

# **Sioux Rivers Regional Mental Health and Disabilities Services**

*Serving the Counties of Plymouth, Sioux and Woodbury*



## **Management Plan Policies and Procedures**

**Revised January 1, 2015**

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# Introduction and Vision

Sioux Rivers Regional Mental Health and Disabilities Services (Sioux Rivers) was formed under Iowa Code Chapter 28E to create a mental health and disabilities service region in compliance with Iowa Code 331.390. This management plan is designed to provide access, information, and coordination of funding, while providing for the health, hope, and successful outcomes of the adults in our region who have mental health 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 legislative redesign of the mental health delivery system, Sioux Rivers will work in a quality improvement partnership with stakeholders in the region (providers, families, individuals, and partner health and human service systems) to develop a system of care approach that is characterized by the following principles and values:

- Welcoming and individualized
- Person and family driven
- Recovery focused
- Trauma-informed
- Service to individuals with multiple diagnoses

## Basic Framework of the Sioux Rivers Regional MHDS Management Plan

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

This Mental Health & Disability Services Management Plan (hereafter referred to as Management Plan or Plan) defines standards for member counties of the Sioux Rivers Regional Mental Health and Disability Services.

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

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

Sioux Rivers shall maintain local county offices as the foundation to the service delivery system. A current plan is available in the regional county offices, on the Regional website (SiouxRivers.com), and on the Department of Human Services website.

## **Emergency/Crisis Management**

Individuals experiencing an emergency or crisis situation, may access twenty-four hour crisis response services coordinated by the local mental health center/provider or by calling 911.

|                         |   |                       |
|-------------------------|---|-----------------------|
| <b>Plymouth County:</b> | <b>Plains Area Mental Health Center</b> | <b>1(888)546-0730</b> |
| <b>Sioux County:</b>    | <b>Creative Living Center</b>           | <b>1(712)578-1348</b> |
| <b>Woodbury County:</b> | <b>Siouxland Mental Health Center</b>   | <b>1(877)493-2273</b> |

Services are directed to the assessment and rapid stabilization of acute symptoms of mental illness or emotional distress. *The definition of emergency for purposes of this plan is: the sudden appearance of a severe mental and/or nervous condition in which the absence of medical or clinical treatment, the person's mental or physical well-being could reasonably be threatened, or the physical well-being of another is endangered.*

During their normal office hours, emergency services shall be available from the designated local Mental Health Center/Provider clinical professionals. At all other times, emergency services shall be arranged via telephone linkage, or face-to-face intervention when needed with an on-call professional. Outside of regular business hours, the Mental Health Centers/Providers maintain a recorded message, which provides instructions and phone numbers of on-call staff. The Mental Health Centers/Providers are responsible to protect the confidentiality of all crisis calls/interventions.

Crisis intervention services may include (but are not limited to): the provision of emotional support in collaboration with others to offer a continuity of care. It can also involve referrals and assistance with community and social services, notification of family members, determination of need for hospitalization, and facilitating the communication of information as necessary to protect you or another from harm.

- If emergency hospitalization is deemed necessary, the mental health clinician will make referral to a Mental Health Institute (MHI), or to an approved Title XIX provider, a private or public hospital. If the crisis resolution plan calls for services which will subsequently be funded by Sioux Rivers, Mental Health Center/Provider staff will notify the Services Coordinator by the end of the next business day at which time, the Services Coordinator will initiate enrollment and further service/funding authorization procedures.
- All persons seeking voluntary admission for psychiatric hospitalization must be pre-screened by a mental health clinician or funding will not be provided by Sioux Rivers. A pre-admission/pre-screening form will be completed and the original will accompany the consumer to the hospital or MHI. In the event of regional funded pre-screens and subsequent admissions, the Service Coordinator will be notified by the Mental Health Center/Provider, hospital and/or Mental Health Institute, within one business day.

## **A. Organizational Structure**

### **Governing Board (Iowa Code 331.390)**

The Sioux Rivers Regional MHDS organizational structure assigns the ultimate responsibility for funding the non-Medicaid funded MHDS services, and oversight of the entire mental health delivery system with the governing board. Each member county shall appoint two of its Supervisors to serve as a Director on the Governing Board. The Board of Supervisors of each member county shall select its Directors and they shall serve indefinitely at the pleasure of the county appointing the Directors, until a successor is appointed, or until the earlier death, resignation, or the end of such person's service as a County Supervisor. Any Director appointed under this section may be removed for any reason by the county appointing the Director, upon written notice to the Sioux Rivers Governing Board of Directors, which notice shall designate a successor Director to fill the vacancy. Additionally the following members will be added to complete the governance board membership:

At least one individual who utilizes mental health and disabilities services, or is an actively involved relative of such an individual. This Director shall be nominated by the advisory committee described below, with such appointment to become effective upon approval by the Sioux Rivers Governing Board. This Director shall serve as an ex-officio, non-voting Director. This Director shall serve an initial term of one year, which shall begin upon the Effective Date, with appointments thereafter to be for two year terms.

At least one individual representing service providers in the Counties that comprise the Sioux Rivers Region. This Director shall be nominated by the advisory committee described below, with such appointment to become effective upon approval by the Governing Board. This Director shall serve as an ex-officio, non-voting Director. This Director shall be appointed to two year terms, with the initial term beginning upon the Effective Date.

### **MHDS Advisory Board (Iowa Code 331.390(2)e; 331.392.(2)i; IAC 441-25.14.(1)i)**

Sioux Rivers shall encourage stakeholder involvement by having a regional advisory board assist in developing and monitoring the plan, goals and objectives identified for the service system, and to serve as a public forum for other related MH/DS issues. The Advisory Committee, as appointed by the Governing Board, shall have up to nine members. The committee members shall be: individuals who utilize services or actively involved relatives of such individuals; service providers; a County Service Coordinator and a County Supervisor representative of the Governing Board of Directors. The Advisory Committee shall advise the Governing Board as requested by said Board and shall also make recommendations for the ex-officio members to the Governing Board as described above. The Governing Board may take action to create additional committees that focus on training, communications, finance, policy development, information systems, resource development, service delivery system design, and quality improvement, and various other committees as it deems appropriate, to organize the tasks, activities, and functions associated with building, implementing, and sustaining systems of care. .

### **Chief Executive Officer (Iowa Code 331.438e)**

The Sioux Rivers Regional Governing Board of Directors shall serve as the "regional administrative entity" and shall enter into an agreement with an individual to serve as a regional mental health & Disabilities services administrator, known as the Chief Executive Officer ("CEO"). While the CEO will be considered a Sioux Rivers employee, this individual may be an employee of any member county for other purposes.

The Chief Executive Officer shall be the single point of accountability for Sioux Rivers Regional Mental Health & Disabilities Services.

The Governing Board shall conduct annual evaluations of the CEO. The Governing Board may conduct additional evaluations of the CEO at any time, as it deems necessary in a given situation. The Governing Board shall annually review the agreement with the CEO and shall operate under the terms of the agreement in the event an amendment or termination of the agreement is necessary in light of the CEO's performance.

## **B. Service System Management**

On behalf of the Governing Board, the CEO will contract with member counties to staff the needs of Sioux Rivers Regional MHDS. Staff shall include one or more coordinators of services, known as Mental Health & Disabilities Services Coordinators, or "Service Coordinators". The Regional MHDS Plan shall be administered directly by these individuals in their respective counties, under the direction of the CEO. As per Iowa Code 331.390(3)b and IAC 441-25.12(2)e, the Service Coordinator must have a bachelor's or higher degree in a human services or administrative related field. In lieu of a degree, a coordinator may provide documentation of relevant mental health services management experience.

The Service Coordinators shall remain employees of their respective counties and shall report to their respective Board of Supervisors for non-regional matters and to the Sioux Rivers Regional Governing Board for all regional mental health services responsibilities. The CEO will provide oversight of the County Service Coordinators on behalf of the Governance Board.

Under the direction of the CEO, the Service Coordinators will collaborate on the following:

- a) Strategic Plan Development;
- b) Budget Planning and Financial Reports;
- c) Operations – personnel, benefits, space, training, etc.;
- d) Risk Management;
- e) Compliance and Reporting, Coordination with CEO;
- f) Service Processing, Authorization and Access;
- g) Provider Network- development, contracting, quality and performance;
- h) Payment of Claims;
- i) Quality Assurance;
- j) Appeals and Grievances;
- k) Information Technology; and
- l) Functional Assessment

In addition to facilitating the above and acting as liaison to the Department of Human Services, while ascertaining regional compliance with applicable standards, the CEO will develop a Regional Mental Health and Disabilities Services Management Plan, which will define the type and method of service delivery to residents of the Sioux Rivers Region. The CEO will seek the cooperation and input of the Service Coordinators in plan development and will submit the same to the Governing Board upon completion. The Regional Management Plan will be approved by the Governing Board of Directors and the Iowa Department of Human Services.

| <b>Sioux Rivers Regional Office</b> | <b>Address</b>  | <b>Phone</b>   |
|-------------------------------------|---|----------------|
| Plymouth County                     | 19 2 <sup>nd</sup> Avenue NW, Le Mars, Iowa 51031         | (712) 546-4352 |
| Sioux County                        | 210 Central Ave SW, P.O. Box 233<br>Orange City, IA 51041 | (712) 737-2999 |
| Woodbury County                     | 1211 TriView Ave, Sioux City, IA 51102                    | (712) 279-6459 |

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

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

**Conflict of Interest**

Funding authorization decisions shall be made by the Sioux Rivers Regional Service Coordinators, with oversight from the CEO. These individuals should have no financial interest in the services or supports to be provided. In the event that such a situation occurs, that interest must be fully disclosed to the applicant, region, and other stakeholders.

## **C. System Management**

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

Sioux Rivers shall provide leadership and management at the local level for designing a regional system of care for mental health and disability services. The design of the system shall be based on the expectation that individuals and families may have multi-occurring issues, and it shall incorporate an organized quality improvement partnership process to achieve the vision delineated in the introduction to this plan.

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

- Welcoming and accessible
- Able to refer for integrated screening, early identification and early intervention
- High quality and, wherever possible, evidence based
- Organized into community based support
- Individualized planning provided in the most appropriate, least restrictive setting
- Designed to included individuals and families as partners in their own care
- Designed to leverage multiple financing strategies within the region including increased use of Medicaid funded services and Iowa Health and Wellness Plan
- Supported by provision of training and technical assistance to individuals and families, as well as to providers and other partners.

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

An individual with multi-occurring conditions is defined as any person of any age with ANY combination of mental health conditions (including trauma) and/or developmental or cognitive disability and/or any substance abuse condition, whether or not they have been diagnosed. Individuals with multi-occurring conditions commonly have accompanying medical, legal, housing, financial, and parenting issues and other complex needs. Individuals with multi-occurring needs may receive funding approval if they meet the eligibility criteria identified elsewhere in this plan.

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

In order to accomplish this goal, Sioux Rivers will utilize a comprehensive continuous integrated system of care approach and engage all of the region's stakeholder partners, including mental health, disability, and substance abuse providers, in a process to utilize the framework to make progress. This approach represents a framework for system design, and a process for getting there, in which all programs and all persons providing care become welcoming, accessible, person/family centered, hopeful, strength-based (recovery-oriented) trauma informed, and multi-occurring capable. Sioux Rivers recommends that all providers participate in this initiative and encourages providers to develop multi-occurring capability for each program provided in the region, and for all staff.

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

Sioux Rivers will develop planning committees, which will meet on a regular basis, to identify priorities and needs of the region, for example, crisis stabilization and alternatives to hospitalization, and will make recommendations to the governing board for meeting these needs ongoing, to be incorporated into the Annual Service and Budget Plan.

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

Sioux Rivers will provide services that meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. In areas within the region where services are not currently available, providers will be encouraged to expand or begin services. The following measures shall be implemented to ensure services are available throughout the region:

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

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

Sioux Rivers will integrate planning, administration, financing, and service delivery using utilization reports from both the region and the state including the following:

- inventory of available services and providers
- utilization data on services, to include documentation that required access standards are met

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

- service offered

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

The Regional Service Coordinators will gather this information and it 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. Additionally, the data elements, indicators, metrics and performance improvement for population management shall be continuously improved over time as Sioux Rivers develops increasing capability for managing the needs of its residents. Sioux Rivers staff will work with DHS to facilitate regional access and data sharing on disability services funded by Medicaid in order to coordinate regionally funded service and the services managed by the State.

## D. Financing and Delivery of Services and Support

### **Financing & Service/Support Delivery within the Region (IAC 441-25.21(1))**

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

The Sioux Rivers Chief Executive Officer, in cooperation with the Service Coordinators, shall prepare a proposed annual budget. The priority in the budgeting process is to project the cost for funding core services for target populations by gathering information from each member county to include data on measuring compliance with access standards as defined in Iowa Code 441-25.3. Subsequent to that is a projection of those costs associated with an increase or enhancement of services necessary to meet access standards. Additional funds will be budgeted to allow for an expansion of services in addition to core for target populations and if funds are available, core services for non-target populations.

The proposed budget shall be reviewed by the Governing Board for final approval. The CEO and Service Coordinators shall be responsible for managing and monitoring the adopted budget. Services funded by Sioux Rivers 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 Sioux Rivers Governing Board has designated Woodbury County to act as the Regional Fiscal Agent. The Governing Board will determine an amount of projected MHDS fund balance to be paid to the Regional Fiscal Agent by each county, proportionate to their relative population, to be held for region-wide projects and administrative costs. Member counties with a fund balance below the percentage deemed necessary to meet budgeted expenditures before receipt of local tax revenues, and/or state funds (approximately 25%), may draw funds contributed by member counties in an amount necessary to bring the fund balance up to the established percentage. Repayment of these funds will be rendered according the formula outlined in the 28E agreement. All expenditures, including funds held by the Regional Fiscal Agent and funds held in individual county accounts, shall comply with the guidelines outlined in the Annual Service and Budget plan and shall be under the direction of the Regional Governance Board and the CEO.

## **Accounting System and Financial Reporting**

The accounting system and financial reporting to the department conforms to Iowa Code 441- 25.13 (2) (331.391) and includes all non-Medicaid mental health and disability expenditures funded by the Region. Information is separated and identified in the most recent Uniform Chart of Accounts approved by the State County Finance Committee including but not limited to the following: expenses for administration; purchase of services; and enterprise costs for which the region is a service provider or is directly billing and collecting payments.

## **Contracting**

Sioux Rivers shall contract with mental health providers whose base of operation is in the region. The Sioux Rivers Region will in most cases honor contracts negotiated between its providers and other regions. Sioux Rivers may choose to contract with providers outside of the region. A contract may not be required with a provider that provides one-time or as needed services.

Approved provider contracts shall be between the provider and the Sioux Rivers Region, rather than individual counties. Providers, other than CMHC's, will be required to submit a cost (CRIS) report to Edie Baily prior to October 1 of each year. Contracts and provider service rates will be negotiated on an annual basis, utilizing the standard Regional contracting agreement. A team comprised of the CEO and the County Service Coordinators will negotiate directly with MH/DS providers, and will make a recommendation to the Sioux Rivers Governing Board for approval.

## **Funding**

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

An individual who is eligible for other publicly funded services and support must apply for and accept such funding and support. Failure to do so shall render the individual ineligible for regional funds for services that would have been covered under such funding.

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

Sioux Rivers shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the Management Plan, within the constraints of budgeted dollars. The individual must also apply for, accept, and maintain eligibility for any other benefits or funds they are eligible to receive before the Region will reimburse for services. The services funded by Sioux Rivers shall be similar to and like those funded by IME. Sioux Rivers shall be the funder of last resort and regional funds shall not replace other funding that is available.

For individuals satisfying diagnostic eligibility criteria, the type and frequency of services provided shall be determined by the results of a standardized assessment as designated by the director of the Department of Human Services. A comprehensive list of supports and services by eligibility group can be found in the Services Matrix included in this manual.

## **E. Enrollment**

### **Application and Enrollment/Timeframes** Iowa Administrative Code (IAC) 441-25.21(1)b

Individuals residing in the Sioux Rivers counties, or their legal representative, may apply for regional funding for services by contacting any Regional office or may contact one of the designated access

points to complete an application (Forms Appendix). All applications shall be forwarded to the Service Coordination office in the county where the applicant lives. That office shall determine eligibility for funding.

The Sioux Rivers Regional Mental Health and Disabilities Services application shall be used in all member counties. If language or other barriers exist, the access points shall contact an appropriate person to assist the applicant in the intake process or contact the local Service Coordination office to make such arrangements. The completed application shall be forwarded by access points to the local County Service Coordination office by the end of the business day.

Sioux Rivers Service Coordinators shall review the application in a timely manner to determine if all necessary information is present and complete on the application. If the application is incomplete the application shall be returned to the applicant requesting additional information. Failure to respond with necessary information and/or to provide a fully completed application may result in a delay or denial of funding.

### **Residency**

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

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

### **Exception to Policy**

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

- Name
- Current services
- The policy for which an exception is being sought
- Reason for granting exception

The Service Coordinator and CEO shall review the exception and a response shall be made to the individual, and when appropriate, the case manager within 10 working days. Decisions on requests shall be documented and used in the annual report to identify future changes to policy.

### **Confidentiality**

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

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

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

Procedures to assure confidentiality shall include:

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

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

A copy of the Sioux Rivers HIPAA Policies and Procedures covering confidentiality related to protected health information (PHI) may be viewed in any member county office.

### **Notice of Enrollment Decision**

The office determining eligibility will send to all applicants, or their authorized representatives, written notice of the enrollment decision within 10 days of a completed application. If the individual is being placed on a waiting list for funding, the notice of decision will include an estimate of how long the individual is expected to be on the waiting list and the process for the individual or authorized representative to obtain information regarding the individual's status on the waiting list.

## **F. Eligibility**

### **General Eligibility** (IAC 441-25.21(1)c)

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

1. 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.
  - b. An individual less than 18 years of age and a resident of the state may be considered eligible for those mental health services made available to all or a portion of the residents of

the region of the same age and eligibility class under the county management plan of one or more counties of the region applicable prior to formation of the region. Eligibility for services under paragraph “b” is limited to availability of regional service system funds without limiting or reducing core services, and if part of the approved regional service system management plan.

2. The individual is a resident of this state.
3. Proof of US Citizenship or Legal Resident
4. Proof of Identity – a State approved picture ID

### **Financial Eligibility**

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

#### **1. Income Guidelines: (Iowa Code 331.395.1)**

Gross incomes 150% or below of the current Federal Poverty Guidelines.

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

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

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

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

- a) The countable value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this sub-rule.
- b) A transfer of property or other assets within five years of the time of application with the result of, or intent to, qualify for assistance may result in denial or discontinuation of funding.
- c) The following resources shall be exempt:
  - (1) The homestead, including equity in a family home or farm that is used as the individual household’s principal place of residence. The homestead shall include all land that is contiguous to the home and the buildings located on the land.
  - (2) One automobile used for transportation.
  - (3) Tools of an actively pursued trade.
  - (4) General household furnishings and personal items.
  - (5) Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
  - (6) Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.
  - (7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.
- d) If an individual does not qualify for federally funded or state-funded services or other support, but meets all income, resource, and functional eligibility requirements of this chapter, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:
  - (1) A retirement account that is in the accumulation stage.
  - (2) A medical savings account.
  - (3) An assistive technology account.

- (4) 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 support must apply for and accept such funding and support.

### **Diagnostic Eligibility**

The individual must have a diagnosis of Mental Illness or Intellectual Disability,

#### **Mental Illness**

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

#### **Intellectual Disability**

Individuals who meet the following three conditions:

1. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly sub average intellectual functioning) as defined by the Diagnostic and Statistical Manual of Mental Disorders, 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)
- a. 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, Sioux Rivers 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)g)

If funds are available and the population category was covered in at least one of the county's previous management plan, Sioux Rivers shall fund services to individuals who have a diagnosis of a developmental disability other than an intellectual disability and brain injury as defined in Iowa code chapter 4.1(9A).

Individuals with Developmental Disabilities that were funded prior to the effective date of this plan will be deemed eligible for future funding subject to the results of a standardized functional assessment,

but only to the extent that funding is available. Individuals with Developmental Disabilities are a population that was previously served in regional counties, and as such will continue to receive funding for services as long as they meet the criteria set forth in this plan. This will be documented each year in the Annual Service and Budget Plan.

### **Developmental Disabilities**

1. Attributable to mental or physical impairment or a combination of mental and physical impairments.
2. Manifested before the person attains the age of 22.
3. 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.

### **Notice of Decisions/Timeframes and Notice of Eligibility for Assessment.**

#### **Emergency Determinations**

Applicants seeking emergency, crisis and necessary services do not require an Notice of Decision to receive those services. Eligibility determination for funding of services shall not exceed 10 days (IAC 441-25.21).

Once a fully completed application is received in a Sioux Rivers Service Coordination office, the Service Coordinator or designee shall determine if the applicant meets the general eligibility criteria within 10 business days. A Notice of Decision shall inform the individual of the decision and information to schedule the standardized assessment within 90 days, as defined in section F of this manual and shall be relayed to the applicant within that 10 business day timeframe. The Notice of Decision shall include a copy of the region's appeals process which informs the applicant of his/her right to appeal the decision and how to go about it.

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

If an individual is referred to case management, integrated health home, or service coordination, a standardized functional assessment methodology designated by the director of Human Services shall be completed within 90 days of application, for all but urgent, crisis and outpatient services. The results will 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 will invite providers to participate in the development of the consumer's Individual Comprehensive Plan (ICP) to ensure effective coordination. Together with the individuals, guardians, family members, and providers service coordinators develop and implement individualized plans for services and supports. The individual will actively participate in the development of the service plan. If the consumer is an adult and has no guardian or conservator, s/he may elect to involve family members in the service planning process, and to approve the final service plan. If the individual has a guardian or conservator, or is otherwise unable to give informed consent, the designated guardian, parent, or other representative will

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

Each plan, for individuals receiving services under the Sioux Rivers Management Plan, will specify time frames for utilization review and re-authorization of the plan or individual services within the plan.

### **Service Funding Authorization**

The Notice of Decision shall inform 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 and criteria set forth in the Service Matrix. Within 10 days of the funding decision, the applicant shall be sent a copy of the region's appeal process and informed that they have the right to appeal the decision (must within 15 business days of the decision).

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

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

### **Re enrollment**

Individual must reapply for services on at least an annual basis, or whenever there is a significant change in circumstances (household size and/or income).

### **Co-payment for services**

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

- Client participation for maintenance in a residential care facility through the state supplementary assistance program.
- The financial liability for institutional services paid by counties as provided in Iowa Code sections 230.15.
- The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.19.

Co-payments in this section are related to core services to target populations as defined in Iowa Code 331.397. No co-payment shall be assessed to individuals receiving mental health services within the region.

## G. Appeals Processes

### Non Expedited Appeal Process (IAC 441.25.21(1)1.(1))

#### How to Appeal a Decision of the County Service Coordinator

Applicants for regional funding of services have the right to appeal a decision of the Services Coordinator if deemed adverse. Adverse decisions may include decisions involving eligibility determinations, funding and/or service levels, placements on waiting list for services. The Service Coordinator, or designee, makes initial decisions regarding eligibility for services and whether a person may be placed on a wait list for the requested service. These Notices of Decision shall be in writing and shall explain the reasons for the decision. If a decision is subject to appeal, the Notice of Decision will inform the applicant of his/her right to appeal, and how to file the appeal.

#### Step One: Filing the Appeal

As stated above, applicants/consumers or their representatives (with consent of the consumer) may appeal an adverse decision by the Service Coordinator. The appeal must be in writing and must be filed with the Sioux Rivers Regional Mental Health & Disabilities Services CEO within fifteen (15) business days of the date of the decision. If the appeal is filed late, it cannot be considered, except in situations that are out of the applicant's control. The appeal shall state: (1) the reasons why the Service Coordinator's decision should be reversed; (2) the relief requested; (3) applicant's name, address, and telephone number and the name, address, and telephone number of a representative if appointed.

#### Step Two: Discussing the Problem

After the appeal is filed, the Sioux Rivers CEO will contact the applicant to schedule a meeting to discuss the appeal. This meeting must be held within 10 business days, unless the parties agree to extend the time to meet. The applicant may bring someone to the meeting to help explain his/her position. The applicant and the CEO may ask another person to serve as a mediator. At the meeting, the CEO will explain the reason for the decision. The applicant may ask questions or give the CEO other information deemed important. The applicant should provide the CEO with a proposed resolution. If an agreement is reached, the County Service Coordinator will issue a revised Notice of Decision within 10 business days. At the end of the meeting, the applicant and the CEO will sign a status form, indicating whether there is a resolution or whether the appeal will continue. A revised Notice of Decision will be issued.

#### Step Three: The Appeal

If the parties are unable to resolve the problem at the meeting, within 10 business days of the date of the meeting, the CEO will contact an Administrative Law Judge at the Department of Inspections and Appeals (Iowa Code § 10A.801 - Judge). The CEO shall arrange for payment of the cost of the Judge. The Judge will set a pre-hearing conference to discuss hearing procedures and set a time for the hearing. The Judge will provide written notice of the pre-hearing conference, and the hearing. The applicant has the right to present evidence and argument at the hearing. The Judge will consider the evidence, and will issue a written ruling. The decision of the Judge is final.

Applicants have the right to receive notification in an accessible format and may receive assistance with the appeal. This could be an attorney, an organizational representative, or a friend. The Service Coordinator's office may help locate someone to assist the applicant with

the appeal. The Sioux Rivers CEO will not provide legal assistance. Two places that may provide legal assistance include:

- Legal Aid: 1-800-532-1275
- Iowa Protection and Advocacy: 1-800-779-2502

## **Expedited Appeal Process** (IAC 441-25.21(1)1.2)

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

### **How to Appeal:**

Using the appeals form attached to the Notice of Decision:

1. The appeal shall be filed within 5 days of receiving the notice of decision by Sioux Rivers. The Expedited Review, by the Division Administrator or designee shall take place within 2 days of receiving the request, unless more information is needed. There will then be an extension of 2 days from the time the new information is received, granted.
2. The Administrator shall issue an order, including a brief statement of finding 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 and safety, the order shall identify the type and amount of service, which shall be provided for the individual. The Administrator or designee shall give such notice as is practical to the 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 17A.19.

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

Sioux Rivers shall have a network of service providers to meet the continuum of service needs of individuals, to include services in all of the required service domains. All providers shall have a current contract with the Region.

Sioux Rivers retains the right to select services providers to be a part of the Sioux Rivers provider network. Providers must be approved Sioux Rivers Regional 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.)

To be included in the Sioux Rivers Regional provider network, a provider must meet at least one of the following criteria:

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

- Currently has a contract with Sioux Rivers Regional Mental Health & Disabilities Services or another Iowa region

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

In order to become welcoming, person/family centered, trauma informed, and multi-occurring capable, Sioux Rivers is currently encouraging, and will eventually require, that all regional providers participate in the quality improvement partnership for system development. Regional providers will also be required to satisfy the mandate to provide high quality and, wherever possible, evidence based practices (441-25.4(3)) that Sioux Rivers has verified meet established fidelity standards including, but not limited to:

- Assertive Community Treatment or Strengths Based Case Management
- Integrated Treatment of co-occurring Substance Abuse and Mental Health Disorders
- Supported Employment
- Family Psycho-education
- Illness Management and Recovery
- Permanent Supportive Housing

Providers must arrange and complete training for their staff to accomplish these requirements by the end of Fiscal Year 2016 and will provide documentation of this to the Sioux Rivers CEO. Sioux Rivers will partner with providers in this endeavor by awarding financial assistance for this training if funds are available.

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

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

1. A referral or request for a new network provider may be made by an individual (or authorized representative), consumer's case manager or social worker, or directly by a provider. All requests to become a member shall be directed to the CEO.
2. Provider applicant shall be screened by the CEO. Provider may be asked to meet for an interview or provide additional information.
3. The Sioux Rivers CEO shall inform the provider of acceptance or denial.
4. New network providers shall receive appropriate orientation and training concerning Sioux Rivers MH/DS Plan.

Sioux Rivers shall manage the provider network to ensure individual needs are met. Sioux Rivers shall ensure an adequate number of providers are available to avoid waiting lists by contracting with outpatient mental health providers, Community Mental Health Centers, at least one inpatient psychiatric hospital and other providers of core services.

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

Sioux Rivers shall offer a choice and access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g. Sioux Rivers shall designate Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program. Designated Case Management agencies serving the Sioux Rivers must be accredited by the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in IAC 441

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

- Performance and outcome measures relating to the safety, work performance and community residency of the individuals receiving the service
- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-24.1 (225C), which may include the use of electronic recording keeping and remote or internet based training

The Region's TCM providers are, as long as the above criteria is satisfied, chosen by the Board of Supervisors in each of the Region's counties and are approved by the Sioux Rivers Regional Governing Board. The agencies that were contracted to provide TCM services to consumers in their respective counties have been designated to serve the Sioux Rivers Region in Fiscal Year 2015 and are identified in the Annual Service and Budget plan. The County Board of Supervisors and the Sioux Rivers Regional Board will review these agreements at the end of the 2015 and subsequent fiscal years and will consider new applicants on a predetermined basis. A multi-year contract will be offered to the successful applicants. This agreement will be renewed every three years at which time new agencies will be allowed to submit an application.

## **I. Quality Management and Improvement**

### **Quality Improvement (IAC 441-25.21(1)e)**

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

The basic framework of the quality improvement process will be aligned with the integrated systems of care process and will incorporate measurement of progress by each provider partner in organizing its own QI activity to make progress toward trauma informed, multi-occurring capability.

### **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 exchange shall be labeled consistently and share the same definitions.

The outcome and performance measures applied to the regional service system shall utilize measurement domains. The department may identify other measurement domains in consultation with system stakeholders to be utilized in addition to the following initial set of measurement domains:

- Access to services
- Life in the community

- Person-centeredness
- Health and wellness
- Quality of life and safety
- Family and natural supports

### **System Evaluation**

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

- evaluation of individual satisfaction, including empowerment and quality of life;
- provider satisfaction; patterns of service utilization; responsiveness to needs and desires;
- improvement of welcoming, person/family centered, hopeful, strength based, trauma informed, multi-occurring capable care;
- 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;
- the number and disposition of individual appeals and the implementation of corrective action plans based on these appeals;
- Cost-effectiveness.
- Additional outcomes and performance measures outlined by the Dept. of Human Services.

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

The Chief Executive Officer shall evaluate the levels of improvement resulting from the program plan and determine if further action is needed with the assistance of staff. This shall be documented in the annual summary.

### **Quality of Provider Services**

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

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

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

### **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 providers to work in partnership with each other & with regional management team to share collective responsibility for the population in the region
  - Provider/team meetings and training opportunities
- The number and disposition of individual appeals and exception to policy requests and the implementation of corrective action plans based on these appeals and requests
  - The Service Coordinators shall evaluate the reports and recommend areas of improvement

- Cost-effectiveness
  - Compare program costs and outcomes to determine resource reinvestment
- Establishment and maintenance of a data collection and management information system oriented to the needs of individuals, providers, and other programs or facilities. Tracking changes and trends in the disability services system and providing reports to the Department of Human Services as requested for the following information for each individual served:
  - Service Coordinators collect 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.
  - Sioux Rivers will initially use 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. When possible, information should come from providers and regional statistical data as well as from service recipients and their families, requiring development of surveys. Sioux Rivers will partner with DHS leadership in this area to standardize the data that is being collected to make it meaningful statewide as well as regionally.
  - Sioux Rivers' initial focus aligns with Iowa Code 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:
      1. Percent of enrollees who have had fewer inpatient days following services.
      2. The percentage of enrollees who were admitted to the following:
        - State mental health institutes
        - Medicaid funded private hospital in-patient psychiatric services programs;
        - State resource centers; and
        - Private intermediate care facilities for persons with intellectual disabilities.
    - Readmission rates for inpatient and residential treatment
      1. The percentage of enrollees who were discharged from the following and readmitted within 30 and 180 days:
        - State mental health institutes
        - Medicaid funded private hospital in-patient psychiatric services programs;
        - State resource centers;
        - Private intermediate care facilities for persons with intellectual disabilities.
    - Employment of the persons receiving services.
    - Administrative costs.
    - Data reporting.
    - Timely and accurate claims payment.

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

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

If adequate funding is available, Sioux Rivers will provide assistance for implementation of core and core plus services, for decentralizing services, and to meet the access standards

associated with services by offering requests for proposals (RFPs) in combination with other strategies, including traditional fee for service, startup costs, and grant funds for specified services.

**Request for Proposal:**

Sioux Rivers will consider the use of competitive Requests for Proposal (RFP) to expand core services.

A review team comprised of Sioux Rivers staff will evaluate each proposal according to the established protocol specified in the RFP. Sioux Rivers reserves the right to decline any and all proposals.

**Fee for Service:**

Contractual requirements will be used to ensure that all system participants are aligned with system of care principles. Each service provider shall provide monthly billing invoices within 60 days of service provision, and other information requested of the provider for utilization review. The monthly billings shall include the following information:

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

Sioux Rivers Service Coordinators shall review the billings and additional utilization information in comparison with service funding authorizations in place. Non-emergency services delivered without service funding authorization shall be deducted from the billing. Emergency services will be funded regardless of residence. Reimbursement will be sought from the Region of residence.

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

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

It is the intent of Sioux Rivers Regional MHDS that only regional Service Coordinators shall authorize services for residents of the Sioux Rivers region. Due to that, it is the policy of Sioux Rivers 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 Sioux Rivers may not assume retroactive payment. When written notification is received by Sioux Rivers of the error, the Service Coordinator shall authorize services according to the policies and procedures set forth in this manual. Sioux Rivers Regional staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Non-emergency services delivered without service funding authorization shall be deducted from the billing.

**Startup Costs:**

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

### **Grant Funds:**

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

## **K. Waiting List Criteria**

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

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

Sioux Rivers will implement a waiting list only when the property tax levy in each county is at the maximum and all dollars available to the region have been fully encumbered. Core Services to core populations will be a priority. Additional Core Services will be the next priority. Additional populations served will be the next priority and other services determined to be necessary for the well-being of individuals living in the region will be the final priority. Core Services for target populations shall be considered priority services. Waiting lists and service reductions may take place for all other populations and services

If placed on a waiting list, the applicant shall be 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 Notice shall state such and the Chief Executive Officer will update the applicant at least every 60 days as to the status of their service request.

The waiting list shall be maintained by the Chief Executive Officer.

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

## **L. Amendments**

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

This manual has been approved by the Sioux Rivers Regional MHD Governing Board and is subject to approval by the Director of Human Services.

Amendments to this Policy and Procedures Manual shall be reviewed by the Sioux Rivers MHDS Regional Advisory Board who shall make recommendations to the Governance Board. After approval by the Governance Board, amendments shall be submitted to the Department of Human Services for approval at least 45 days before the planned date of implementation.

## Service Matrix

| Core Services  | Description   | Core Population |    | Core Plus | Access Standards/Criteria   |
|--|---|-----------------|----|-----------|---|
|  |   | MI              | ID | DD        |   |
| <b>Assessment and Evaluation</b><br>( Psychiatric or Psychological Evaluations and Standard functional Assessment) | The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.  |                 | X  |           | An individual who has received inpatient services will receive assessment and evaluation services within four (4) weeks<br><br>Psychiatric Evaluation – Will pay for one per year |
| <b>Case Management</b><br>(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. |                 | X  |           | Referral<br><br>Medicaid Only for Targeted Case Management.   |
| <b>Crisis Evaluation</b>   | The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.   |                 | X  |           | Available 24 hours per day, seven days per week, 365 days per year.<br><br>Must be in crisis  |

|                                |   |          |  |   |
|--------------------------------|---|----------|--|---|
| <p><b>Day Habilitation</b></p> | <p>Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.</p>   | <p>X</p> |  | <p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan</p>   |
| <p><b>Family Support</b></p>   | <p>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.</p>  | <p>X</p> |  | <p>Family Support services are accessed by referral from providers. Standardized assessment must support the need for services of the type and frequency identified in the individual's case plan</p> |
| <p><b>Health Homes</b></p>     | <p>A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.</p> | <p>X</p> |  | <p>Referral Only, to Plains Area Mental Health Center or Siouxland Mental Health Center</p>   |

|   |   |          |  |  |
|---|---|----------|--|--|
| <p><b>Home and Vehicle Modification</b></p> | <p>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.</p>   | <p>X</p> |  | <p>Must meet service need criteria as specified by Medicaid Waiver</p> |
| <p><b>Home Health Aide Services</b></p>     | <p>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.</p>  | <p>X</p> |  | <p>Must meet service need criteria as specified by Medicaid Waiver</p> |
| <p><b>Job Development</b></p>               | <p>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.</p> | <p>X</p> |  | <p>Must meet service need criteria as specified by Medicaid Waiver</p> |

|   |  |          |  |   |
|---|--|----------|--|---|
| <p><b>Medication Management</b></p>             | <p>Services provided directly to or on behalf of the individual by a licensed professional as 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> | <p>X</p> |  | <p>Medication management services are provided within four weeks of requested appointment (Outpatient Access Standards).</p> <p>Standardized assessment must support the need for services of the type and frequency identified in the individual's case plan</p> |
| <p><b>Medication Prescribing</b></p>            | <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>    | <p>X</p> |  | <p>Medication prescribing services are provided within four weeks of requested appointment (Outpatient Access Standards).</p> <p>Standardized Assessment must support the need for this service</p>   |
| <p><b>Mental Health Inpatient Treatment</b></p> | <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>   | <p>X</p> |  | <p>Inpatient services, in an emergency, are provided with 24 hours. Must follow Crisis Pre-screening procedure and inpatient access standards</p>   |
| <p><b>Mental Health Outpatient Therapy</b></p>  | <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>  | <p>X</p> |  | <p>Outpatient services are provided within four weeks of requested appointment.</p> <p>Standardized Assessment must support the need for this service .</p>   |

|   |  |   |  |  |
|---|--|---|--|--|
| <b>Peer Support Services</b>              | A program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.  | X |  | Referrals only.  |
| <b>Personal Emergency Response System</b> | An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.  | X |  | Standardized assessment must support the need for services of the type and frequency identified in the individual's case plan  |
| <b>Prevocational Services</b>             | 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.   | X |  | Standardized assessment must support the need for services of the type and frequency identified in the individual's case plan<br><br>Must meet service need criteria as specified by Medicaid Waiver |
| <b>Respite Services</b>                   | A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis. | X |  | Must meet service need criteria as specified by Medicaid Waiver  |

|   |  |          |          |   |
|---|--|----------|----------|---|
| <p><b>Supported Employment</b></p>                | <p>An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.</p> | <p>X</p> |          | <p>Standardized assessment must support the need for services of the type and frequency identified in the individual's case plan</p> <p>Initial referral will take place within 60 days of request for support for employment.</p> <p>Must meet service need criteria as specified by Medicaid Waiver</p> |
| <p><b>Supported Community Living Services</b></p> | <p>Services provided in a non-institutional setting to adult persons with mental illness, intellectual disability, or developmental disabilities to meet the persons' daily living needs.</p>  | <p>X</p> |          | <p>Standardized assessment must support the need for services of the type and frequency identified in the individual's case plan.</p> <p>Appointment shall occur within 4 weeks of request for community support</p>  |
| <p><b>Twenty Four Hour Crisis Response</b></p>    | <p>Psychiatric care delivered on an emergency basis to those in crisis, usually via phone</p>  | <p>X</p> | <p>X</p> | <p>24 hour access to crisis response, 7 days week, 365 days a year.<br/>Available through Community Mental Health Centers &amp; hospitals.</p>  |
|   |  |          |          |   |

| Other Services                       | Description  | Core Population<br>MI ID | Core Plus<br>DD | Access Standards/Criteria  |
|--------------------------------------|--|--------------------------|-----------------|--|
| <b>Vocational Services</b>           |  | X                        |                 | Based on individual comprehensive assessment and community options for work related activities   |
| <b>Information/Referral Services</b> | Service that informs individuals of available services and programs  | X                        | X               |  |
| <b>Public Education Services</b>     | To educate the general public about the realities of mental health and mental illness.   | X                        | X               |  |
| <b>Homemaker Services</b>            | Homemaking and personal care services  | X                        |                 | Standardized assessment must support the need for services of the type and frequency identified in the individual's case plan<br>Must meet service need criteria as specified by Medicaid Waiver |
| <b>Prescription Medicine</b>         | Prescription psychiatric medications for persons having a mental health diagnosis  | X                        |                 | 3 Month Limit<br>All other means of payment must be considered – Psychotropic only   |
| <b>Residential Care Facilities</b>   | Community facility providing care and treatment  | X                        |                 | Standardized assessment must support the need for services of the type and frequency identified in the individual's case plan.<br>Court ordered/90 day limit.                                    |
| <b>Peer Drop In</b>                  | Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.  | X                        |                 | Available to all residents of the region, but only service location is in Sioux City.  |
| <b>School Program</b>                | Mental health services provided in schools (K-12) through multi-agency collaboration. Provides evaluation, assessment, referral, treatment modalities in the school setting as well as professional settings.  | X                        |                 | Available to all residents of the region, but only service location is in Sioux City.  |
| <b>Mental Health Court</b>           | Identifies individuals within the criminal justice system experiencing mental illness that is contributory to involvement. Provides case management services to persons in lieu of jail time. Requires participation in identified services to clear and drop charges. | X                        |                 | Available to all residents of the region, but only service location is in Sioux City.  |

# 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 IAC 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.

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

The person must have a diagnosis from the following list:

Malignant neoplasms of brain, cerebrum; Malignant neoplasms of brain, frontal lobe.

Malignant neoplasms of brain, temporal lobe; Malignant neoplasms of brain, parietal lobe.

Malignant neoplasms of brain, occipital lobe; Malignant neoplasms of brain, ventricles.

Malignant neoplasms of brain, cerebellum; Malignant neoplasms of brain, brain stem.

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

Malignant neoplasms of brain, cerebral meninges; Malignant neoplasms of brain, cranial nerves.

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

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

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

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

Encephalitis, myelitis and encephalomyelitis; Intracranial and intra-spinal abscess.

Anoxic brain damage; Subarachnoid hemorrhage; Intra-cerebral hemorrhage.

Other and unspecified intracranial hemorrhage; Occlusion and stenosis of pre-cerebral arteries.

Occlusion of cerebral arteries; Transient cerebral ischemia; Acute, ill-def. cerebrovascular disease.

Other and ill-defined cerebrovascular diseases; Fracture of vault of skull; Fracture of base of skull.

Other and unqualified skull fractures; Multiple fractures involving skull or face with other bones.

Concussion; Cerebral laceration and contusion; Subarachnoid, subdural, and extradural hemorrhage following injury; Other and unspecified intracranial hemorrhage following injury.

10/2/13 Human Services [441] Chapter 83, p.27; Intracranial injury of other and unspecified nature.

Poisoning by drugs, medicinal and biological substances; Toxic effects of substances; Effects of external causes; Drowning and nonfatal submersion; Asphyxiation and strangulation.

Child maltreatment syndrome; Adult maltreatment syndrome.

**Chief Executive Officer (CEO)** -- the individual chosen and supervised by the governing board who serves as the single point of accountability for the Region as per 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 (Service Coordinator)** -- 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.

**Service Coordinator**--as defined in Iowa Code 331.390.3.b. (See coordinator of dis. services)

**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.

# Sioux Rivers Regional MHDS Application Form

*For individuals living in: Plymouth, Sioux and Woodbury Counties*

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

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

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

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

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

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

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

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

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

Current Address: \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Begin Date \_\_\_\_\_

I live:  Alone  With Relatives  With Unrelated persons

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

Previous Address \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

## Current Service Providers:

Name

Location

1. \_\_\_\_\_
2. \_\_\_\_\_

## Current Residential Arrangement: (Check applicable arrangement)

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

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

## Current Employment: (Check applicable employment)

Unemployed, available for work  Unemployed, unavailable for work  Employed, Full time  
 Employed, Part time  Retired  Student  
 Work Activity  Sheltered Work Employment  Supported Employment  
 Vocational Rehabilitation  Seasonally Employed  Armed Forces  
 Homemaker  Volunteer  Other \_\_\_\_\_

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Hours worked weekly: \_\_\_\_\_

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

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

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

Emergency Contact Person: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Guardian/Conservator appointed by the Court?  Yes  No

Protective Payee Appointed by Social Security?  Yes  No

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

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

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

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

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

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

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

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

**List All People In Household:**

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

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

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

**Gross Monthly Income (before taxes):**  
 (Check Type & fill in amount)

**Applicant Amount:**

**Others in Household Amount:**

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

\_\_\_\_\_

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**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 _____                        | _____  | _____                     |
| <b>Total Resources:</b>                                     | _____  | _____                     |

**Motor Vehicles:**  Yes  No  
 (include car, truck, motorcycle, boat, recreational vehicle, etc.)

Make & Year: \_\_\_\_\_

Make & Year: \_\_\_\_\_

Make & Year: \_\_\_\_\_

Estimated value: \_\_\_\_\_

Estimated value: \_\_\_\_\_

Estimated value: \_\_\_\_\_

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

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

If yes to any of the above, please explain: \_\_\_\_\_

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

**Health Insurance Information: (Check all that apply)**  
**Primary Carrier (pays 1<sup>st</sup>)**

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

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 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 Medicaid/Title 19 or Medicare Claim Number)  
 Start Date: \_\_\_\_\_ Any limits?  Yes  No  
 Spend down: \_\_\_\_\_ Deductible: \_\_\_\_\_

**Referral Source:**

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the above information is true and complete to the best of my knowledge, and I authorize Sioux Rivers Regional MHDS staff to check for verification of the information provided including verification with Iowa county government and the state of Iowa Dept. of Human Services (DHS) and Iowa Department of Corrections or Community Corrections staff. I understand that the information gathered in this document is for the use of the Sioux Rivers Region to establish my ability to pay for the services requested, and to assure 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 \_\_\_\_\_