

Northwest Iowa Care Connections Mental Health and Disability Services Management Plan

Policies and Procedures

Geographic Area:

Clay County, Dickinson County, Lyon County, O'Brien County,
Osceola County, and Palo Alto County

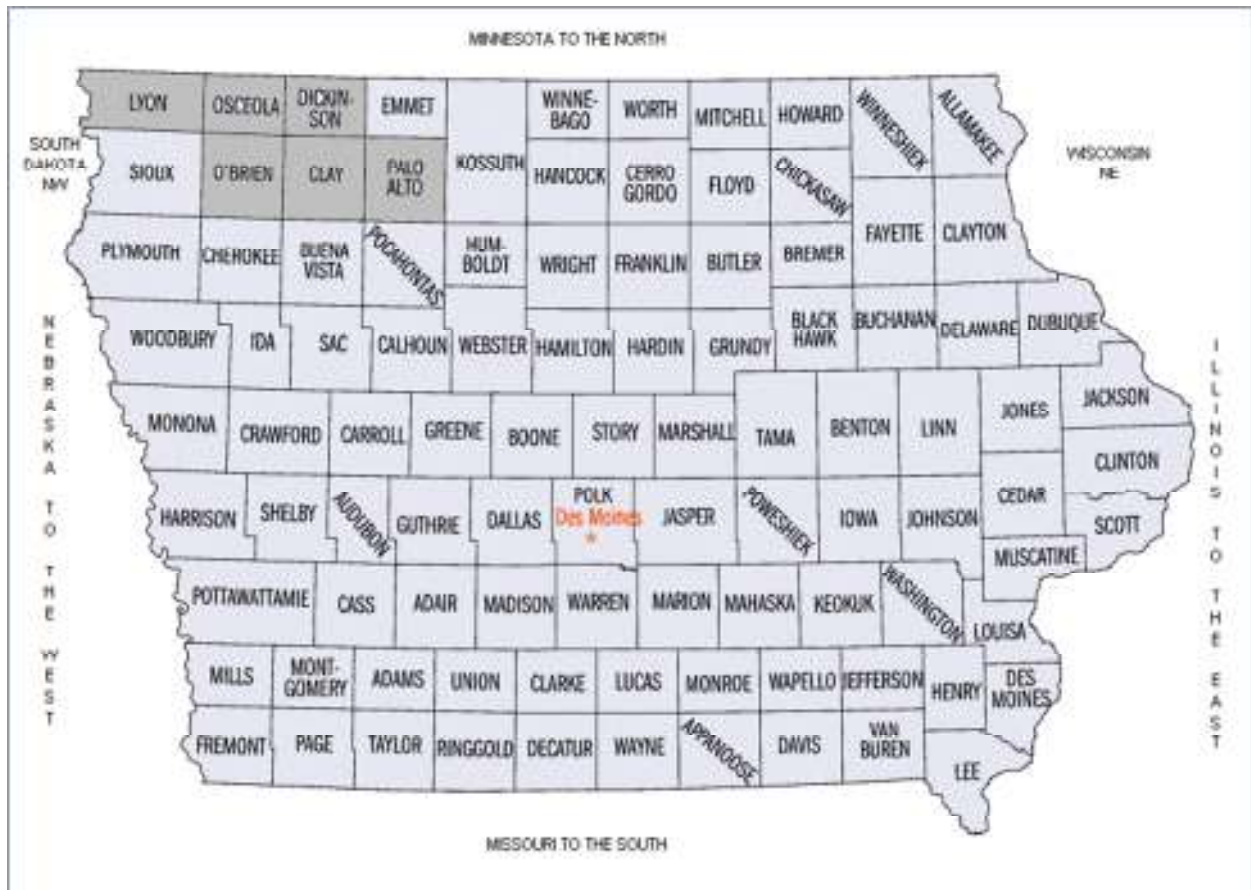


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Introduction and Vision

Northwest Iowa Care Connections (NWIACC) 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, NWIACC created a regional management plan designed to improve health, hope, and successful outcomes for the adults in our region who have mental health disabilities and intellectual/developmental disabilities, including those with multi-occurring 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, Northwest Iowa Care Connections 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.

Northwest Iowa Care Connections utilizes and participates in a process to utilize a framework for system design and a process for getting there, in which all programs and all persons providing care become:

- welcoming,
- accessible,
- person/family centered,
- hopeful,
- strength-based (recovery-oriented)
- trauma informed, and
- Multi-occurring capable.

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

Basic Framework of the Regional MHDS Services Management Plan

This regional Mental Health & Disability Services Management Plan describes both the framework for system design that NWIACC organized and the process for making progress in the direction of that vision and the specific activities within the system that will be funded and monitored directly by NWIACC.

This Mental Health & Disability Services Management Plan (hereafter referred to as Plan) defines standards for member counties of NWIACC. In compliance with Iowa Administrative Code (IAC) 441-25 the Plan includes three parts:

Annual Service & Budget Plan

- cost of those services;
- local access points;
- targeted case management agencies;
- a plan for ensuring effective crisis prevention;
- description of the scope of services;
- projection of need and cost to meet the need;
- provider reimbursement provisions

Annual Report

- analysis of data concerning services managed for the previous fiscal year.

Policies & Procedures Manual

- policies and procedures concerning management of the MHDS service and MHDS plan administration.

A current plan is available in each local NWIACC local county community services office, on the counties’ websites where available, and on the Department of Human Services website <http://dhs.iowa.gov/mhds-providers/providers-regions/regions>.

NWIACC Local Office	Address	Phone	Website
Clay	215 W. 4th St. Suite 6. Spencer IA 51301	712-262-9438	co.clay.ia.us
Dickinson	1802 Hill Ave. Suite 2502 Spirit Lake, IA 51360	712-336-0775	co.dickinson.ia.us
Lyon	315 1st Ave. Suite 200 Rock Rapids, IA 51246	712-472-8240	co.lyon.ia.us
O’Brien	155 S. Hayes Box 525 Primghar, IA 51245	712-957-5985	N/A
Osceola	300 7th St. Sibley, IA 51249	712-754-4209	osceolacounty ia.org
Palo Alto	1010 Broadway Box 403 Emmetsburg, IA 50536	712-852-2832	N/A

A. ORGANIZATIONAL STRUCTURE

Governing Board (Iowa Code 331.390)

Northwest Iowa Care Connections' organizational structure assigns the responsibility for the non-Medicaid funded MHDS services with the Governing Board.

The Governing Board of Directors contains the following Directors:

-Each member county appoints one of its Board of Supervisors' members to serve as a Director on the Governing Board. The Board of Supervisors of each member county selects its Director and an alternate.

-At least one individual who utilizes mental health and disability services, or is an actively involved relative of such an individual. This member is appointed by the advisory committee described below, with such appointment to become effective upon approval by the Governing Board of the Region. This member serves as an ex-officio, non-voting member. This member serves an initial term of one year, which begins upon the Effective Date, with appointments thereafter to be for two-year terms.

-At least one individual representing service providers in the Region. This member is appointed by the advisory committee described below, with such appointment to become effective upon approval by the Governing Board of the Region. This member serves as an ex-officio, non-voting member. This member is appointed to two-year terms, with the initial term beginning upon the Effective Date.

Voting Procedures for Governing Board Members Each county-appointed Director has one vote. A quorum must be present in order for the Governing Board to take action. A quorum is a majority of county-appointed Directors or their county-appointed alternates. The Governing Board takes action by approval from the majority of the Directors present and if a quorum is met. Voting is done by roll call vote.

Proxy voting will not be allowed; however, a Governing Board Director or their county appointed alternate may attend up to two (2) meetings per year via electronic means and be considered present for purposes of quorum and voting.

Except as otherwise provided in this Agreement, the Region is under the direction and control of the Governing Board and to the extent authority is delegated, the Chief Executive Officer. The Governing Board serves as the Regional Administrator, as defined in Iowa Code Section 331.388(4).

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

NWIACC encourages stakeholder involvement by having a regional advisory board assist in developing and monitoring the plan, goals and objectives identified for the service system, and to serve as a public forum for other related MH/DS issues. NWIACC's MH/DS Advisory Board

represents stakeholders which include, but are not limited to, individuals, family members, county officials, and providers.

NWIACC's regional Advisory Board appoints an individual who utilizes mental health and disability services or an actively involved relative of such an individual and individual representing providers of the region will be appointed to the Regional Governing Board as ad hoc members.

Chief Executive Officer

NWIACC's Governing Board appoints the Chief Executive Officer as referenced in Iowa Code Section 331.438E. The CEO functions are supervised by the Governing Board. The Governing Board conducts annual evaluations of the CEO. The Governing Board may conduct additional evaluations of the CEO at any time, as it deems necessary in given situations. All evaluations are summarized in writing and submitted to the Board of Supervisors of the member county that employs the CEO.

Administrative Team

NWIACC region's Administrative Team consists of Disability Resource Coordinators (DSC) representing each member county.

The Regional Administrative Team remains employees of their respective counties. The Regional Administrator Team is assigned the Region's administrative responsibilities, so that each of the required functions is performed.

All contracts are the responsibility of the Governance Board with the CEO serving as the single point of responsibility for the Region.

Staff includes one or more coordinators of services, hired either directly by the Region or provided to the Region by the member counties. Coordinators must have a bachelor's or higher degree in human services or related field or administrative-related field. In lieu of a degree in administration, a coordinator provides documentation of relevant management experience. The Governing Board assigns a Service Coordination team to serve as the Executive staff of the region, which among other duties, assists the CEO in identifying staffing needs and candidates for staff positions.

The Region contracts for staff for the following functions and responsibilities:

- a) Communications;
- b) Strategic Plan Development;
- c) Budget Planning and Financial Reports;
- d) Operations – personnel, benefits, space, training, etc.
- e) Risk Management;
- f) Compliance and Reporting;
- g) Service Processing, Authorization and Access;
- h) Provider Network- development, contracting, quality and performance;

- i) Payment of Claims;
- j) Quality Assurance;
- k) Appeals and Grievances;
- l) Information Technology;
- m) Service Authorization;
- n) Eligibility Determination;
- o) Provider Payment;
- p) Contracting;
- q) HIPPA Oversight.

The Governing Board reserves the right to amend this list on its own motion without member approval as a non-substantive amendment as provided in the 28E.

B. SERVICE SYSTEM MANAGEMENT

Northwest Iowa Care Connections directly administers the Region MH/DS Plan through the local County Community Services offices and contracts with service providers to meet the service needs of the individuals. Member counties provide adequately credentialed staff to carry out the administration of this Plan. The staff performs functions of Disability Services Coordinators and have the qualifications required by Iowa Code 331.390(3)(b) and IAC 441-25.12(2)(e). In addition, NWIACC designates specific regional administrative functions to teams, as listed below, within the current staff serving the region. Local offices and their designated regional staff functions include:

NWIACC Local Office	Address	Phone	Designated Regional Staff Functions
Clay	215 W. 4th St. Suite 6. Spencer IA 51301	712-262-9438	Regional CEO Regional Quality Improvement and Contracting Team
Dickinson	1802 Hill Ave. Suite 2502 Spirit Lake, IA 51360	712-336-0775	Regional Enrollment Team
Lyon	315 1st Ave. Suite 200 Rock Rapids, IA 51246	712-472-8240	Regional Quality Improvement and Contracting Team
O'Brien	155 S. Hayes Box 525 Primghar, IA 51245	712-957-5985	Regional Claims Processing Team
Osceola	300 7th St. Sibley, IA 51249	712-754-4209	Regional Quality Improvement and Contracting Team
Palo Alto	1010 Broadway Box 403 Emmetsburg, IA 50536	712-852-2832	Regional Claims Processing Team

These regional staff functions may change based on the availability of staff to perform these duties, Notices of staff changes to regional functions will be provided as they occur to individuals, their legal guardians, service providers and other interested community members.

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

Northwest Iowa Care Connections does not intend to contract management responsibility for any aspect of the regional system of care to any agency or entity. The Northwest Iowa Care

Connections Regional Board retains full authority for the regional system of care and the associated fixed budget.

Conflict of Interest

Funding authorization decisions are made by the Northwest Iowa Care Connections staff, who have no financial interest in the services or supports to be provided. In the event that such a situation occurs, that interest must be fully disclosed immediately to the individuals, counties, and other stakeholders. Such actions will be disclosed prior to any action taken. All regional staff make decisions based on the philosophy as stated in the vision statement of this plan, and in keeping with the goals of the plan. The Regional Staff are responsible to see that service funding is provided within the budget limitations.

Case managers and service coordinators, as well as providers involved in planning and/or advocacy for the applicant do so without fear of reprisal, loss of employment, or the applicant's funding.

The Regional Governance Board is not involved in the day-to-day decision-making. Rather, the Regional Administrative Chief Executive Officer or their designee report data to the Board periodically. The Regional Chief Executive Officer or their designee will not seek funding approval on each applicant unless it is for an exception to policy.

If an application is received requesting funding for an individual who is a family member or close personal friend of regional enrollment staff, the application is not processed by said staff responsible for that task. The application, with the authorization to release information, is referred to another regional staff to ensure objectivity in determining eligibility. NWIACC's Governance Board has ultimate authority over the regional Management plan and funding for the regional Mental Health and Disabilities Services budget, but the Regional Staff is given authority to approve or deny funding for services according to assessment and funding availability. Regional staff are the entity making financial decisions regarding funding. Therefore, that person is not making service need decisions without consultation with and recommendations from mental health professionals. In the event a conflict of interest arises, the consumer (if applicable) and stakeholders will be notified in writing.

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

NWIACC 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 may have multi-occurring issues. The system of care approach incorporates an organized quality improvement partnership process to achieve the vision defined at the beginning of this Plan.

As its mission, NWIACC exists to enhance the lives of the people it serves through an array of services to meet the needs of the citizens of Northwest Iowa using evidence based practices wherever possible to provide unparalleled services that achieve life altering outcomes for the people we serve.

NWIACC aspires to a system of care approach 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
- Partnership among stakeholders in the region (providers, families, individuals, elected officials and region staff)
- Continuous quality improvement

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

NWIACC maintains 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 competency;
- community-based services;
- accountability; and
- full participation of individuals served at all levels of the system.

NWIACC funds individuals with multi-occurring conditions who are 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. NWIACC service and supports will be offered through the enrollment process including the standardized functional assessment.

NWIACC works to build the infrastructure needed to result in positive outcomes for individuals served. Individuals with multi-occurring conditions commonly also have medical, legal, housing, financial and parenting issues and other complex needs. In order to accomplish this goal, Northwest Iowa Care Connections 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.

Common values within the Northwest Iowa Care Connections are borne out of consensus to support:

- collaboration,
- compassion, and
- accountability

The region’s system of care encourages

- growth,
- resiliency, and
- stability.

We seek workforce competency that integrates strength based, trauma informed care for partnerships within the region for services to individuals and their families in need of assistance. To that end, our region’s formation of partnerships will seek out mutual and cross training opportunities, access to multi-disciplinary technical assistance, and policy development and amendments that respond to individual and system needs.

NWIACC will partner with stakeholders, ensure the authorized services and supports are responsive to individuals’ needs consistent with system principles and are cost effective as follows:

Iowa Plan

Northwest Iowa Care Connections will monitor the utilization of programs that constitute supported community living (i.e. Habilitation services, integrated health homes) and those that are part of special initiatives to ensure proper coordination with region-financed services. Since NWIACC does not supplement rates nor does it pay for services provided to individuals who have been decertified based on the state contractor’s medical necessity criteria, NWIACC will work with Iowa’s Medicaid funded contractor to seek alternatives to assist clients in the region to access services and funding as their needs require. NWIACC does not approve admissions to Mental Health Institutes (MHIs) for persons who are enrolled in the Iowa Plan so will work with local providers and consumers to access alternative options that can be funded through the Iowa Plan when available. Prior to authorizing regionally financed services, NWIACC Disability Services Coordinators will determine if treatment providers and coordinators of services requested the Medicaid managed care company pay for Iowa Plan-covered services for eligible consumers and that all available levels of appeal were accessed and followed through on in the event of denials by the Medicaid managed care company.

Third-party Payers

NWIACC Disability Service Coordinators will work with treatment providers to seek approval from Medicaid, Medicare, or any other third-party payer for any service that is similar to the region financed services being considered. If a provider licensed or certified by the state loses that license or certification and, as a result, may no longer participate in the Medicaid or Medicare program or be eligible for reimbursement from third party payers, NWIACC will work with the client to find alternative service providers who are properly licenses and certified by third party payers. NWIACC Disability Service Coordinators will work with affected clients and

their service provider (s) to address the provider's responsibility for filing reports necessary to maintain Medicaid eligibility for an individual consumer since NWIACC Region will not assume financial responsibility for the share of service costs which could have been billed to Medicaid.

Chemical Dependency Services

Northwest Iowa Care Connections will coordinate training and technical assistance to encourage all network providers to be capable of serving individuals with multi-occurring disorders, including chemical dependency. Northwest Iowa Care Connections provides payment for mental health and intellectual/developmental disability services that fully integrate chemical dependency treatment and recovery supports as defined by mental illness diagnostic criteria (see page 26).

Judicial and Criminal Justice System

Northwest Iowa Care Connections partners with the courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. This is completed through access at the time of commitment, invitation to participate in the hearing, as well as subsequent review of the individual's court ordered status of the individual to assure continuity of care. NWIACC Disability Service Coordinators (DSC) are in contact with the Third Judicial District staff to assist in placement when requested.

Spencer Hospital and the Cherokee Mental Health Institute are the Northwest Iowa Care Connections' designated hospitals for involuntary psychiatric hospitalizations under Iowa Code Sections 229.11 and 229.13. Other hospitals may be used if requested by individual consumers/families as long as they have third-party coverage accepted by that hospital.

Since NWIACC does not assume any financial responsibility for voluntary or involuntary hospitalization in private hospitals, unless diverted from Spencer Hospital or a local hospital in the Northwest Iowa Care Connections region when no beds are available at the Spencer Hospital or the Cherokee Mental Health Institute, NWIACC staff will work closely with clients, their families, court personnel, law enforcement, and with service providers to locate appropriate levels of care. NWIACC has a regional crisis services team that includes representatives from hospitals, law enforcement, jails, residential care providers, inpatient and outpatient mental health providers, who are developing a continuum of crisis services to address ongoing needs.

Northwest Iowa Care Connections DSCs work with the judicial system, including the Mental Health Advocate, prior to court ordering long-term placement for MH/ID/DD community living services and continues to encourage the courts to provide more information when referring for outpatient evaluation or treatment to determine successful plans and outcomes.

Housing

NWIACC Disability Services Coordinators (DSCs) work with the local Regional Housing Authority and local HUD Services to ensure appropriate access to public housing programs. NWIACC DSCs meet as needed with Housing Services staff to resolve client-related issues and maintain ongoing contact to support relationships with landlords providing housing options. DSCs also assist consumers when accessing rent subsidies through HUD housing, Iowa Finance Authority, local housing trusts, Rural Development, and regional shelters whenever available to prevent or reduce the risk of homelessness.

Employment

NWIACC DSCs work with local and regional Workforce Development initiatives that support integrating employment, training, education, and support services for all job seekers, workers, and employers, in accordance with the Workforce Investment Act. Northwest Iowa Care Connections DSCs, along with Governance and Advisory Board members, recognize the employment needs of all individuals served and work together on an Economic Development/Employment initiatives team to provide employment options which are person-centered based on the needs and capabilities of the individual.

NWIACC DSCs and service providers will use other federal, state, and private funding sources and programs that encourage competitive and supported employment. This may include Ticket to Work, Social Security Work Incentives, IVRS, and Medicaid.

Education

NWIACC provides regional staff representation with the Transition Advisory Committee and will continue working with schools and Vocational Rehabilitation on transition plans for individuals in special education who will be leaving the school system.

Transitioning Youth to the Adult System

NWIACC DSCs work with County and DHS case managers in transitioning youth to the adult system, and will continue being a resource to explore options for children with complex needs. NWIACC has developed written protocols and procedures for the child welfare system to make referrals to the adult system in a timely manner. DSCs attend IEP meetings with children over the age of 14 to address needs and plans to enter the adult disability services system when applicable.

Northwest Iowa Care Connections' Governance Board members and regional staff engage Advisory Board members as well as other interested community members as stakeholders to address topical areas of need as the region develops and sustains its system of care. Seeking out expertise from a variety of disciplines both within the region, at the state and national levels will also provide the needed input to determine the highest quality of input, planning, implementation, and evaluation.

Northwest Iowa Care Connections regional partners serve on teams both locally and within their own discipline to focus on training, communications, finance, policy development, information systems, resource development, service delivery system design, and quality improvement, and other committees as indicated, and collectively work together to organize the tasks, activities, and functions associated with building, implementing, and sustaining our local systems of care with the NWIACC.

Annually, a report is provided to the Northwest Iowa Care Connections Governance Board to address collaborative efforts and quality assurance implementation findings to identify gaps in services or barriers to services that can be addressed through future strategic and budget planning.

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

Northwest Iowa Care Connections strives to provide services in a dispersed manner to meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. The following measures will be used to insure services are available in all parts of the region:

- The region determines the needs of individuals with disabilities and their families through a systems assessment process within the region every three (3) years.
- The region determines the access of individuals and their families to the services available within the region to the service recognized to respond to their needs.
- The region determines through person-centered planning, the efficacy of the services or other supports yielding the desired outcome if decentralized.

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

Within the broad system approach outlined above, Northwest Iowa Care Connections oversees 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, Northwest Iowa Care Connections 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 of data on the services

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

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

This information will be used for future planning in the annual service budget plan, improving the system of care approach plan, collaboration with agencies, decentralizing service provisions 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.

C. FINANCING AND DELIVERY OF SERVICES AND SUPPORTS (IAC 441-25.21(1) i)

NOTE: This section and the following sections, except for Section 1, focus specifically on services funded by NWAICC, with the larger system design partnership described in the previous section.

Non-Medicaid mental health and disability services funding is under the control of the Northwest Iowa Care Connections Governing Board in accordance with Iowa Administrative Code 441-25.13 and Iowa Code 331.391. The Northwest Iowa Care Connections Governing Board retains full authority and financial risk for the Plan. The finances of the Region are maintained to limit administrative burden and provide public transparency.

The Northwest Iowa Care Connections Chief Executive Officer and Administrative Team prepare the proposed annual budget. The priority in the budget process is to project the costs of funding core services for target populations by gathering information from each member county in the initial year's numbers (FY15) and as a region in years following. NWIACC will measure compliance with data regarding access standards as defined in Iowa Administrative Code 441-25.3. The next step in the budgeting process is to include costs to increase or enhance service to meet the access standards. Additional funds will be budgeted to allow for expansion of services in addition to core for target populations and if funds are available core services for non-target populations will be included in the budget.

The proposed budget is reviewed by the Northwest Iowa Care Connections Governing Board for final approval. The Regional Administrative Team is responsible for managing and monitoring the adopted budget.

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

The Northwest Iowa Care Connections Governing Board has designated a member county to act as the Regional Fiscal Agent. The Northwest Iowa Care Connections Governing Board determines the amount of funding provided by the counties projected MHDS fund balance to be paid to the Regional Fiscal Agent. All funds received by the member counties for purposes related to the Region from any source are deposited into the Region's account on a quarterly basis less the administrative costs which will be retained in the counties' Fund 10.

NWIACC's regional fund are used to pay all costs of the Region, managed and administered by the fiscal agent of the Region, the CEO, or staff designated by the Region, and in compliance with the law, direction from the Governing Board and other written policies of the Region. Administrative costs are a component of the Region's budget. Member counties that have employees serving the Region will maintain those local administrative costs in county budgets that will be reported to the Region on a quarterly basis.

Funding of NWIAACC requires each member county to provide funds at the levy rate allowed by the State Legislature per capita per county with any potential shortfalls in funding allocated on a per capita basis to the counties with ending fund balance surpluses. A member county's MHDS fund balance includes the fund balance, annual tax levy, and any funding from the state related to services provided for purposes of the Region. Any funding needs above the state's determined levy rate for per capita funding are paid on a per capita basis by those counties that have ending mental health fund balances until such funds are depleted.

Accounting System and Financial Reporting

The accounting system and financial reporting to the department conforms to Iowa Administrative Code 441- 25.13 (2) and Iowa Code 331.391 which includes reference to all non-Medicaid mental health and disability expenditures funded by Northwest Iowa Care Connections. NWIAACC uses a web-based management information system that supports demographic, financial, and clinical information for a managed care service delivery structure. The system supports a centralized access that allows regional designated administrative staff to be on-line to determine service eligibility, to enroll individuals, to authorize services, and to process claims.

Claims data is electronically transmitted by designated Regional claims processing staff to the Region's Fiscal Agent to issue payment. Should the need arise, the system manages waiting lists according to specific priorities, and allows for future service delivery method changes and accounting changes. It provides flexible reporting and query capabilities to accommodate the ever-changing reporting needs of the County and the State of Iowa. The system has varying levels of security to permit users to access only at the level that they have authorization.

Information is separated and identified in the most recent Uniform Chart of Accounts approved by the State County Finance Committee including but not limited to the following: expenses for administration; purchase of services; and enterprise costs for which the region is a service provider or is directly billing and collecting payments.

Contracting

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

All approved provider contracts are between the provider and NWIAACC region (rather than individual counties.) All contracts are annual contracts utilizing the standard regional contracting agreement. Contracts are reviewed by the Quality Improvement/Contracting team who make recommendations to the Governance Board. All contracts must be approved and signed by the Governance Board Chair or designee.

Northwest Iowa Care Connections examines 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.

Rates utilized for NWIACC contracts are determined through designated cost reports through the CRIS (County Rate Information System) or based on rates established by the State of Iowa through Home and Community Based Services (HCBS) Waiver or Habilitation Services. Any exceptions must be approved by the Governance Board. NWIACC contracted providers will not accept rates or terms lower than another contracting with NWIACC from any other region or county.

Providers may appeal any contracted rates and/or terms approved by the Governing Board following the Provider Appeal Procedure outlined on page 58.

Funding

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

An individual who is eligible for other privately or publicly funded services and support must apply for and accept such funding and support and comply with requirements to remain eligible for such funding and support. Failure to do so will 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 who are awaiting approval and receipt of assistance under other programs, i.e. Medicaid, Magellan, or IVRS, may be considered for regional funding if all other criteria are met.

Northwest Iowa Care Connections is responsible for funding only those services and supports that are authorized in accordance with the process described in the MH/DS Plan, within the constraints of budgeted dollars. Northwest Iowa Care Connections is the service funder of last resort and regional funds cannot replace other funding that is available.

For individuals meeting the diagnostic eligibility in Section E of this manual, the type and frequency of service provided is determined by the results of the required standardized functional assessment as designated by the Director of the Department of Human Services, IAC 441-25/21 (1) (o) as described in Section E Eligibility process of this manual.

A list of services and supports by eligibility group is listed in the service matrix. Individuals with multi-occurring conditions or issues may receive services other than those listed under their primary diagnosis.

D. ENROLLMENT (IAC 441-25.21(1)(e))

Application and Enrollment

Individuals residing in Northwest Iowa Care Connections counties, or their legal representative, may apply for regional funding for services by contacting any Northwest Iowa Care Connections Community Services office or may contact one of the designated access points (see page 39) to complete an application (see page 52). All applications are forwarded to the Community Services office in the county where the applicant lives or directly to the Dickinson County office as the designated Northwest Iowa Care Connections primary enrollment site. The Northwest Iowa Care Connections Enrollment site will determine eligibility for funding with assistance provided as needed by local regional staff.

The Northwest Iowa Care Connections application is used for all applications. If language or other barriers exist, the access points contact an appropriate person to assist the applicant in the intake process or contact the local Community Services office to make such arrangements. The completed application is then forwarded by access points to the local Northwest Iowa Care Connections' Community Services office or to the designated NWIACC enrollment site by the end of the business day.

Northwest Iowa Care Connections staff reviews the application within three (3) business days to determine if all necessary information is present and complete on the application. If the application is incomplete, NWIACC staff works with the applicant and/or legal guardian to gather the necessary information needed to complete the application. If NWIACC Enrollment staff is unsure about whether the threshold eligibility criteria are met, a referral for further evaluation by an approved provider may be made. Failure to respond with necessary information and/or to provide a fully completed application may result in a delay or denial of funding.

When applications are complete and reviewed, referrals are then made as needed to Case Management, HCBS Waiver, habilitation etc. to address the needs of the client.

Exception to Policy

An exception to policy may be considered in cases when an individual is significantly and/or adversely affected by the regional eligibility policy. To request an Exception to Policy, the individual or the individual's service provider shall submit the following information to the Region's Chief Executive Officer:

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

Northwest Iowa Care Connections designated staff will review the exception and a response will be given to the individual within ten (10) business days.

Upon approval of the Northwest Iowa Care Connections Governance Board, the Regional Administrator Chief Executive officer may authorize an Administrative Exception to Policy to fund services outside the parameters of the NWIACC Services Management Plan.

Extenuating circumstances will be documented and Administrative Exceptions with timeframes for the exception will be identified in each exception decision. The Region in which the individual has legal residence must approve all Exceptions to Policy.

Decisions on requests for exceptions to policy shall be used in the annual report to identify future changes in policy.

Confidentiality

Northwest Iowa Care Connections is committed to respecting individual privacy. To that end, all persons, including Northwest Iowa Care Connections staff, Governing Board, and others with legal access to individual information, have an obligation to keep individual information confidential. Information is only released in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and other federal and state laws and in accordance with professional ethics and standards. HIPAA allows for the release of information for treatment, operations and payment without written consent.

Confidential information is released only when it is in the best interest of the individual to whom the information pertains or when required by law.

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

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

Procedures to assure confidentiality include:

- Individual's (or their legal guardian's) written consent is obtained prior to release of any confidential information, unless an emergency as stated above.
- Information or records released is limited to only those documents needed for a specific purpose.
- Individual, or an authorized representative, is allowed to review and copy the individual record.
- Individual and related interviews are conducted in private settings.
- All discussion and review of individual's status and/or records by Northwest Iowa Care Connections staff, case managers, and others is conducted in private settings.
- All paper and computer files are maintained in a manner that prevents public access to them.

- All confidential information disposed of is shredded.
- Steps are taken to assure that all fax, email, and cellular phone transmissions are secure and private.
- Staff receives initial and ongoing training concerning confidentiality and staff signs a statement agreeing to confidentiality terms.

In order to determine eligibility for regional funding, perform ongoing eligibility review, and to provide service coordination and monitoring, individuals or their authorized representatives are requested to sign release forms. Failure of individuals to sign or authorize a release of information is an automatic reason for denial; however, the inability of Northwest Iowa Care Connections staff to obtain sufficient information to make an eligibility determination may result in denial of regional funding.

E. ELIGIBILITY (IAC 441-25.21(1) (c)

General Eligibility

Northwest Iowa Care Connections reviews the regional application presented by the applicant or their legal guardian to determine if the applicant meets the general eligibility criteria of the Northwest Iowa Care Connections Regional Management Plan.

1. The individual is at least eighteen years of age.

Or

a. An individual who is seventeen years of age, is a resident of this state, and is receiving publicly funded children's services may be considered eligible for services through the regional service system during the three-month period preceding the individual's eighteenth birthday in order to provide a smooth transition from children's to adult services.

2. The individual is a resident of this state.

Determination of Residency

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

During the enrollment and eligibility determination process, if an applicant has complied with all information requests, their access to services cannot be delayed while awaiting a determination of legal residence. In these instances, Northwest Iowa Care Connections funds services and later seeks reimbursement from the county of legal residence.

It is the policy of the NWIACC that if another county, region, or the State, determines residency in error or approves services for persons who do not have residency in their region, NWIACC will assume payment when written notification is received by NWIACC of the error.

NWIACC staff will authorize services according to the policies and procedures set forth in this manual. If NWAICC determines residency in error, NWAICC will notify the other region or the State of the error. NWIACC works with other regions or the state to accept residency and to assume payment responsibility when written notification is received.

Financial Eligibility

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

1. Income Guidelines: (IAC 331.395.1)

a) Gross incomes 150% or below are based on the current Federal Poverty Guidelines (see page 45). Applicants with income above 150% are eligible for regional funding with an individual copayment as specified in this manual (see page 46).

b) The income eligibility standards specified herein shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program. The income guidelines established for programs funded through Medicaid (Waiver programs, Habilitation Services, etc.) shall be followed if different than those established in this manual.

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

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 or state approved MEPD (Medicaid for Employed Persons with Disabilities) resource guidelines.

a. The countable value of all countable resources, both liquid and non-liquid, is 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 discontinuation of funding.

c. The following resources are 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 includes all land that is contiguous to the home and the buildings located on the land.

(2) One automobile used for transportation.

(3) Tools of an actively pursued trade.

- (4) General household furnishings and personal items.
 - (5) Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
 - (6) Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.
 - (7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.
- d. If an individual does not qualify for federally funded or state-funded services or other support, but meets all income, resource, and functional eligibility requirements of this chapter, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:
- A retirement account that is in the accumulation stage.
 - A medical savings account.
 - An assistive technology account.
 - A burial account or trust limited in value as to that allowed in the Medical Assistance Program.
- e. An individual who is eligible for federally funded services and other supports must apply for and accept such funding and support.

Co-payments/Collections For Service Costs

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

- Client participation for maintenance in a residential care facility through the state supplementary assistance program.
- The financial liability for institutional services paid by counties as provided in Iowa Code Section 230.15.
- The financial liability for attorney fees related to commitment as provided by Iowa Code Section 229.19.
- Other court commitment costs, including transportation and mental health advocate fees.

Co-payments in this section are related to core services to target populations as defined in Iowa Code 331.397. No co-payment is 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 who receive court-ordered services i.e. transportation, attorney and advocate costs, which are paid initially by the region are subject to recoupment. A co-payment is required for those individuals accessing vocational services with incomes between 150%-200% Federal Poverty Guidelines. This amount is subject to the NWIACC Collections and Recovery Program.

All persons entering the institution for treatment and/or evaluation are notified of possible liability as per Iowa Code 230. See page 56 for the NWIACC's Collections and Recovery Process. Monthly payments will be accepted and compromises will be considered by the Regional Staff and are subject to approval by the Northwest Iowa Care Connections Governance Board.

All involuntary inpatient admissions will be pre-screened by a Hospital's Emergency Room staff per Iowa Code to determine medical necessity for treatment. Failure to complete pre-screening may result in loss of regional funding of the admission. At the time of inpatient admission of the patient, a responsible person or legal representative will be asked to complete the standard application for services form to determine eligibility for regional funding.

Services to persons with Medicare, Medicaid, Iowa Health and Wellness Plan, the Iowa Insurance Marketplace or private health insurance will not be billed to the Northwest Iowa Care Connections. Northwest Iowa Care Connections does not supplement deductibles, spend-downs, or out-of-pocket expenses for any individuals covered by Medicare, Medicaid, and/or private insurance.

Diagnostic Eligibility

The individual must have a diagnosis of Mental Illness or Intellectual Disability, Individuals with eligible MI or ID diagnoses, who also have a multi-occurring Substance Use Disorder, are welcomed for care, and eligible for services.

Mental Illness

Individuals, who at any time during the preceding twelve-month period, have 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 is 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 does not include the manual's "V" codes identifying conditions other than a disease or injury. The diagnosis does not include substance-related disorders, dementia, antisocial personality, or developmental disabilities, unless co-occurring with another diagnosable mental illness.

Intellectual Disability

Individuals who meet the following three conditions:

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

(Criteria from “Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revision (DSM IV),” 1994 revision, American Psychiatric Association)

The results of a standardized assessment support the need for intellectual disability services of the type and frequency identified in the individual’s case plan.

Acceptable verification for Diagnostic requirements

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

ASSISTANCE TO OTHER THAN CORE POPULATIONS (IAC 441-25.21(1)q)

If funds are available and the population category and specific services were covered in at least one of the counties’ previous MHDS plans prior to the formation of the region, Northwest Iowa Care Connections continues to fund the services. The counties of Clay, Dickinson, Lyon, O’Brien, Osceola, and Palo Alto have historically funded individuals who have a diagnosis of a developmental disability other than an intellectual disability to receive funding for residential and vocational services according to the definition listed below.

“*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.

Individuals with developmental disabilities receive funding in specified services only as listed in the NWIACC Service Matrix on page 45 of this Plan as funds are available. Services to individuals with a Developmental Disability may be considered eligible based on availability of funding that will be designated in the Annual Service and Budget Plan.

Eligibility Process:

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

Referrals: Disability Service Coordinators located in County Community Services offices will take self-referrals or Access Point referrals conducted with the individual's consent for the purpose of further assessment for care, treatment, or funding. These, in turn, are sent to the designated NWIACC Enrollment Department at the Dickinson County office for further processing. Referrals can also be made directly to the NWIACC Enrollment Department at the Dickinson County office, Referrals may be made from any part of the service delivery system.

Self-referral: An individual or advocate takes responsibility for contacting another service provider (s) to make a referral on their own behalf. The service provider will contact the NWIACC Enrollment Department at the Dickinson County office to determine funding for services.

Assisted Active Referral: Services providers with the service system make a referral on behalf of an individual. Assisted active referral includes:

- Initial verbal contact with the receiving agency
- Discussion about referral requirements
- Anticipated appointment time (waiting list considerations)
- Appropriate documentation forwarded
- Feedback to referring agency
- Determination of funding source (s)

Initial Needs Identification: Disability Service Coordinators (DSC) in local County Community Services offices and/or the NWIACC Dickinson County Enrollment Department also provides initial brief screening and assessment at the time of referral for the purpose of providing appropriate referral information to a service provider as the referral process moves forward.

Referrals are prioritized based on presenting issues, need, and risk assessment. If the applicant meets the general eligibility criteria and needs treatment services, the DSC and/or the NWIACC Enrollment Department will inform the applicant of the provider options and refer them to appropriate services with the provider they choose. The DSC in the local County office will

forward all referral information to the NWIAACC Enrollment Department for processing, including entry of the application and other intake (i.e. Authorizations to release information, insurance cards, etc.) documents into the web based data system and the initial results of consultation with the individual seeking services. The local DSC will serve as a liaison between the region and the individual as requested by the applicant receiving services.

If there is no applicant preference to remain in contact with the local DSC, all ensuing intake activities listed below will be coordinated with the NWIAACC Enrollment Department as the lead. This will also be the case for any referrals for the proposed Aging and Disability Resource Center (ADRC) Life Long Links, since the goal is to provide consistent information and referral and options counseling as a function of the region by dedicated and qualified regional staff.

At this point of application, if individuals need other services or supports and are eligible for case management or an integrated health home (IHH), NWIAACC's Enrollment Department will inform them of the case management or integrated health home provider options and refer them to the appropriate agency. If the individual needs other services or supports and is not eligible for case management or an integrated health home, NWIAACC Enrollment Department staff will work with the individual and the local DSC to provide service coordination.

Service Coordination

The NWIAACC Enrollment Department staff and the local DSC will work in tandem to assist the individual to seek out additional information about the services needed, the process by which referrals are made, and the necessary information to be successful in seeking out services with an identified provider. This process may include accessing regional funding for services as needed. NWIAACC's Enrollment Department staff will also assist in scheduling individuals for a standardized functional assessment as required in Iowa Code.

Notice of Eligibility for Assessment

Once a fully completed application is received in a Northwest Iowa Care Connections' local community services office, Northwest Iowa Care Connections staff or designee determines if the applicant meets the general eligibility criteria within ten (10) days.

Crisis prevention, response and resolution is as much a mindset as it is a continuum of strategies and services. Crisis services are available on a 24 hour basis for prevention, supportive counseling and debriefing. Crisis prevention, response, and resolution are also embedded in the treatment and support plans that are prepared by Network Providers, Targeted Case Management, and Service Coordination. When these plans are developed, the goal is to figure out an environment and support structure that works for a person to mitigate the triggers that lead to crisis. Some agencies specifically use a Wellness Recovery Action Plan (WRAP) that complements the coordination plan. Much of the prevention, response, and resolution of crisis is handled through the normal services and supports people receive.

If more specialized crisis response and resolution is required to meet a person's need, Northwest Iowa Care Connections has mental health and disability service providers with crisis services available 24 hours a day, seven days a week. The primary goals are crisis assessment, resolution, and screening for inpatient hospitalization.

A Notice of Enrollment informs the individual of the decision and information to schedule the standardized assessment within 90 days. The applicant is sent a copy of the region's appeal process and informed that they have the right to appeal the decision.

Service and Functional Assessment (IAC 441-25.21(1)(o))

Standardized functional assessment methodology designated by the director of human services is completed within 90 days of application to address the needs of individuals. Crisis Services urgent care, and outpatient services are subject to service assessment which meets their immediate need. Referral to the standardized functional assessment is available should their needs require ongoing more extensive community-based assistance. The results support the need for services including the type and frequency of service in the individual's case plan.

The Targeted Case Manager or Service Coordinator invites providers to participate in the development of the applicant's Individual Comprehensive Plan (ICP) to ensure effective coordination. Service Coordination is particularly important in facilitating appropriate care for individuals seeking services who have multiple or complex needs. Individualized planning supports the individual accessing services to identify goals and implement strategies, actions and services to achieve those goals. Together with the individuals, guardians, family members, and providers, service coordinators develop and implement individualized plans for services and supports. This may involve linking the individual seeking services to a range of services, identifying how self-management support, education and health promotion are provided and establishing effective communication among all the providers involved in delivering services to the individual.

The individual, who is eligible for funding, actively participates in the development of the service plan. If the eligible individual is an adult and has no guardian or conservator, s/he may elect to involve family members in the service planning process and to approve the final service plan. If the individual has a guardian or conservator, or is otherwise unable to give informed consent, the designated guardian, parent, or other representative approves the service plan.

Individuals, who are eligible and accessing services, may be represented by advocates, other interested representatives of the individual accessing services, including but not limited to their friends or family, as they work through the service planning process.

Service Funding Authorization

The Notice of Decision (NOD) informs the individual the action taken on the application, reason for the action, service provider, services and units of services approved based on results from the standardized assessment or any other criteria specified in the NWIAACC Service matrix. The applicant is sent a copy of the NOD within ten (10) days and is also advised of the region's appeal process and informed that they have the right to appeal the decision. Authorizations are made based on the Region's eligibility standards and availability of services.

Eligibility determination and referrals for emergency and necessary services do not exceed ten (10) days (IAC 441-25.21). If a functional assessment is required, it will be completed within 90

days (IAC 441-21.15). Once a functional assessment is received, individuals seeking services will be referred for services to a provider of their choice and issued a Notice of Decision (NOD) within ten (10) days.

All individuals that receive ongoing MH/DS services have an individualized plan which identifies the individual's needs and desires and set goals with action steps to meet those goals. Eligible individuals that request or accept the service may be referred to a targeted case manager for service coordination. Other individuals receive individualized service coordination from Northwest Iowa Care Connections Enrollment Department and local DSCs as applicable.

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

Re enrollment

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

F. APPEALS PROCESSES (IAC 441-25.21(1))

Non Expedited Appeal Process (IAC 441-25.21(1) I. (1))

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

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 are attached to the Notice of Decision form. Assistance in completing the appeal form is provided upon request.

To appeal, a completed appeal form (see page 69) must be sent to the Northwest Iowa Care Connections Office listed on the Notice of Decision within ten (10) working days of receipt of the Notice.

NWIACC Local Office	Address	Phone
Clay	215 W. 4th St. Suite 6. Spencer IA 51301	712-262-9438
Dickinson	1802 Hill Ave. Suite 2502 Spirit Lake, IA 51360	712-336-0775
Lyon	315 1st Ave. Suite 200 Rock Rapids, IA 51246	712-472-8240
O'Brien	155 S. Hayes Box 525 Primghar, IA 51245	712-957-5985
Osceola	300 7th St. Sibley, IA 51249	712-754-4209
Palo Alto	1010 Broadway Box 403 Emmetsburg, IA 50536	712-852-2832

Reconsideration

The Northwest Iowa Care Connections’ Regional Administrator or the staff who sent the Notice of Decision reviews appeals and grievances. After reviewing an appeal, the Northwest Iowa Care Connections’ Regional staff contacts the appellant not more than five (5) working days after the written appeal is received.

The Northwest Iowa Care Connections’ Regional staff, collects additional information from the appellant and other sources, if necessary and consent is given. Following a review of additional information and all relevant facts, a written decision is issued no later than five (5) working days following the contact with the appellant. A copy of the decision is sent to the appellant and/or representative by regular mail.

Administrative Review

If a resolution is not agreed upon through Reconsideration step, then the appellant can follow this step and a meeting is arranged with the Northwest Iowa Care Connections Chief Executive Officer (CEO) or designee within ten (10) working days of the final decision of the Reconsideration step. The appellant is notified of the meeting time, day, and location of this meeting by regular mail.

During the meeting with the appellant, the Northwest Iowa Care Connections or designee discusses the facts of the decision and will consider additional information the appellant submits relevant to the appeal. A written decision is issued no later than five (5) working days following the date of the meeting. A copy of the decision is sent to the appellant and/or representative by regular mail.

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

Northwest Iowa Care Connections does not pay legal fees for an appellant. If an appellant cannot afford legal representation, contact can be made through Legal Services of Iowa at 1-800-532-1275 or <http://www.iowalegalaid.org/> for assistance.

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

An Expedited Appeals process is 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 Northwest Iowa Care Connections concerning an individual varies from the type and amount of service identified to be necessary for the individual in a clinical determination made by a mental health professional and the mental health professional believes that the failure to provide the type and amount of service identified could cause an immediate danger to the individual's health and safety.

How to Appeal:

The written appeal forms are attached to the Notice of Decision form.

1. The appeal must be filed within five (5) working days of receiving the notice of decision by Northwest Iowa Care Connections. The expedited review by the Division Administrator or designee takes place within two (2) working days of receiving the request, unless more information is needed. There is an extension of two (2) working days from the time the new information is received.
2. The Administrator issues 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 identifies the type and amount of service, which is provided for the individual. The Administrator or designee gives 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 is considered a final agency action and is subject to judicial review in accordance with section 17A.19.

G. PROVIDER NETWORK FORMATION AND MANAGEMENT **(IAC 441-25.21 (1) i)**

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

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

- Currently licensed, accredited or certified by the State of Iowa, or
- Currently enrolled as a Medicaid provider, or
- Have a current accreditation by a recognized state or national accrediting body (Joint Commission on Accreditation of Health Care Organization-JCAHO; Council on Rehabilitation Facilities-CARF; etc.
- Currently has a contract with Northwest Iowa Care Connections or another Iowa region
- If NWIACC does not have a contract for a needed service with an established provider, a request from a non-traditional provider may be considered. Non-traditional providers must pass a background check and services are cost-effective and move an individual towards defined outcomes in the service plan will be approved.

There is an expectation that providers complete a designated cost report; NWIACC has determined the region's use of the County Rate Information Service (CRIS) cost report. Any exception must be approved by NWIACC's Governance Board upon recommendation of the region's Quality Improvement and Contracting team. Rates established and approved by the State (such as HCBS Waiver, Habilitation Services, etc.) are acceptable rates for regionally funded comparable services.

NWIACC utilizes a designated cost report process which can be obtained from the NWIACC Chief Executive Officer upon request.

NWIACC will honor and utilize rates established by other MHDS regions for providers outside of NWIACC.

Providers must not negotiate or accept rates or terms lower than those contracted with NWIACC from any other Region or County.

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 can provide service (s) that will enhance the service system. New network providers will be approved through the following process:

1. A referral or request for a new network provider may be made by an individual (or

authorized representative), consumer’s case manager or social worker, or directly by a provider. All requests to become a member will be directed to the region.

2. The provider will complete a Provider Network Application. The Provider applicant will be screened by the Region. The provider will be asked to meet for an interview or provide additional information. Criteria for consideration includes:
 - Priority for core or core plus services
 - Unmet need for the proposed services
 - Unmet access standard for proposed services
 - Documented consumer outcomes, and family/consumer satisfaction
 - Retention of consumers in other programs
 - Coordination with other provider agencies
 - Evidence of individualized services
 - Relationship with other regions the agency serves
 - Funding source for the service
 - Financial viability of the agency.
3. The Region, through approval from the Governance Board, will inform the provider of acceptance or denial.
4. New network providers will complete the Provider and Program Participation Agreement with the Region, receive appropriate orientation and training concerning NWIACC Regional Management Plan which includes detailed information about the County Rate Information Systems (CRIS) process for cost reporting and rate negotiations as well as the annual schedule for contract review.

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

In addition to the above, Northwest Iowa Care Connections 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. NWIACC will ensure providers are trained to provide multi-occurring, trauma informed, high quality, evidenced based practices that have been independently verified to meet established fidelity standards in the domains of Assertive Community Treatment or strength-based case management; Integrated Treatment of Co-Occurring Substance Abuse and Mental Health Disorders; Supported Employment; Family psycho-education; illness management and recovery; and permanent supportive housing. (IAC-441.25.4.)

The current Northwest Iowa Care Connections MH/DS Provider network is included in the Annual Service and Budget Plan.

Northwest Iowa Care Connections manages the provider network to ensure individual needs are met. NWIACC will contract with licensed and accredited providers to provide each service in the required core services domains. NWIACC will ensure an adequate number of providers are available to avoid waiting lists by contracting with outpatient mental health providers, Community Mental Health Centers, at least one inpatient psychiatric hospital and other providers of core services. (IAC 441-25.21(1)(j))

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

Northwest Iowa Care Connections offers choice and access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1) (g). Northwest Iowa Care Connections designates Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program.

To become a NWIACC designated Case Management agency serving the Northwest Iowa Care Connections, all interested providers are required to complete and submit a TCM Regional Designation Application to the Regional Administrator, which is subsequently reviewed and approved by the NWIACC Governance Board. Agencies which meet NWIACC standards and are approved by the NWIACC Governance Board will be designated as a targeted case management provider of the Region.

All NWIACC designated Case Management Agencies 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 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(g) which may include the use of electronic recording keeping and remote or internet based training.

All referrals to case management will be completed by the NWIACC Enrollment Department with input as necessary from the local office Disability Service Coordinators where the individual seeking services, resides. Designated NWIACC staff will monitor services provided by case management providers to individuals receiving those services.

Regional oversight is incorporated into all regional TCM contracting as a part of the interdisciplinary team approach. This oversight includes data collection which addresses outcome measures achieved through ongoing coordination services which meet or exceed regional goals and objectives.

H. QUALITY MANAGEMENT AND IMPROVEMENT (IAC 441-25.21(1)(e))

Northwest Iowa Care Connections has 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, are involved in the development and implementation of the quality improvement program. The basic framework of the quality improvement process will incorporate measurements of progress by each provider partner in organizing its own QI activity to make progress toward trauma informed, multi-occurring capability.

The outcome and performance measures applied to the regional service system 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:

- o Access to services
- o Life in the community
- o Person-centeredness
- o Health and wellness
- o Quality of life and safety
- o Family and natural supports

Methods Utilized for Quality Improvement

- Evaluation of individual satisfaction, including empowerment and quality of life;
 - Direct interaction and feedback from individuals, families, providers, case managers, service coordinators, and other stakeholders.
- Provider satisfaction; patterns of service utilization; responsiveness to individual needs and desires;
 - Needs assessments, satisfaction surveys, and other written questionnaires.
- Improvement of welcoming, person/family centered, hopeful, strength based, trauma informed, multi-occurring capable care;
 - Satisfaction surveys and other written questionnaires
- Improvement of the ability of providers to work in partnership with each other and with the regional management team to share collective responsibility for the population in the region;
 - Provider/team meetings and training opportunities

- The number and disposition of individual appeals and the implementation of corrective action plans based on these appeals;
 - The NWIACC regional Chief Executive Officer and staff will evaluate the reports and recommend areas of improvement.
- Cost-effectiveness;
 - Compare program costs and outcomes to determine resource reinvestment.
- Establishment of 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;
 - NWIACC staff collects data using the Iowa Association of Counties' Community Services Network (CSN) a data management system to connect counties and agencies with a shared system which captures and reports standardized information for Iowans accessing the community services system while abiding by HIPAA, State and Federal Laws. CSN has the data capacity to exchange information in compliance with the reporting requirements including DHS established client identifier, demographic information, expenditure data concerning the services and other support provided to each individual, as specified by the department.
 - NWIACC will follow the process outlined in the Outcome and Performance Measure Committee Report of December 14, 2012. NWIACC will initially use the statistical data from CSN to develop reports that will help to establish measures. Next a determination will be made about what additional data should be collected, where the data will come from and what the cost is to collect the data. The Report suggests the information should come from providers and regional statistical data as well as from service recipients and their families, requiring developing of surveys.

NWIACC will partner with DHS leadership in this area in order to standardize the data that is being collected to make it meaningful statewide as well as regionally. The domains included for data collection include but are not limited to; Assertive Community Treatment or strength-based case management; Integrated Treatment of Co-Occurring Substance Abuse and Mental Health Disorders; Supported Employment; Family psycho-education; illness management and recovery; and permanent supportive housing.
 - NWIACC's initial focus aligns with Code of Iowa 225.C.4 (1) u. to develop a process to analyze data on the following;

- Access standards for required core services;
- Penetration rates for serving the number of persons expected to be served, particularly the proportion of individuals who receive services compared to the estimated number of adults needing services in the region;
- Utilization rates for inpatient and residential treatment, including;
 - State Mental Health Institute
 - Medicaid funded private hospital inpatient psychiatric services programs;
 - State resource centers; and
 - Private intermediate care facilities for persons with Intellectual Disabilities
- Readmission rates for inpatient and residential treatment:
The percentage of enrollees who were discharged from the following and re-admitted within 30 and 180 days;
 - State Mental Health Institute
 - Medicaid funded private hospital inpatient psychiatric services programs;
 - State Resource Centers;
 - Private intermediate care facilities for persons with Intellectual Disabilities.
- Employment of persons receiving services
- Administrative Costs
- Data Reporting
- Timely and accurate claims payment

Once a range is determined, NWIACC staff, with input from the NWIACC Governance Board and Advisory Board, develops goals and actions steps to improve performance. The Chief Executive Officer evaluates the levels of improvement resulting from the program plan and determines if further action is needed.

The quality of Provider services is documented in the annual summary which includes, but is not limited to:

- Evaluation of the quality of providers services and supports based on individual satisfaction and achievement of desired individual outcomes;
- The number and disposition of appeals of provider actions and the implementation of corrective action plans based on these appeals;
- Cost-effectiveness of the services and supports developed and provided by individual providers;

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

- o Access to services
- o Life in the community
- o Person-centeredness
- o Health and wellness
- o Quality of life and safety
- o Family and natural supports

I. SERVICE PROVIDER PAYMENT PROVISIONS (IAC 441-25.21(1) (k)

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

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

Request for Proposal

NWIACC considers the use of competitive Requests for Proposal (RFP) to expand core services. A review team of NWIACC Regional Staff evaluates each proposal according to the established protocol specified in the RFP and provide recommendations to the NWIACC Governance Board, who then reviews and either approves or denies. NWIACC reserves the right to decline any and all proposals.

Fee for Services

Contractual requirements are used to ensure that all system participants are aligned with system of care principles. Each service provider provides monthly billing invoices and other information requested of the provider for utilization review. The monthly billings must include the following information:

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

Northwest Iowa Care Connections staff reviews the billings and additional utilization information in comparison with service funding authorizations in place. Non-emergency services delivered without service funding authorization are deducted from the billing.

All eligible bills are paid within 60 days of receipt of required documentation unless unforeseen circumstances exist.

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

Any mental health costs incurred by individual counties before July 1st, 2014 but not yet billed to the county is paid by the Region after the individual county is billed.

Any mental health costs which are accrued and billed to individual counties before July 1, 2014 but are as yet unpaid may be paid by the Region at the discretion of the Region's Governance Board.

It is the intent of Northwest Iowa Care Connections designated regional staff to authorize services for residents of the Northwest Iowa Care Connections region. This authorization process includes NWIACC residents who may access services in other regions and also individuals from other regions with needs requiring immediate attention who may find themselves in the counties served by NWIACC.

Due to that, it is the policy of Northwest Iowa Care Connections that if another county, region, or the State, determines residency in error or approves services for persons who do not have residency in their region, Northwest Iowa Care Connections may not assume retroactive payment.

When written notification is received by Northwest Iowa Care Connections of the error, Northwest Iowa Care Connections staff shall authorize services according to the policies and procedures set forth in this manual.

Start Up Costs

Providers or programs requesting startup costs for core and crisis services will be reviewed, approved or denied by NWIACC's Governance Board. NWIACC reserves the right to decline any and all requests for start up costs.

Grant Funds

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

J. WAITING LIST CRITERIA (IAC 441-25.21(1) (r)

Northwest Iowa Care Connections may implement a waiting list if encumbered expenses for a given fiscal year exceed regional MHDS funds available. Core Services for target populations (mental illness and intellectual disabilities) are considered priority services. Other than core populations funding (developmental disabilities) and other services designated in the service matrix may be placed on the waiting list or be subject to reduction in services.

Northwest Iowa Care Connections has established service priorities as follows:

- Core Services for individuals with mental illness and intellectual disabilities
- Additional Core Services for individuals with mental illness and intellectual disabilities
- Other services for individuals with mental illness and intellectual disabilities
- Supported community living and vocational services for individuals with developmental disabilities

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

The waiting list is centrally maintained by the NWIACC's CEO and Enrollment Department.

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

K. AMENDMENTS (IAC 441-25.21(3))

The manual has been approved by the Northwest Iowa Care Connections Governing Board and is subject to approval by the Director of Human Services.

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

SERVICE MATRIX

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

	or mobility.			
Family support	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	MI ID		Standardized Assessment support the need for this service
Home and vehicle modification	a service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.	MI ID		Lifetime limit equal to that established for the HCBS waiver for individuals with intellectual disabilities. Provider payment will be no lower than that provided through the HCBS waiver.
Home health aide services	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	MI ID		Standardized Assessment support the need for this service
Job development	Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.	MI ID	DD	Standardized Assessment support the need for this service Referral shall be within 60 days of request for such service.
Medication management	Services provided directly to or on behalf of the individual by a licensed professional as	MI ID		Standardized Assessment support the need for this service

	<p>authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.</p>			
Medication prescribing	<p>Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.</p>	MI ID		Standardized Assessment support the need for this service
Mental health inpatient treatment	<p>Acute inpatient mental health services are 24-hour settings that provide services to individuals With Acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms, address health and safety needs and develop a comprehensive discharge plan to appropriate level of care.</p>	MI ID		Standardized Assessment support the need for this service Shall receive treatment within 24 hours. Available at inpatient mental health services at any state or private mental health unit in Iowa at host region contractual rate. In the absence of a contract, NWIACC shall reimburse at the current Medicaid rate.
Mental health outpatient therapy	<p>Services shall consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management and individual, family, and group therapy.</p>	MI ID		Standardized Assessment support the need for this service Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appt.
Peer support services	<p>A program provided by a peer support specialist including but not limited to education and</p>	MI ID		Standardized Assessment support the need for this service

	information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.			Individuals receiving recovery services shall not have to travel more than 30 miles if residing in urban area or 45 miles is residing in rural area.
Personal emergency response system	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	MI ID		Standardized Assessment support the need for this service
Prevocational services	Services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	MI ID	DD	Standardized Assessment support the need for this service
Respite Services	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	MI ID		Standardized Assessment support the need for this service
Supported Employment	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental	MI ID	DD	Standardized Assessment support the need for this service

	Health Services Administration.			
Supported Community Living Services	Services provided in a non-institutional setting to adult persons with mental illness, mental retardation, or developmental disabilities to meet the persons' daily living needs.	MI ID	DD	Standardized Assessment support the need for this service First appointment shall occur within 4 weeks of the request.
Commitment Related (Evaluations, Sheriff Transport, Legal Representation, Mental Health Advocates	Court ordered services related to mental health commitments	MI ID		Court order
Individualized Work and Activity Services*	Services designed to address needs of eligible individuals who desire purposeful work and activity services	MI ID	DD	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.
Additional Core Services	Description	Target Populations	Additional Population	Conditions
Justice Involved Services- MH Treatment in Jail	Evaluation and treatment service provided to individuals while they are in jail	MI ID		Functional assessment must support the need for services of the type and frequency identified in the individual's case plan.
Advances in EBP	Positive Behavior Supports Used in Conjunctions with Prevention/Crisis Services	MI ID		Interdisciplinary team identifies training needs to support regional treatment options and supports
Other Services	Description	Target Populations	Additional Population	Conditions
Transportation	Transportation to day habilitation and vocational programs	MI DD		Standardized Assessment support the need for this service
Information/ Referral Services	Service that informs individuals of available services and programs	MI DD	DD	Region's Stakeholder's Assessment support the need for this service
Public Education Services	To Educate the general public about the realities of mental health and mental illness	MI ID	DD	Region's Stakeholder's Assessment support the need for this service
Residential Care Facilities	Community facility providing care and treatment	MI ID		Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan

*Individualized Work and Activity Services is included as a Priority 1 service based on SF 2315 Language “included but not limited to” that allows additions to Supports for Employment. This provision was formally recommended by stakeholders through our Advisory Board and approved by the NWIACC Governance Board

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

APPENDICES:

**2014 Federal
Poverty Standards**

Persons in Family or Household	48 Contiguous States and D.C.	Monthly 100%	Monthly 150%
1	\$11,670	\$973	\$1,436
2	\$15,730	\$1,311	\$1,939

3	\$19,530	\$1,649	\$2,441
4	\$23,550	\$1,988	\$2,944
5	\$27,570	\$2,236	\$3,446
6	\$31,590	\$2,664	\$3,949
7	\$35,610	\$3,003	\$4,451
8	\$39,630	\$3,341	\$4,954
For each additional person, add	4,020	\$335	\$503

(NWIACC updates the Guidelines as they are made available from the Federal Government)

Northwest Iowa Care Connections Collections and Recovery Process

Chapter 230 of the Code of Iowa, “support of the Mentally Ill” has established policies and limitations under which recoveries are made by the Northwest Iowa Care Connections (NWIACC) region from patients receiving mental health or substance abuse treatment in the state mental health institutions, or in placements (i.e. residential care etc.) which may be needed following the hospital care and treatment when payment for such treatment has been made by the Region of the Individual’s Legal Residence.

Chapter 230.15 establishes the limits for which a patient or responsible person shall be held liable for payment. Chapter 230.25 states “a financial investigation shall be made to determine whether the patient or the responsible persons are able to pay the costs of the care. Responsible persons include the individual’s legal guardian and their spouse. In accordance with, and in

compliance with the law, the Northwest Iowa Care Connections has initiated a cost recovery program, with regional staff being responsible for implementation and administration of such program for these mental health related costs, included costs associated with court-ordered transportation, attorneys', and advocate fees, as well as vocational services costs between 150%-200% of Federal Poverty Level (FPL). The following guidelines are in effect for investigating ability to pay.

When information is received by the NWIACC Regional Enrollment Department showing an admission to the Mental Health Institute or any inpatient psychiatric hospital, this information is given to the designated NWIACC Regional Staff responsible for the Collections and Recovery Process.

The Mental Health Institute, as an NWIACC designated access point, will assist the individual seeking funding or their legal guardian to complete an NWIACC application packet as they are able which informs them of the possible liability of their inpatient and subsequent costs for mental health treatment. The MHI and the individual/legal guardian must provide insurance information, including Medicare, Medicaid, or third party insurance information when available, to the hospital and submitted for payment. NWIACC staff makes every effort to assist the patient in obtaining third party resources to apply to the cost of care prior to county payment.

After the Region receives a report of the patient discharge, or when the first billing is received, a letter is sent to the patient, spouse, guardian, or parents requesting completion of the NWIACC application packet (if not already completed). After financial and clinical information is obtained, a determination is made by designated NWIACC regional staff on the basis of the information.

All income, from whatever source and resources to the patient's household is considered. However, the policy allows for exceptions, if, in the prudent personal judgment of the designated NWIACC regional staff, the cost of basic needs allows for a payment on the account. Persons who own real estate of any kind are considered able to pay, even if unable to make immediate payment.

Personal liability is computed according to current law. Collection efforts are initiated as soon as possible. Reimbursements are requested from patients (under 21 or over 65) found eligible for Medicaid (TITLE XIX) payment for care in the institution except for non-covered costs when these can be identified.

Recovery is attempted for costs of commitment as per current law and through the policies of the NWIACC Governance Board regarding Collections and Cost Recovery. Code changes in 229.19 were effective 7/1/94 to allow for recovery of attorney fees and mental health advocate fees if under 150% of Federal Poverty level. Costs of court-ordered transportation are also subject to NWIACC Collections and Cost Recovery.

When a patient or responsible person is found UNABLE to PAY their account, the account is written off, and shows a balance of zero. The patient or responsible person is never again billed for that hospitalization. Should the patient be hospitalized or treated at a later date and the costs

paid by the NWIACC Region, a new determination is made as to ability to pay per Chapter 230.25.

When an agreement is reached concerning payments on the account, the designated NWIACC regional staff attempts to get a written agreement signed by the patient or responsible person. If this agreement is not honored, a letter of reminder is sent followed by a cure for default.

Failure to pay the agreed upon amount within twenty (20) days of the cure for default notice will result in legal action. Legal action consists of filing in Small Claims Court and District Court for all accounts \$500 or more. Consideration will be given to clients whose mental status may affect their ability to understand and act on this request.

If the patient or responsible person does not complete the NWIACC application packet, the patient is automatically considered able to pay the account and will be billed accordingly. If payment is not received or an agreement reached after the third collection letter is sent, a cure for default is issued. Failure to pay within these period results in legal action as outlined above.

Compromise offers is accepted and submitted to the Regional NWIACC Governance Board. If a compromise offer is accepted by the NWIACC Governance Board, payment of the agreed upon amount is made in full, and the account will then be considered paid in full at that point.

The institutional accounts office monitors all placements of eligible residents of the NWIACC region and assesses client participation according to the limits of current law for all individuals with income who receive regional funding for non-Medicaid funded services.

Persons living independently have client participation determined as per the method established by the recovery program only if they are above 150% and below 200% of the Federal Poverty Level guidelines as published annually and within the \$2,000/\$3,000 eligibility guidelines for resources. Individuals eligible for MEPD will be subject to income and resource guidelines of that program.

The income eligibility standards specified do 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.) are followed if different than those established in the NWIACC Regional Management Plan.

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

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 or state approved MEPD (Medicaid for Employed Persons with Disabilities) resource guidelines.

- a. The countable value of all countable resources, both liquid and non-liquid, is 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. The following resources are 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 includes all land that is contiguous to the home and the Buildings located on the land; 2) One automobile used for transportation; 3) Tools of an actively pursued trade; 4) General household furnishings and personal items; 5) Burial account or trust limited in value as to that allowed in the Medicaid Assistance Program. 6) Cash surrender value of life insurance with a face value of less than \$1,500 on any one person. 7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.
- d. The following types of resources are additionally considered exempt for consideration in determination of the ability to repay: A retirement account that is in the accumulation stage; a medical savings account; an assistive technology account; a burial account or trust limited in value as to that allowed in the Medical Assistance Program.
- e. An individual who is eligible for federally funded services and other supports must apply for and accept such funding and support.

Designated Regional NWIACC Staff responsible for collections make every effort to cooperate with the patient or responsible person in setting up reasonable payment plans, and try to avoid legal action. Decision of ability to pay may be appealed to the NWIACC Governance Board in writing, within twenty days and a decision will be rendered by the NWIACC Governance Board within a reasonable time frame.

Northwest Iowa Care Connections Copayment Model

Method of Computing Copayment for persons receiving services and *living independently or with parents*.

1. All earned income is computed according to SSI guidelines. That is: the first \$90 for exclusion plus 50% of the balance. Example:

Earnings per month	\$1,240.00
Less 50%	<u>\$ 620.00</u>
Earnings to Count	\$ 620.00

2. To countable earnings, add all other income such as Social Security, SSI, FIP, VA

Example:

Plus SSD	\$ 700.00
Total Earnings to Count	<u>\$ 620.00</u>
Total Income	\$1,320.00
Less Medical per month	<u>\$ 50.00</u>
	\$1,270.00
Less Personal Needs per month	<u>\$ 483.00</u>
Reduced Income	\$ 787.00

(A standard deduction of \$90 is given for personal expenses such as laundry, transportation etc.)

3. From this figure, divert the amount allowed for SSI for the same sized household.

Example:

Countable income:	\$ 787.00
Less SSI for One	<u>\$ 765.00</u>
COPAYMENT DUE:	\$ 22.00

\$22 would be the copayment for the cost of services per month unless actual costs was less. Then payment would be actual cost. Payment is not requested for any month when state or federal reimbursement is received for a specific services.

Northwest Iowa Care Connections Copayment Model

Method of Computing Copayment for persons receiving services and living in a residential care facility.

1. All earned income is computed according to SSI guidelines. That is: the first \$90 for exclusion plus 50% of the balance. Example:

Earnings per month	\$800.00
Less exclusion	<u>- \$90.00</u>
	\$710.00
Less 50%	<u>\$355.00</u>
Earnings to Count	\$355.00

2. To countable earnings, add all other income such as Social Security, SSI, FIP, VA

Example:

Plus SSD	\$800.00
Total Earnings to Count	<u>\$355.00</u>
Total Income	\$1,155.00
Less Medical per month	<u>\$ 50.00</u>
	\$1,105.00
Less Personal Needs per month	<u>\$ 90.00</u>
Reduced Income	\$1,015.00

(A standard deduction of \$90 is given for personal expenses such as laundry, transportation etc.)

- From this figure, divert the amount allowed for SSI for the same sized household.

Example:

Countable income:	\$1,015.00
Less SSI for One	<u>\$ 765.00</u>
COPAYMENT DUE:	\$ 250.00

\$250 would be the copayment for the cost of services per month unless actual costs was less. Then payment would be actual cost. Payment is not requested for any month when state or federal reimbursement is received for a specific services.

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 Iowa Administrative Code 83.81

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

County of residence -- 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.

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

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

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

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

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

NORTHWEST IOWA CARE CONNECTIONS
Mental Health and Disability Services
REGIONAL FORMS

Application for Regional Funded Services
Release of Information
Notice of Decision
Appeal Process
Appeal Form

Northwest Iowa Care Connections Application Form

For individuals living in: Clay, Dickinson, Lyon, O'Brien, Osceola, and Palo Alto counties

Application Date: _____ Date Received by Office: _____

First Name: _____ Last Name: _____ MI: _____

Nickname: _____ Maiden Name: _____

Birth Date: _____ Ethnic Background: White African American Native American Asian Hispanic Other _____

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

SSN# _____ State ID: _____

Marital Status: Never married Married Divorced Separated Widowed

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

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

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

Current Residence: _____
Street City State Zip County

Date you moved here: _____ **Reside:** Alone With Relatives Unrelated Persons **county of Residence:** _____

Current Service Providers:

- | | |
|--------------|------------------|
| Name: | Location: |
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Use as current Mailing Address: Yes No If not, _____
Street Address City State County

Current Residential Arrangement: (Check applicable arrangement)

<input type="checkbox"/> Private Residence	<input type="checkbox"/> Supported Comm. Living	<input type="checkbox"/> State MHI	<input type="checkbox"/> Homeless/Shelter/Street
<input type="checkbox"/> Foster Care/Family Life Home	<input type="checkbox"/> RCF	<input type="checkbox"/> Correctional Facility	
<input type="checkbox"/> Other _____			

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

Current Employment: (Check applicable employment)

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

Current Employer: _____ **Position:** _____

Dates of Employment: _____ **Hourly Wage:** _____ **Hours worked weekly:** _____

Employer	City, State	Job Title	Duties	To/From
1.				
2.				
3.				

Education: What is the highest level of education you achieved? _____ # of years _____ Degree _____

Emergency Contact Person:

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Guardian/Conservator appointed by the Court? Yes No **Protective Payee Appointed by Social Security?** Yes No

<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Protective Payee (Please check those that apply & write in name, address etc.) Name: _____ Address: _____
--

<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Protective Payee <input type="checkbox"/> Conservator (Please check that apply & write in name, address etc.) Name: _____ Address: _____
--

Phone: _____

Phone: _____

List all People In Household:

	Name	Date of Birth	Relationship
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):
(Check Type & fill in amount)

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

Applicant
Amount:

Others in Household
Amount:

Total Monthly Income:

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

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

Total Resources:

Motor Vehicles: Yes No Make & Year: _____ Estimated value: _____
 (include car, truck, motorcycle, boat, Make & Year: _____ Estimated value: _____
 Recreational vehicle, etc.) Make & Year: _____ Estimated value: _____

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

Yes No House including the one you live in? Yes No Any other real-estate or land? Other _____

If yes to any of the above, please explain: _____

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

Health Insurance Information: (Check all that apply)

Primary Carrier (pays 1st)

Secondary Carrier (pays 2nd)

Applicant Pays Medicaid Family Planning only
 Medicare A,B,D Medically Needy MEPD
 No Insurance Private Insurance HAWK-I

Company Name _____
 Address _____

Policy Number: _____
 Medicaid/Title 19 or Medicare Claim Number)
 Start Date: _____ Any limits? Yes No
 Spend Down: _____ Deductible: _____

Applicant Pays Medicaid- Family Planning only
 Medicare A,B,D Medically Needy MEPD
 No Insurance Private Insurance HAWK-I

Company Name _____
 Address _____

Policy Number _____ (or
 (or Medicaid/Title 19 or Medicare Claim Number)
 Start Date: _____ Any limits? Yes No
 Spend Down: _____ Deductible: _____

Referral Source:

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

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

(Please check those you have applied for and the status of your referral) Please advise if your application has been Approved or Denied. If you appealed the denial, please advise of the date of appeal _____ Please advise if you have applied for reconsideration. Please advise if you have had a hearing with an Administrative Law Judge and the date of the scheduled hearing: _____

Social Security _____ SSDI _____ Medicare _____

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

Disability Group/Primary Diagnosis:

Mental Illness Mental Retardation Developmental Disability Substance Abuse Brain Injury

Specific Diagnosis determined by: _____ **Date:** _____

Axis I: _____ **Dx Code:** _____

Axis II: _____ **Dx Code:** _____

What is the name and location of your current general physician: _____

What is the name and location of your current Pharmacy? _____

As a signatory of this document, I certify that the above information is true and complete to the best of my knowledge, and I authorize the Northwest Iowa Care Connections staff to check for verification of the information provided including verification with Iowa county government and the state Iowa Dept. of Human Services (DHS) staff.

I understand that the information gathered in this document is for the use of Northwest Iowa Care Connections

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 _____

All County Access Point Contact Information: (Please contact Dickinson County for all enrollment questions)

Clay County
 Kim Wilson
 215 West 4th St. Suite #6
 Spencer, IA 51301
 Phone: 712-262-9438
 Fax: 712-262-9016
 Email: kwilson@co.clay.ia.us

Dickinson County
 Beth Will/Sue Duhn
 1802 Hill Ave. Suite 2502
 Spirit Lake, IA 51360
 Phone: 712-336-0775
 Fax: 712-336-4961
 Email: bwill@co.dickinson.ia.us
sduhn@co.dickinson.ia.us

Lyon County
 Lisa Rockhill
 315 1st Ave. Suite 200
 Rock Rapids, IA 51246
 Phone: 712-472-8420
 Fax: 712-472-2261
 Email: rockhill@co.lyon.ia.us

O'Brien County
 Janelle Schuknecht
 155 S. Hayes Ave. Box 255
 Primghar, IA 51245
 Phone: 712-957-5985
 Fax: 712-957-3206
 Email: obgrdcpc@tcaexpress.net

Osceola County
 Lisa Rockhill
 300 7th St.
 Sibley, IA 51249
 Phone: 712-754-4209
 Fax: 712-754-2549
 Email: rockhill@osceola.org

Palo Alto County
 Maureen Sandberg
 1010 Broadway/PO Box 403
 Emmetsburg, IA 50536
 Phone: 712-852-2832
 Fax: 712-852-2404
 Email: msandberg@co.palo-alto.ia.us

FOR REGIONAL OFFICE USE ONLY:

- Verification of All Household Income
- Copies of Guardianship Papers
- Releases of Information
- HIPAA Signature Form
- Psychological Evaluations/Reports
- Copies of All Health Insurance Cards
- Diagnosis Sheet

Northwest Iowa Care Connections Release of Information

For individuals living in: Clay, Dickinson, Lyon, O'Brien, Osceola, and Palo Alto Counties

CLIENT _____

ADDRESS: _____ DATE OF BIRTH: _____

I, the undersigned, hereby authorize the staff of Northwest Iowa Care Connections to release and / or obtain the information indicated below, regarding the above named consumer, with:

Name of Person or Agency _____

Complete Mailing Address _____

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

- Planning and implementation of Services
- Coordination of services
- Monitoring of services
- Referral for new or other services
- Other (Specify) _____

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

INFORMATION TO BE RELEASED FROM

INFORMATION TO BE OBTAINED FROM

COMMUNITY SERVICES:

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

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

- TREATMENT PLAN
 OTHER (Specify) _____
 (Specify) _____

THE AGENCY INDICATED ABOVE:

- Yes No
 SOCIAL HISTORY
 EDUCATIONAL/VOCATIONAL PLANS
 PROGRESS SUMMARY
 PSYCHOLOGICAL EVALUATION/ REPORTS
 PSYCHIATRIC ASSESSMENT / REPORTS
 MEDICAL HISTORY

- DISCHARGE SUMMARY
 RE-RELEASE OF 3RD PARTY INFO
 FINANCIAL DOCUMENTATION
 OTHER (Specify) _____

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

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

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW: I specifically authorize the release of data and information relating to Mental Health.

Signature of Client or Legal Guardian: _____ Date: _____

Relationship if NOT The Client

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

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

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

Client Signature **Date** **Guardian Signature** **Date**

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

Copy given to Client on: _____ OR Client refused copy on: _____

NORTHWEST IOWA CARE CONNECTIONS NOTICE OF DECISION		
I. --APPLICANT INFORMATION--		
Applicant's Name & Address:	State ID:	
	Applicant CSN ID#: (Optional)	
II. --SERVICES--		
The decision to approve, deny or pend each of the services listed below is printed in the Authorized Service Decision box. Information on the appeal process is listed on the back of this form.		

Provider Information	Service	Number of Units	Units Per	Unit Rate	Service Start Date	Service End Date	Authorized Service Decision	
1								
	Details:							
Notes:								
III. --CONTACT INFORMATION--								
Name:		NWIACC Regional Staff						
Phone:								
IV. --AUTHORIZATION--								
Disability Services Consultant --Authorizing Regional Staff-						Phone:		
NWIACC DSC Signature						Date:		
Disability Services Consultant --County of Legal Residence (COLR)								
County of Legal Residence DSC Signature:								
V.....BILLING ADDRESS								
Region to be billed for payment of the approved services:				Northwest Iowa Care Connections				
Address:								
Phone:			Fax:					

NORTHWEST IOWA CARE CONNECTIONS APPEAL PROCESS

According to IAC 441-25.21(1)l. (1) Individuals, families, individual representatives (with the consent of the individual), and providers may appeal the decisions of the region or any of its designees or contractors at any time. Such individuals or organizations may also file a grievance about the actions or behavior of a party associated with the regionally managed system of care at any time.

How to Appeal:

If you wish to appeal, you must complete an appeal form and return it to the Northwest Iowa Care Connections Office listed on the Notice of Decision (NOD) within ten (10) working days of receipt.

Reconsideration -The Northwest Iowa Care Connections’ Staff person who sent the Notice of Decision will review your appeal and/or grievance. After reviewing your appeal, this Northwest Iowa Care

Connections' Staff will contact you not more than five (5) working days after the written appeal is received. This Northwest Iowa Care Connections' Regional staff person will collect additional information from you and other sources, if necessary and consent is given from you to gather more information. Following a review of additional information and all relevant facts, a written decision is issued no later than five (5) working days following this contact with you. A copy of the decision is sent to you and/or your representative by regular mail.

Administrative Review - If no resolution is agreed upon through this Reconsideration step, then you can arrange a meeting with the Northwest Iowa Care Connections Chief Executive Officer (CEO) within ten (10) working days of the final decision of the Reconsideration step. You will be notified of the meeting time, day, and location of this meeting with the CEO by regular mail.

The Northwest Iowa Care Connections CEO will discuss the facts of the decision and will consider additional information you submit that is relevant to the appeal. A written decision is issued no later than five (5) working days following the date of this meeting. A copy of the decision is sent to you and/or your representative by regular mail.

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

Northwest Iowa Care Connections does not pay legal fees for you. If you cannot afford legal representation, you may contact Legal Services of Iowa at 1-800-532-1275 or <http://www.iowalegalaid.org/>

Expedited Appeals Process (IAC 441-25.21(1)1.2) This appeals process is 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 used when the decision of Northwest Iowa Care Connections concerning your care varies from the type and amount of service identified to be necessary when a clinical determination is made by a mental health professional who 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.

Please use the written appeal forms attached to the Notice of Decision form.

1. This appeal shall be filed within 5 working days of receiving the Northwest Iowa Care Connections Notice of Decision. The expedited review by the Division Administrator or designee shall take place within 2 working days of receiving the request, unless more information is needed. There is an extension of 2 working days from the time the new information is received.
2. The Administrator issues 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 identifies the type and amount of service, which is provided for the individual. The Administrator or designee gives 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.

NORTHWEST IOWA CARE CONNECTIONS APPEAL FORM

TO: Northwest Iowa Care Connections

The reason for this appeal is:

I, therefore, respectfully make application for a review by the Northwest Iowa Care Connections of the grievance as stated above.

DATE: _____

SIGNATURE OF APPELLANT: _____

ADDRESS: _____

TELEPHONE (if applicable): _____