment related sheriff transportation, court-appointed attorneys, and other incidental or temporary services may be exempt from this policy. The ECR is currently encouraging, and will eventually 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. The region will provide many opportunities for training, mentoring and support so that every provider who desires to increase their capabilities will succeed. We value the excellent services that take place daily in the counties throughout our region and we know that all providers take every opportunity to enhance the skills of their workforce. Consequently we believe that the provider network that exists today will continue to exist in the future.

To be included in the regional MHDS 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
- Currently accredited 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 any Iowa region

All providers included in the ECR provider network subject to licensure or accreditation shall meet all applicable standards and criteria and must maintain their license or accreditation to remain network providers. If the situation warrants an immediate change in providers, the region shall assist in the transfer of individuals to another network provider.

The ECR will make efforts to recruit and approve non-traditional providers as part of the service provider network. The following is the criteria and process for selecting and approving providers not currently subject to license, certification, or other state approval standards:

- All applicants will provide documentation that service outcomes achieved by the non-traditional provider, as identified by the individual, must be comparable to services provided by traditional licensed providers
- All applicants will provide evidence that they have no current record in any of the following registries:
 - Criminal
 - Sex offender
 - Child abuse/dependent adult abuse
- All applicants shall provide evidence of applicable insurance (including liability insurance) and the mental/physical abilities or other qualifications needed to perform the service (i.e. driver's license, ability to lift, ability to read label, etc.)

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), individual's case manager or coordinator, or directly by a provider. All requests to become a member shall be directed to the Region.
2. Provider applicant shall be screened by the Region. Provider may be asked to meet for an interview or provide additional information.
3. The Region shall inform the provider of acceptance or denial.
4. New network providers shall receive appropriate orientation and training concerning ECR's Management Plan.

The ECR shall manage the provider network to ensure individual needs are met. The ECR 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 within reasonably close proximity and other providers of core services.

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

The Region has designated targeted case management providers to offer services to individuals enrolled in the Medicaid Program. The ECR shall offer a choice and access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g. The providers of Case Management selected were those in effect in the nine county region prior to July 1, 2014. Future providers will be selected based on meeting Targeted Case Management criteria and providing options where service gaps exist.

Designated Case Management agencies serving the ECR must be accredited by the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in IAC 441-24.1(225C). 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 441-25.21(1)g which may include the use of electronic recording keeping and remote or internet based training

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

The ECR 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. The basic framework of the quality improvement process will be aligned with the Multi-Occurring Capabilities process.

System Evaluation

The system evaluation shall include, but not be limited to:

- degree to which services have been distributed throughout the region
- extent to which provider partnerships have been developed
- individual satisfaction, including empowerment and quality of life, provider satisfaction; patterns of service utilization; responsiveness to individual needs and desires
- improvement of welcoming, person/family centered, hopeful, strength based, trauma informed, multi-occurring capable care
- improvement of provider partnerships with each other and with the regional management team to share collective responsibility for the population in the region
- number and disposition of individual appeals and the implementation of corrective action plans based on these appeals
- cost-effectiveness
- additional outcomes and performance measures outlined by the Department of Human Services

Annually, the 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 Chief Executive Officer, with the assistance of administrative staff, 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 summary.

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

- 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
- extent to which the provider implements trauma informed, multi-occurring, evidence based practices

The evaluations shall ensure that services and supports are provided in accordance with provider contracts.

Methods Utilized for Quality Improvement

- direct interaction and feedback from individuals, families, providers, case managers, service coordinators, and other stakeholders
- use of needs assessments, satisfaction surveys, and other written questionnaires
- use of the multi-occurring capability toolkit and program tracking tools to monitor progress on the implementation of multi-occurring capability
- 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:
 - demographic information
 - expenditure data
 - data concerning the services and other support provided to each individual, as specified in administrative rule adopted by the Commission

Central Data Repository Regional Requirements

- The data collection and management information system utilized shall have the capacity to exchange information with the department, counties and regions, contractors, and others involved with services to persons with a disability who have authorized access to the central data repository.
- The information exchanged shall be labeled consistently and share the same definitions.
- The outcome and performance measures applied to the regional service system shall utilize measurement domains. The department may identify other measurement domains in consultation with system stakeholders to be utilized in addition to the following initial set of measurement domains:
 - Access to services
 - Life in the community
 - Person-centeredness
 - Health and wellness
 - Quality of life and safety
 - Family and natural supports

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

Each service provider shall provide monthly billing invoices 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
- identifier and name of service(s) provided
- number of units of service, unit rate and total cost of units provided to each individual
- reimbursement billed to other sources (including client participation or co-pay), and therefore deducted from the county costs, for each individual
- number of units of service delivered to each individual served
- actual amount to be charged to the Region for each individual for the period
- when requested, attendance records and/or other documentation substantiating service provision

Providers will be asked to submit billings in an electronic format if possible. ECR staff will provide the format and an initial electronic claim. Providers may choose to file utilizing an 837 Health Care Claim. All paper claims should be submitted to:

Buchanan County Community Services
210 5th Ave NE
Independence IA 50644

Providers will send claims to this address for individuals living in any county within the ECR.

Providers are expected to submit invoices within sixty (60) days of the service unless the provider is waiting for third party payment. No bill will be paid that is over one year old from the date of service rendered without specific approval from the Governing Board or unless there is a statutory obligation.

ECR staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. The ECR will only reimburse for those services that are authorized and at the rate approved in the contract. The ECR will reimburse out-of-region providers according to the terms and rates outlined in the host region contract. Services delivered without service funding authorization shall be deducted from the billing, unless otherwise contracted.

It is the intent of the ECR that only ECR staff shall authorize services for residents of the ECR. ECR will reimburse another region for services paid while a determination of residency is being made. When written notification is received by the ECR of the error of the residency determination, ECR staff shall authorize services according to the policies and procedures set forth in this manual. Iowa Code 331.394 reads:

5.a. The dispute resolution process implemented in accordance with this subsection applies to residency disputes. The dispute resolution process is not applicable to disputes involving persons committed to a state facility pursuant to chapter 812 or rule of criminal procedure 2.22, Iowa court rules, or to disputes involving service authorization decisions made by a region.

b. If a county, region, or the department, as applicable, receives a billing for services provided to a resident in another county or region, or objects to a residency determination certified by the department or another county's or region's regional administrator and asserts either that the person has residency in another county or region or the person is not a resident of this state or the person's residency is unknown so that the person is deemed a

state case, the person's residency status shall be determined as provided in this subsection. The county or region shall notify the department of the county's or region's assertion within one hundred twenty days of receiving the billing. If the county or region asserts that the person has residency in another county or region, that county or region shall be notified at the same time as the department. If the department disputes a residency determination certification made by a regional administrator, the department shall notify the affected counties or regions of the department's assertion.

c. The department, county, or region that received the notification, as applicable, shall respond to the party that provided the notification within forty-five days of receiving the notification. If the parties cannot agree to a settlement as to the person's residency status within ninety days of the date of notification, on motion of any of the parties, the matter shall be referred to the department of inspections and appeals for a contested case hearing under chapter 17A before an administrative law judge assigned in accordance with section 10A.801 to determine the person's residency status.

d. (1) The administrative law judge's determination of the person's residency status shall be considered final agency action, notwithstanding contrary provisions of section 17A.15. The party that does not prevail in the determination or subsequent judicial review is liable for costs associated with the proceeding, including reimbursement of the department of inspections and appeals' actual costs associated with the administrative proceeding. Judicial review of the determination may be sought in accordance with section 17A.19.

(2) If following the determination of a person's residency status in accordance with this subsection, additional evidence becomes available that merits a change in that determination, the parties affected may change the determination by mutual agreement. Otherwise, a party may move that the matter be reconsidered by the department, county, or region, or by the administrative law judge.

e. (1) Unless a petition is filed for judicial review, the administrative law judge's determination of the person's residency status shall result in one of the following:

(a) If a county or region is determined to be the person's residence, the county or region shall pay the amounts due and shall reimburse any other amounts paid for services provided by the other county or region or the department on the person's behalf prior to the determination.

(b) If it is determined that the person is not a resident of this state or the person's residency is unknown so that the person is deemed to be a state case, the department shall pay the amounts due and shall reimburse the county or region, as applicable, for any payment made on behalf of the person prior to the determination.

(2) The payment or reimbursement shall be remitted within forty-five days of the date the determination was issued. After the forty-five-day period, a penalty of not greater than one percent per month may be added to the amount due.

6. *a.* The dispute resolution process implemented in accordance with this subsection applies beginning July 1, 2012, to billing disputes between the state and a county or region, other than residency disputes or other dispute processes under this section, involving the responsibility for service costs for services provided on or after July 1, 2011, under any of the following:

(1) Chapter 221.

(2) Chapter 222.

(3) Chapter 229.

(4) Chapter 230.

(5) Chapter 249A.

(6) Chapter 812.

b. If a county, region, or the department, as applicable, disputes a billing for service costs listed in paragraph "a", the dispute shall be resolved as provided in this subsection. The county or region shall notify the department of the county's or region's assertion within ninety days of receiving the billing. However, for services provided on or after July 1, 2011, for which a county has received the billing as of July 1, 2012, the county shall notify the department of the county's assertion on or before October 1, 2012. If the department disputes such a billing of a regional administrator, the department shall notify the affected counties or regions of the department's assertion.

c. The department, county, or region that received the notification, as applicable, shall respond to the party that provided the notification within forty-five days of receiving the notification. If the parties cannot agree to a settlement as to the dispute within ninety days of the date of notification, on motion of any of the parties, the matter shall be referred to the department of inspections and appeals for a contested case hearing under chapter 17A before an administrative law judge assigned in accordance with section 10A.801 to determine facts and issue a decision to resolve the dispute.

d. (1) The administrative law judge's decision is a final agency action, notwithstanding contrary provisions of section 17A.15. The party that does not prevail in the decision or subsequent judicial review is liable for costs associated with the proceeding, including reimbursement of the department of inspections and appeals' actual costs associated with the administrative proceeding. Judicial review of the decision may be sought in accordance with section 17A.19.

(2) If following the decision regarding a dispute in accordance with this subsection, additional evidence becomes available that merits a change in that decision, the parties affected may change the decision by mutual agreement. Otherwise, a party may move that the matter be reconsidered by the department, county, or region, or by the administrative law judge.

e. (1) Unless a petition is filed for judicial review, the administrative law judge's decision regarding a disputed billing shall result in one of the following:

(a) If a county or region is determined to be responsible for the disputed amounts, the county or region shall pay the amounts due and shall reimburse any other amounts paid for services provided by the other county or region or the department on the person's behalf prior to the decision.

(b) If it is determined that the state is responsible for the disputed amounts, the state shall pay the amounts due and shall reimburse the county or region, as applicable, for any payment made on behalf of the person prior to the decision.

(2) The payment or reimbursement shall be remitted within forty-five days of the date the decision was issued. After the forty-five-day period, a penalty of not greater than one percent per month may be added to the amount due.

2012 Acts, ch 1120, §36, 37, 39

Referred to in §222.63, 222.65, 222.67, 222.70, 230.2, 230.4, 230.6, 230.9, 230.12, 232.141, 252.23
[SP] Except as specifically provided, this section applies beginning July 1, 2013; 2012 Acts, ch 1120, §39

All eligible bills shall be paid within sixty (60) days of receipt of required documentation unless unforeseen circumstances exist. An explanation of benefits will be provided to each provider explaining any reductions or denials in payment.

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

The ECR requires each individual's interdisciplinary team to continuously and actively utilize the following strategies to prevent the need to implement a waiting list or shorten the length of time on a waiting list:

1. Seek ways to move individuals to the least restrictive environments.
2. Assist individuals to utilize or learn to utilize natural supports whenever possible.
3. Determine that services reflect the individual's needs based on assessment.
4. Ensure that individuals access and accept all other funding sources for which they qualify prior to accessing ECR funding.

The ECR will only implement a waiting list if the property tax levy in each county is at the maximum amount and all dollars available to the region have been fully encumbered. The ECR may implement a waiting list if encumbered expenses for a given fiscal year exceed regional MHDS funds available. Core Services to core populations will be a priority. Additional Core Services will be the next priority. Additional populations served will be the next priority and other services determined to be necessary for the well-being of individuals living in the region will be the final priority.

If a waiting list is implemented, individuals placed on the waiting list will be notified and provided the estimated length of time before funding will be available. When funding becomes available, the ECR will determine the services and individuals approved for funding in accordance with the date placed on the waiting list and on emergency need.

The waiting list applies to all new recipients, individuals requesting an increase in services or additional services, and may include renewal of identified services as they come up for reauthorization. Exceptions may be granted based on vital need and/or safety or when mandated by Iowa Code. The waiting list shall be centrally maintained by the CEO or their designee.

Any waiting list that may exist shall be reviewed annually when planning for future budgeting needs and future development of services. Data from any implemented waiting list will be compiled and used in any future planning.

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

This manual has been approved by the Mental Health/Disability Services of the East Central Region Governing Board and by the Director of the Iowa Department of Human Services.

Amendments to this Policy and Procedures Manual shall be reviewed by the Regional Advisory Board who shall make recommendations to the Regional Governing Board. After approval by the Regional Governing Board, amendments shall be submitted to the Director of the Iowa Department of Human Services for approval at least forty-five (45) days before the planned date of implementation.

Access Points

Applications will be secured by contacting your local ECR Office.

County Office	Address	Phone
Benton County	303 1 st Ave Vinton IA 52349	319-472-4743
Bremer County	203 1 st Ave NE Waverly IA 50677	319-352-2993
Buchanan County	210 5 th Ave NE Independence IA 50644	319-334-7450
Delaware County	601 Grant St Manchester IA 52057	563-927-5116
Dubuque County	720 Central Dubuque IA 52001	563-589-7870
Dubuque County	Hillcrest Family Services 200 Mercy Drive Dubuque IA 52001	563-582-0145
Iowa County	495 4 th Ave POB 7 Conroy IA 52220	319-662-4245
Johnson County	855 S Dubuque St Suite 202 B Iowa City IA 52240	319-339-6169
Jones County	105 Broadway Plc Ste 2 POB 247 Anamosa IA 52205	319-462-4457
Linn County	1240 26 th Ave Court SW Cedar Rapids IA 52404	319-892-5671

Sliding Fee Schedule for Outpatient Services

Household income based on Federal Poverty Level	0 to 150%	151% to 200%	201% to 250%	251% to 300%
Co-payment= % of service cost payable by individual	0	20%	30%	40%

Mental Health/Disability Services of the East Central Region Non-Expedited Appeal Form

Member Name _____

Phone # _____

Address _____

City _____ State _____ Zip Code _____

What service denial are you appealing?

Explain why you believe you need the requested service?

Your signature: _____

Legal Guardian Signature: _____

Date _____

Please send this form to the person who denied your services. Their name and address will be at the bottom of the denial.

If you have questions about the appeals process or if you need help, please contact any county office below and we will be very pleased to help you:

Benton 319-472-4743
Bremer 319-352-2993
Buchanan 319-334-7450
Delaware 563-927-5116
Dubuque 563-589-7870

Iowa 319-662-4245
Johnson 319-339-6169
Jones 319-462-4457
Linn 319-892-5670

Provider Form for Expedited Appeal

Provider Information

Treating Physician/Provider _____

Phone # _____ Fax # _____

Address _____

City _____ State _____ Zip Code _____

Patient Information

Member Name _____

Identifier: _____ Phone # _____

Address _____

City _____ State _____ Zip Code _____

What service denial is the patient appealing?

Explain why you believe the patient needs the requested service and why the time for the standard appeal process will harm the patient.

Fax this form with any supporting documentation and medical records to
DHS Division Administrator Fax #: 515-242-6036

Provider's Signature _____ Date _____

If you have questions about the appeals process contact any county office below:

- | | | | |
|----------|--------------|---------|--------------|
| Benton | 319-472-4743 | Iowa | 319-662-4245 |
| Bremer | 319-352-2993 | Johnson | 319-339-6169 |
| Buchanan | 319-334-7450 | Jones | 319-462-4457 |
| Delaware | 563-927-5116 | Linn | 319-892-5670 |
| Dubuque | 563-589-7870 | | |

Core Services
Treatment: Assessment & Evaluation
Treatment: MH Outpatient Therapy
Treatment: Psychotropic Medication Prescribing & Management
Treatment: MH Inpatient Treatment
Treatment: Medications *
Treatment: Partial Hospitalization *
Treatment: Day Treatment, including Intensive Psychiatric Rehabilitation*
Treatment: Community Support Programs *
Basic Crisis Response: 24-hour Access to Crisis Response
Basic Crisis Response: Evaluation
Basic Crisis Response: Personal Emergency Response System
Commitment Related (Evaluations, Sheriff Transport, Legal Representation, Mental Health Advocates)
Support for Community Living: Home Health Aide
Support for Community Living: Home & Vehicle Mod
Support for Community Living: Respite
Support for Community Living: Supportive Community Living (Daily)
Support for Community Living: Supportive Community Living (Hourly)
Support for Community Living: Transportation *
Support for Community Living: Rent Assistance *
Support for Employment: Day Habilitation
Support for Employment: Job Development
Support for Employment: Supported Employment
Support for Employment: Prevocational Services
Recovery Services: Family Support
Recovery Services: Peer Support
Service Coordination: Case Management
Service Coordination: Service Coordination
Service Coordination: Health Homes

* Specific service not included in legislation

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.

"Brain injury" means clinically evident damage to the brain resulting directly or indirectly from trauma, infection, anoxia, vascular lesions or tumor of the brain, not primarily related to degenerative or aging processes, which temporarily or permanently impairs a person's physical, cognitive, or behavioral functions. (Iowa Administrative Code 83.81)

The person must have a diagnosis from the following list:

Malignant neoplasms of brain, cerebrum.

Malignant neoplasms of brain, frontal lobe.

Malignant neoplasms of brain, temporal lobe.

Malignant neoplasms of brain, parietal lobe.

Malignant neoplasms of brain, occipital lobe.

Malignant neoplasms of brain, ventricles.

Malignant neoplasms of brain, cerebellum.

Malignant neoplasms of brain, brain stem.

Malignant neoplasms of brain, other part of brain, includes midbrain, peduncle, and medulla oblongata.

Malignant neoplasms of brain, cerebral meninges.

Malignant neoplasms of brain, cranial nerves.

Secondary malignant neoplasm of brain.

Secondary malignant neoplasm of other parts of the nervous system, includes cerebral meninges.

Benign neoplasm of brain and other parts of the nervous system, brain.

Benign neoplasm of brain and other parts of the nervous system, cranial nerves.

Benign neoplasm of brain and other parts of the nervous system, cerebral meninges.

Encephalitis, myelitis and encephalomyelitis.

Intracranial and intraspinal abscess.

Anoxic brain damage.

Subarachnoid hemorrhage.

Intracerebral hemorrhage.

Other and unspecified intracranial hemorrhage.
Occlusion and stenosis of precerebral arteries.
Occlusion of cerebral arteries.
Transient cerebral ischemia.
Acute, but ill-defined, cerebrovascular disease.
Other and ill-defined cerebrovascular diseases.
Fracture of vault of skull.
Fracture of base of skull.
Other and unqualified skull fractures.
Multiple fractures involving skull or face with other bones.
Concussion.
Cerebral laceration and contusion.
Subarachnoid, subdural, and extradural hemorrhage following injury.
Other and unspecified intracranial hemorrhage following injury.
Intracranial injury of other and unspecified nature.
Poisoning by drugs, medicinal and biological substances.
Toxic effects of substances.
Effects of external causes.
Drowning and nonfatal submersion.
Asphyxiation and strangulation.
Child maltreatment syndrome.
Adult maltreatment syndrome.

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 managers other interests and the case managers duties to the person served 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 -- means all liquid and nonliquid 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 -- 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.

Empowerment -- that the service system ensures the rights, dignity, and ability of individuals and their families to exercise choices, take 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 prior to any deductions. Household income includes any Social Security benefits and wages of any adult in the household, related or not related, who would normally be responsible for the person's bills, such as a spouse or significant other. It does not include wages of individuals under the age of 18 or full-time students, educational loans, grants, work-study programs or scholarships. Deductions from gross income include alimony, child support and payroll garnishments.

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.

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 a 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, and an annual report and 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 -- 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.

Forms

Appeals Form	Attachment C
Application	Pages 37-39
Exception to Policy	Page 41
Notice of Decision	From CSN
Notice of Privacy Practices	Page 40
Release of Information	Found in Transition Plan

MH/DS of the East Central Region Application Form

For individuals living in: Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, and Linn

Application Date: _____ Date Received by Office: _____

First Name: _____ Last Name: _____ MI: _____

Nickname: _____ Maiden Name: _____

Date of Birth: _____ SSN# _____ E-Mail Address _____

Race: American Indian Asian/Pacific Islander Black/African American Other _____ Unknown White

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

Marital Status: Single Married Divorced Separated Widowed Primary Language: _____

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

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

Home Phone: _____ Cell: _____ May we leave a message? Yes No

Current Address: _____
Street City State Zip County

Begin Date at this address: _____

Use as current Mailing Address: If not list address _____

Previous Address _____
Street City State Zip County

Begin Date _____ End Date _____

Living Arrangement: Alone With family members With unrelated individuals Number of roommates: _____

Current Residential Arrangement: Private Residence Foster Care/Family Life Home Correctional Facility

Homeless/Shelter/Street Residential Facility, type: _____ 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/GED: _____

Emergency Contact Person:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Current Service Providers: _____

Application continues on the back of this page

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

Gross Monthly Income (before taxes):

- Employment Wages
 - Social Security
 - SSI
 - SSDI
 - Veteran's Benefits
 - Child Support
 - FIP
 - Pension
 - Public Assistance/General Assistance
 - Workers Comp
 - Private Relief Agency
 - Family/Friends
 - Other: _____
- Total Monthly Income: _____

Applicant Amount:

Others in Household Amount:

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

Type	Amount	Bank, Trustee, or Company
<input type="checkbox"/> Trust Funds	_____	_____
<input type="checkbox"/> Dividend Interest	_____	_____
<input type="checkbox"/> Stocks/Bonds	_____	_____
<input type="checkbox"/> CD's	_____	_____
<input type="checkbox"/> Burial Fund/Life Ins. (cash value)	_____	_____
<input type="checkbox"/> Cash	_____	_____
<input type="checkbox"/> Checking	_____	_____
<input type="checkbox"/> Saving	_____	_____
<input type="checkbox"/> Retirement Fund (non-accruing)	_____	_____
<input type="checkbox"/> Other _____	_____	_____
Total Resources:	_____	_____

Do you pay any of the following (please indicate amount per month): Child Support _____ Alimony _____

Application continues on next page

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)

<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"/> No Insurance	<input type="checkbox"/> Private Insurance	
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: _____	

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"/> No Insurance	<input type="checkbox"/> Private Insurance	
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: Self Community Corrections Family/Friend Social Service Agency Targeted Case Management
 Other Case Management Other _____

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/SSI _____ Medicare _____
 Medicaid _____ DHS Food Assistance: _____ FIP _____
 Veterans _____ Unemployment _____ Other _____

Disability Group/Primary Diagnosis: (If known)

Mental Illness Intellectual Disability Developmental Disability Substance Abuse Brain Injury
 Specific Diagnosis determined by: _____ Date: _____
 Axis I: _____ Dx Code(s): _____
 Axis II: _____ Dx Code(s): _____

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 ECR staff to check for verification of the information provided including verification with Iowa county government and the state of Iowa Department 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 East Central 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 _____

Please read and sign the Privacy Policy located on the back of this page.

**MENTAL HEALTH AND DISABILITY SERVICES OF THE
EAST CENTRAL REGION
EXCEPTION TO POLICY REQUEST**

Applicant's Name: _____ SSN: ###-##-____

Address: _____ State ID: _____

_____ DOB: _____

CSN #: _____ Regional Social Worker: _____

RSW Phone #: _____ RSW Address: _____ Date: _____

Current Services Received:

Agency Name	Service Receiving	Number of Units	Unit Cost	Start Date	Expected End Date	Date Approved

Exception Being Requested:

Agency Name	Service Requested	Number of Units	Unit Cost	Expected Start Date	Expected End Date

Policy to which the exception is being requested: _____

Reason why the exception should be granted: _____

Budget Impact: _____

Requested By: _____ Agency: _____ Phone: _____

ECR USE ONLY:

Approved **Approved, Pending** _____ **Denied (Exceptions to Policy Requests are not appealable)**

If **approved**, Authorization Start Date: _____ Authorization End Date: _____

If **denied**, Reason for denial: _____

Conditions of approval /other comments: _____

This service decision is an exception to policy.

Chief Executive Officer Signature: _____ Date: _____



Member Counties

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

Mental Health/Disability Services of the East Central Region Regional Governing Board

Individual Served Representative Benton County Board of Supervisor Bremer County Board of Supervisor Buchanan County Board of Supervisor Delaware County Board of Supervisor Dubuque County Board of Supervisor	Provider Representative Iowa County Board of Supervisor Jones County Board of Supervisor Johnson County Board of Supervisor Linn County Board of Supervisor
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MHDS East Central Region Collaborative

Mission: To partner with stakeholders forming a welcoming network of support to meet the multiple needs of people with disabilities

CEO

Coordinators of Disability Services

Budget	Intake
Claims	Operations
Communications	Quality Assurance
Community	Service Coordination
Fiscal Agent	

Regional Board Advisory Committee

