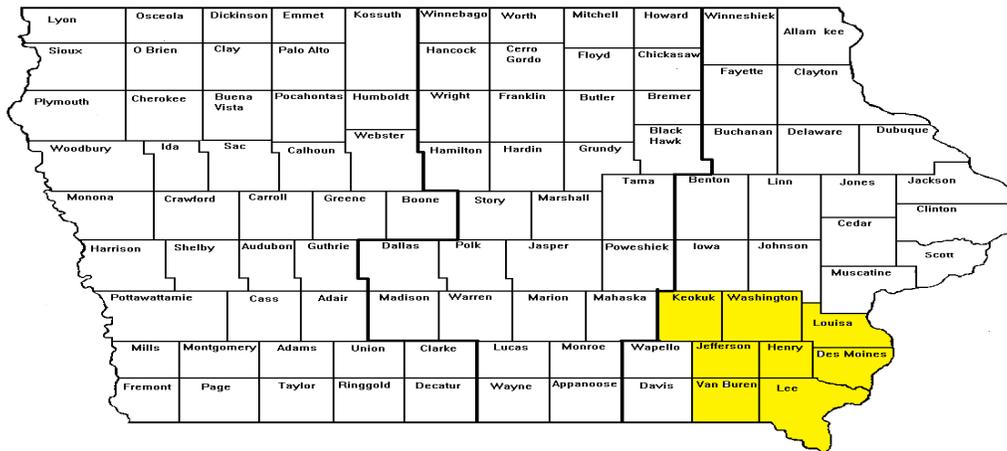


SOUTHEAST IOWA LINK (SEIL)

Mental Health and Disability Services

Annual Service and Budget Plan for FY'17

Serving Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Van Buren
and Washington Counties



Mission:

Collaborate with people to provide welcoming individualized and integrated services that create opportunities to improve lives.

Vision:

The Vision of Southeast Iowa Link is to facilitate open, quality and comprehensive services to people with multiple issues in their lives. We strive to be welcoming, hopeful and helpful to people who have complex MHDS challenges, including trauma.

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INTRODUCTION

Southeast Iowa Link (hereafter referred to as SEIL) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390.

In compliance with IAC 441-25 the SEIL Management Plan is comprised of three parts: Annual Service and Budget Plan, Annual Report, and Policies and Procedures Manual. The Annual Service and Budget Plan includes: local access points, Targeted Case Management agencies, a plan to address prevention, ensuring effective crisis stabilization, a description of the scope of services, projection of need and cost to meet the need, and provider reimbursement provisions. Upon implementation of the initial SEIL management plan, each subsequent year an Annual Report will be submitted as per legislative direction, as well as the Annual Service and Budget Plan.

The Annual Service and Budget Plan has been approved by the SEIL Governing Board and is subject to approval by the Director of Human Services.

The SEIL Management Plan is available at each local SEIL office as well as on the DHS website.

ACCESS POINTS

An access point is a part of the service system or community that shall be trained to assist with the MHDS funding applications for persons with a disability. SEIL has designated the county MHDS offices for this function. Also noteworthy for these access points, the commitment of SEIL to provide a no wrong door approach with attention to provision of service that is warm and welcoming, integration focused, multi-occurring capable, and trauma informed.

County Office Access Points	Address	Phone
Des Moines	910 Cottonwood, Suite 1000, Burlington, IA 52601	319-754-8556
Henry	106 N Jackson St., Suite 102, Mt Pleasant, IA 52641	319-385-4050
Jefferson	Courthouse, 51 E. Briggs, Fairfield, IA 52556	641-472-8637
Keokuk	101 S Main St., Courthouse, 2 nd Floor-Room #23, Sigourney, IA 52591	641-622-2383
Lee	307 Bank St. PO Box 937, Keokuk, IA 52632	319-524-1052
Louisa	117 S. Main (Courthouse) P.O. Box 294, Wapello, IA 52653	319-523-5125
Van Buren	404 Dodge Street, Courthouse, Keosauqua, IA 52565	319-293-3793
Washington	2175 Lexington Blvd. Bldg. #2, PO Box 902, Washington, IA 52353	319-653-7751

TARGETED CASE MANAGEMENT (IAC 441-25.21(1)g)

SEIL has evaluated interested agencies and made a recommendation to the SEIL Governing Board in regard to the designation of Targeted Case Management (TCM) entities that will offer services to individuals enrolled in the Medicaid Program within the region. As per Iowa Administrative Code 441-25.21(1)g, SEIL TCM designates will offer access to cost effective, evidenced based, conflict free Targeted Case Management.

Additionally, designated Targeted Case Management agencies serving the SEIL region must be accredited by the Department of Human Services and meet the following standards of service as defined in IAC 441:

- Performance and outcome measures relating to the safety, work performance and community residency of the individuals receiving the service
- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-25.21 g which may include the use of electronic recording keeping and remote or internet based training

SEIL has identified and designated the following providers:

TCM Designates	Address	Phone number
Des Moines County Case Management	910 Cottonwood, Suite 1000, Burlington, IA 52601	319-754-8556
Southeast Iowa Case Management	1000 W Washington Street, Suite102, Mt Pleasant, IA 52641	319-986-5659
DHS Targeted Case Management	1035 Ave H, Fort Madison, IA 52627	319-372-7079

CRISIS PLANNING

An inordinate amount of time has been expended in the SEIL region to develop an extensive crisis service system. Stakeholder /Change Agents of the region came together to develop a strategic plan in FY16 and this document has become the foundation of which to build the service array deemed as necessary to meet the unique needs of our region and local communities.

Current basic crisis response provisions; including 24 hour access to crisis response and evaluation, is provided through Community Mental Health Centers and providers as listed below:

AREA	Location	Address	Phone number
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Des Moines	Great River Mental Health	1225 S Gear Ave Mercy Plaza Ste251 West Burlington, IA 52655	319-768-3700
Des Moines	Great River Medical Center	1221 S Gear Ave West Burlington, IA 52655	319-768-1000
Des Moines	Bridgeway	1105 Derek Lincoln Dr. West Burlington, IA 52655	319-208-0894
Des Moines	Optimae Life Solutions Behavioral Health	407 N. 4th St. Burlington, IA 52601	319-752-3385
Des Moines	Family Behavioral Healthcare of Iowa	218 N 3 rd St. Suite 600 Burlington, IA 52601	319-752-7300
Des Moines	Higgins and Associates	320 N. 3 rd St. Suite 520 Burlington, IA 52601	319-574-6266
Des Moines	Young House Family Services	400 South Broadway West Burlington, IA 52655	319-752-4000
Henry	Hillcrest Family Services	106 N Jackson, Mount Pleasant, IA 52641	319-385-7177
Jefferson	Optimae Life Solutions Behavioral Health	301 W Burlington Ave, Fairfield, IA 52556	641-472-1684
Jefferson	Tenco	710 Gateway Dr Ottumwa, IA 52501	641-682-8114
Keokuk	Mahaska Health Partnership Behavioral Health	1229 C Ave East Oskaloosa, IA 52577	641-672-3159
Keokuk	First Resources	100 N Main St. Sigourney, IA 52591	641-622-2543
Keokuk	Southern Iowa Mental Health Center	110 E Main, Ottumwa, IA 52501	641-682-8772
Keokuk	Hillcrest Family Services Washington County CMHC	2175 Lexington Blvd, Bldg. 2 Washington, IA 52353 and/or 23019 Hwy 149 Sigourney, IA 52591	319-653-6161
Lee	Bridgeway	208 Bank St, Keokuk, IA 52632	319-524-3873
Lee	Counseling Associates	1124 Ave. H Ste 2, Fort Madison, IA 52627 1522 Morgan St Keokuk, IA 52632	319-372-7689 319-524-0510
Lee	Dr. Ordona	5409 Ave. O Ste 125, Fort Madison, IA 52627	319-376-1130
Lee	Dr. Kantamneni	1512 Morgan St, Keokuk, IA 52632	319-524-8976
Louisa	Hillcrest Family Services Louisa County CMHC	218 N. 2nd St. Wapello, Iowa 52653	319-527-5455 24 Hr Crisis Line 855-500-1239
Van Buren	Optimae Life Solutions Behavioral Health	301 W Burlington Ave, Fairfield, IA 52556	641-472-1684
Washington	Hillcrest Family Services Washington County CMHC	2175 Lexington Blvd, Bldg. 2 Washington, IA 52353	319-653-6161

CRISIS SERVICES

SEIL has made great effort to discover the needs of our communities and counties. One example of effort is the monthly Change Agent Team meetings which draw participation from all of the eight counties within our region. We have worked as a team to identify crisis needs, the services needed to meet the needs effectively and cost efficiently, and have demonstrated success in facilitating desired outcomes for individuals in crisis. This period of discovery and implementation was engaged in not only with the SEIL Management Team and Change Agent Team, but also SEIL Governing Board, local providers, users of service, community leaders, businesses, law enforcement, legal counsel, and judiciary. The following is an overview of the strategies for prevention, intervention, and resolution that have been implemented thus far to address need:

- SEIL has invested in Peer Drop In/Recovery Centers to facilitate community integration and prevent social isolation which can exacerbate individual's mental health struggles.
- Thru the Change Agent process, the SEIL Region has engaged providers in trainings related to Co-occurring diagnosis, trauma informed care, collective impact strategy, and Non-Violent Crisis Prevention Intervention. The region also attempted to facilitate Mental Health First Aid for Law enforcement in gaining MHFA trainer, but the training did not have sufficient registrants and was therefore cancelled. This is an area that SEIL will again attempt to facilitate along with public education on Mental Health First Aid strategy.
- SEIL has partnered with a number of inter-disciplinary providers across the spectrum of human services to facilitate education and marketing of all MHDS services.
- There has been an expansion of WRAP services within our region as well as increased utilization of Peer support.
- Each of the eight county access points is offering safety cards to individuals so to deter the escalation of mental health symptoms via access to a visual cue at any time that there is support available and the name and location of their primary supports (natural, prescriber) as well as the crisis line number.
- A number of the SEIL outpatient providers of clinical/medical/therapeutic services have contracted for emergency and urgent care appointments in order to facilitate prompt access to service as the situation dictates. Additionally, the region has focused on improving the quality of practice through a multi-dimensional approach to quality improvement. Trainings have been facilitated to staff across the spectrum of services (clinical to community based) for multi-occurring, trauma informed, integrated, strength based approaches that are person centered and stage matched. This will be an ongoing venture with the goal of facilitating competencies/trainings to meet the demands of the roles that all MHDS personnel occupy. The

region has also endorsed and plans to incentivize the use of the Compass EZ with agency providers so to have measurable progress in our efforts to provide competent, prompt, and quality service.

- Each of the eight counties of the region currently have access to an on-call system in which a licensed therapist is available in person to each of our eight hospitals in the region. A standardized minimum assessment is utilized by each of these on-call therapists to provide consult to the Hospital Emergency Department of which a person is present. That assessment is a combination of a psychosocial evaluation with the integration of the Columbia Suicide risk assessment/rating scale. This assessment is also the access standard for the regions two Crisis Stabilization Residential Services.
- Jail Diversion has been developed and will be an ongoing service embedded in all 8 county jail systems of the SEIL region. The collaborative effort amongst the SEIL Management team, the local Sheriffs/Jail Administrators, Board of Supervisors, Judiciary, Probation Officers, Clerks of Court, and local MHDS provider network has been tremendously educational and useful in developing a service system that has demonstrated a positive impact on the various departments and finances of the county/region/state system. The diversion programs were initiated with emphasis on Intercept 3 and 4 of the Sequential Intercept Model. Near future plans include incorporating strategy to address Intercept 1 and 2 needs as a component in the development of an enhanced community based crisis stabilization system that is feasible and financially sustainable given the needs and resources of our community.
- Jail Diversion coordinators facilitate necessary linkages to community based service array i.e. Integrated Health Home, Community Mental Health Center, etc. to ensure supports upon discharge from our local jail systems.
- SEIL has developed processes with local Law enforcement agencies to send out email blasts to service providers on dispatch calls received that have been flagged for possible mental health and/or substance related complications. This information can be used to prevent further escalation of issues or as a response trigger to intervene on behalf of an already established service recipient to resolve escalating difficulties.
- SEIL has engaged contracted Mental Health Agencies to facilitate Crisis Care Coordination. A component of this Crisis Care coordination is to follow up with individuals that have utilized the crisis, urgent, emergency, and/or on-call system when in crisis to ensure that they have the knowledge and resources available to them to maintain their mental wellbeing.
- Individuals that have experienced a mental health crisis and/or are transitioning from an institutional level of care that have come in contact with the SEIL MHDS system of care are referred to Integrated Health Home Services (regardless of funding source) to assist in developing a treatment plan to address individual need and necessary supports to have a healthy and safe life in the community of their choice.

FUTURE PLANNING

- Continue to facilitate professional competencies for employees within our provider network. Emphasis will be given to multi-occurring, trauma informed, motivational interviewing/strength based, stage matched, person centered intervention knowledge and skills.
- SEIL was advised that provider contracts with Foundation 2 for 24 hour on-call services did not constitute region access to 24 hour crisis hotline per Chapter 24 standards, therefore SEIL is currently working with Great River Medical Center (GRMC) and their Behavioral Health Assessment Team in investigating the possibility of initiating those services here in the region with connectivity to our local region provider network of which GRMC have already partnered with for various systematic processes.
- Great River Medical Center is piloting a collaborative effort with Counseling Associates IHH/ Optima in Des Moines County with 24 hour Hab sites to integrate Medical services with the Behavioral Health component. This expands service for those individuals accessing 24 hour Hab (dietary, OT/PT, primary care, etc) and facilitates line staff education in meeting the needs of their clients with mindfulness to the whole person/whole treatment.
- Counseling Associates IHH has posted a position to provide behavioral interventionist services for difficult to serve individuals residing in the communities of Lee and Des Moines. The objective is to provide sustainable community based living arrangements and assist line staff from all community based providers with knowledge and techniques to successfully assist their clientele.
- Formalize resource inventory into applicable resource guide and begin to make public and market SEIL related information, referral, and resources.
- Continue to conduct a gap analysis/utilization review for crisis and stabilization services.
- Complete a feasibility study of service implementation from strategic plan and gap analysis
- Forecast potential obstacles to sustainability that would deter service development
- Continue to develop outcome and value based service array solidified in contractual agreements with region service providers and working with QSDA group to gain some degree of standardization across the regions and state.

- Work collaboratively with Managed Care Organizations to facilitate seamless service delivery to individuals across the array of publicly funded benefits and with mindfulness of the continuity of treatment in the life of each individual served.
- Create a network of care across multiple disciplines (DHS, DOC, Elder Affairs, IDPH, Law Enforcement, Lifelong Links, Vocational Rehabilitation, Workforce Development) to facilitate person centered, multi-occurring capable, evidence/recovery/strength based, integrated, solution focused options in service for individuals in need.

SCOPE OF SERVICES AND BUDGET FOR FY'17

SEIL continues to develop regional service access and array. The FY 17 budget was developed at the local level by the personnel of the individual counties, the county Board of Supervisors that wield taxing authority, and with close attention to the legal implications of home rule. SEIL Governing Board members and SEIL Management Team facilitated many discussions on the budgeting process at governing board meetings and at the local level. Recommendations were made as it relates to projected expenditures, levy capacity per current law, and existing fund balances maintained at the local level. It was noted that the region will no longer receive Social Service Block Grant (SSBG) dollars from the state in FY17 moving forward so the loss of that revenue source reduces the amount of overall revenues to the region and places SEIL revenues solely from property tax dollars. The SEIL budget recommendation was to build a \$35.00 per capita expenditure budget as the minimum investment to the region. The revenue used to build that minimum budget could be derived from fund balance, levy, or a combination thereof as determined most appropriate at the local level by the Board of Supervisors in each county. The allocation of fund balance into the expenditure budget demonstrates a good faith effort on the part of SEIL to develop service while simultaneously reducing property tax asking and spending down fund balance responsibly. This did not occur without controversy at the local level as the perspectives are varied on the issue either as a property tax reduction issue, revenue reduction issue, service development issue, or impediment to home rule issue- very similar to the previous year's budgeting process. Despite these varied perspectives, resolution was reached and the region budget was created with mindfulness of all perspectives as well as the fact that the ongoing funding mechanisms for region costs have yet to be resolved legislatively.

SEIL's mission is to collaborate with people to provide welcoming individualized and integrated services that create opportunities to improve lives. These services will be in the least restrictive environment to meet individual need and will be guided by conflict free clinical assessment and care coordination. Olmstead: Community Integration for Everyone will be a driving principle in ensuring individuals receives-the most appropriate level of care services to meet their needs. SEIL will strive to be welcoming, hopeful and helpful to people who have complex MHDS challenges, including trauma. Furthermore, as indicated in the SEIL Management Plan, it is our objective to develop a system of care approach that is characterized by the following principles and values:

- Welcoming individualized and integrated services
- Provide access to comprehensive need based services

- Person centered and family driven
- Being able to sustain a quality of life in the community of choice
- Recovery/resiliency oriented
- Trauma-informed
- Culturally competent
- Multi-occurring capable

SEIL shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the SEIL MHDS Management Plan, within the constraints of budgeted dollars and per legislative direction. SEIL shall be the funder of last resort and regional funds shall not replace other funding that is available, nor shall it supplement other forms of public benefit for “same service.” An individual who is eligible for other privately or publicly funded services and supports must apply for and accept such funding and support and comply with requirements to remain eligible for such funding and support.

Below is the scope of services. As indicated in the SEIL MHDS Management Plan, the standardized functional assessment (as indicated in Iowa Code 331.396 and determined by the Director of Human Services in consultation with the state commission) must support the need for services of the type and frequency identified in the individual’s case plan. The number indicated under target populations and additional population is a projected estimate of numbers served in each of the priority service areas that are funded via the region.

Priority Services (IC331.25.3)	Description	Target Pop. MI/ID	Add'l Pop.	Access Standards
<p>Functional Assessment and evaluation (Psychiatric or Psychological Evaluations and Standard Functional Assessment)</p>	<p>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.</p>	<p>MI, ID 99/3</p>	<p>DD 0</p>	<p>Functional assessment completed within 90 days of notice of enrollment. Individual who has received inpatient treatment shall be assessed within 4 weeks. Offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community. Emergency: within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment Evaluation Emergency: within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment</p>

Case management (Targeted Case Management and Service Coordination)	Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.	MI,ID 17/4	DD 12	*Service Coordination: Individuals shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area. Individuals shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility
Priority Services (IC331.25.3)	Description	Target Pop. MI/ID	Add'l Pop.	Access Standards
Crisis evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.	MI,ID 6	DD 1	Within 24 hours
Day habilitation	Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.	MI,ID 148/0	DD 5	Referral shall be within 60 days of request for such service. Standardized Assessment support the need for this service
Family support	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family home or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	MI,ID 21/1	DD 3	Individuals receiving recovery services shall not have to travel more than 30 miles if residing in urban area or 45 miles if residing in rural area

Priority Services (IC331.25.3)	Description	Target Pop. MI/ID	Add'l Pop.	Access Standards
Health homes	A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.	MI, ID 17	DD 1	*Service Coordination: Individuals shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area. Individuals shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility
Home and vehicle modification	A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.	MI, ID 0	DD 0	First appointment shall occur within 4 weeks of the request for such service. Lifetime limit equal to that established for the HCBS waiver for individuals with intellectual disabilities. Provider payment will be no lower than that provided through the HCBS waiver.
Home health aide services	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	MI, ID 16/0	DD 0	First appointment shall occur within 4 weeks of the request for such service. Standardized Assessment support the need for this service

Priority Services (IC331.25.3)	Description	Target Pop. MI/ID	Add'l Pop.	Access Standards
Job development	<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>	MI, ID 0/4	DD 5	Referral shall be within 60 days of request for such service.
Medication Management	<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>	MI, ID 25/1	DD 1	<p>Offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community. Emergency: within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment Outpatient treatment evaluation supports the need for this service</p> <p>Utilization Review: 12 per year</p>

Priority Services (IC331.25.3)	Description	Target Pop. MI/ID	Add'l Pop.	Access Standards
Medication Prescribing	Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.	MI, ID 25/1	DD 1	Offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community. Emergency: within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment Outpatient treatment evaluation supports the need for this service Utilization Review: 12 per year
Mental health inpatient treatment	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.	MI, ID 10	DD 0	Shall receive treatment within 24 hours available at inpatient mental health services at any state or private mental health unit in Iowa at host region contractual rate in the absence of a contract, SEIL shall reimburse at the current Medicaid rate financial eligibility will not be assessed in the case of involuntary inpatient hospitalizations
Mental health outpatient therapy	Services shall consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management and individual, family, and group therapy.	MI, ID 25/1	DD 1	Offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community. Emergency: within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment Utilization Review: Clinical Eval- 1 every 12 months Therapy- 48 hours per year Group Therapy- 16 hours per year

Peer support services	A program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.	MI, ID 21/1	DD 3	Individuals receiving recovery services shall not have to travel more than 30 miles if residing in urban area or 45 miles if residing in rural area
Priority Services (IC331.25.3)	Description	Target Pop. MI/ID	Add'l Pop.	Access Standards
Personal emergency response system	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	MI, ID 0	DD 0	24 hours a day, 365 days a year Standardized Assessment support the need for this service
Prevocational services	Services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	MI, ID 0/2	DD 2	Referral shall be within 60 days of request for such service. Standardized Assessment support the need for this service
Respite Services	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	MI, ID 0	DD 0	First appointment shall occur within 4 weeks of the request for such service. Standardized Assessment support the need for this service
Supported Community Living Services	Services provided in a non-institutional setting to adult persons with mental illness, mental retardation, or developmental disabilities to meet the persons' daily living needs.	MI, ID 9/1	DD 7	First appointment shall occur within 4 weeks of the request for such service. Funding is limited to 90 days to allow for Medicaid eligibility to be established

Priority Services (IC331.25.3)	Description	Target Pop. MI/ID	Add'l Pop.	Access Standards
Supported Employment	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	MI, ID 0/4	DD 5	Referral shall be within 60 days of request for such service.
Twenty four hour crisis response	Per provider protocol	MI, ID 34/1	DD 0	24 hours a day, 365 days a year provided through community mental health centers
Commitment Related (Evaluations, Sheriff Transport, Legal Representation, Mental Health Advocates)	Court ordered services related to mental health commitments Attorney Fees will be paid at the amount established in IAC 815.7(4)	MI, ID 18/1	DD 0	Court order Financial eligibility will not apply to these cost centers
Priority 2 or Beyond Core Services	Description	Target Pop	Add'l Pop	Conditions

Priority Services (IC331.25.3)	Description	Target Pop. MI/ID	Add'l Pop.	Access Standards
<p>Dual Diagnosis treatment (Mount Pleasant MHI)</p> <p>Voluntary and Involuntary (IAC 125 & 229)</p> <p>SEIL is not liable for Community Correction admissions under criminal District Court Orders (DCO)</p>	<p>Treatment services for severe mental illness (mainly psychotic disorders) and problematic drug and/or alcohol use.</p>	<p>MI, ID 21/3</p>	<p>DD 0</p>	<p>Per Iowa Code section 226.9C (2)c; Prior to an individual's admission for dual diagnosis treatment the individual shall have been prescreened. The person performing the prescreening shall either be the mental health professional, as defined in section 228.1, who is contracting with the SEIL to provide the prescreening or a mental health professional with the requisite qualifications. A mental health professional with the requisite qualifications shall meet all of the following qualifications; is a mental health professional as defined in section 228.1, is an alcohol and drug counselor certified by the nongovernmental Iowa board of substance abuse certification, and is employed by or providing services for a facility, as defined in section 125.2. Prior to an individual's admission for Dual Diagnosis treatment, the individual shall have been screened thru SEIL's eligibility process to determine the appropriateness of treatment. A county shall not be chargeable for the costs of treatment for an individual enrolled in and authorized by or decertified by a managed behavioral care plan under the medical assistance program, or other governmental insurance or private insurance.</p>
<p>Transportation</p>	<p>Transportation to day habilitation and vocational programs</p>	<p>0</p>	<p>0</p>	<p>Currently not funded by Region</p>

Priority Services (IC331.25.3)	Description	Target Pop. MI/ID	Add'l Pop.	Access Standards
Permanent Supportive Housing	Voluntary, flexible supports to help individuals with psychiatric disabilities choose, get, and keep housing that is decent, safe, affordable, and integrated into the community. Tenants have access to an array of services that help them keep their housing, such as case management, assistance with daily activities, conflict resolution, and crisis response consistent with evidence-based standards published by the Substance Abuse and Mental Health Services Administration	MI, ID 7/0	DD 0	Must have applied for Social Security Benefits, signed an Interim Assistance Reimbursement with a county or SEIL and submitted a medical exemption for Medicaid
Information; Referral Services	Service that informs individuals of available services and programs	MI, ID 22634/1476	DD 492	No requirement
Public Education Services	To educate the general public about the realities of mental health and mental illness.	MI, ID 22634/1476	DD 492	No Requirement
Homemaker services	Homemaking and personal care services	0	0	Currently not funded by Region
Prescription Medicine	Prescription psychiatric medications for persons having a mental health diagnosis	0	0	Currently not funded by Region
Residential Care Facilities	Community facility providing care and treatment	MI, ID 17/2	DD 1	Standardized assessment must support the need for services of the type and frequency identified in the individual's case plan. Funding is limited to 90 days to allow for individualized and integrated service eligibility to be established.
Peer Drop In	Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.	MI, ID 515/76	DD 18	No Requirement

Note: The numbers reflected associated with diagnosed target populations, captures a projection of regionally funded individuals- unduplicated. MHDS Regions across the state have not been authorized to view Medicaid funded unduplicated counts of individuals served, nor do they have

access to any other public or private third party payer information. Additionally, SEIL is in process of identifying best practices in reporting data which will have influence on future data counts related to Chart of Account Codes and services.

County, regional, private third party payment and state funding may be a resource or funding mechanisms for some of the above identified services. SEIL will continue to request information and to assist in identifying funding structures (including regional service expenditure funds) that will work congruently with each other to derive successful outcomes for individuals served. The Department of Human Services' Director-designated assessment tools will direct the level of care need and individualized treatment services required to facilitate integration and independence. At present the Supports Intensity Scale (SIS) was the identified assessment for individuals with intellectual and developmental disabilities and it is our understanding in conversations with the Managed Care Organizations that the InterRAI will be the assessment for individuals with mental health diagnosis. SEIL has inquired and requested access in purchasing these assessments from the same array and providers as the Medicaid service system, but with little success because of capacity issues and possibly contractual conflict. This is a strategy that the SEIL will continue to pursue so to reduce duplication, decrease financial cost, and ensure that the system is not re-traumatizing or increasing anxiety of individuals by asking them to tell their personal stories repeatedly or routinely subjecting them to a litany of questions that have already been gathered.

BUDGET FY'17

Totals MHDS EXPENDITURE ACCOUNTS - FY17

FY 2017	SEIL MHDS Region	TOTALS
Core Domains		
COA	Treatment	
43301	Assessment & evaluation	\$ 26,500.00
42305	Mental health outpatient therapy	\$ 85,500.00
42306	Medication prescribing & management	\$ 36,878.00
71319	Mental health inpatient therapy-MHI	\$ 261,568.00
73319	Mental health inpatient therapy	\$ 38,050.00
	Basic Crisis Response	\$ -
32322	Personal emergency response system	\$ 8,000.00
44301	Crisis evaluation	\$ 429,862.00
44305	24 hour access to crisis response	\$ 174,000.00
	Support for Community Living	\$ -
32320	Home health aide	\$ 2,500.00
32325	Respite	\$ 7,500.00
32328	Home & vehicle modifications	\$ 3,500.00
32329	Supported community living	\$ 264,580.00
	Support for Employment	\$ -

50362	Prevocational services	\$ 25,365.00
50367	Day habilitation	\$ 40,551.00
50364	Job development	\$ 9,736.00
50368	Supported employment	\$ 55,675.00
50369	Group Supported employment-enclave	\$ 7,500.00
	Recovery Services	\$ -
45323	Family support	\$ 8,000.00
45366	Peer support	\$ 18,000.00
	Service Coordination	\$ -
21375	Case management	\$ 30,831.00
24376	Health homes	\$ 30,776.00
	Core Evidenced Based Treatment	\$ -
04422	Ed. & Training Services-provider competency	\$ 35,471.00
32396	Supported Housing	\$ 105,000.00
42398	Assertive Community Treatment (ACT)	\$ 2,500.00
45373	Family psychoeducation	\$ 6,178.00
	Core Domains Total	\$ 1,714,021.00
	Mandated Services	\$ -
46319	Oakdale	\$ 30,500.00
72319	State resource centers	\$ -
74XXX	Commitment related (except 301)	\$ 276,410.00
75XXX	Mental health advocate	\$ 220,681.00
	Mandated Services Total	\$ 527,591.00
	Additional Core Domains	\$ -
	Comprehensive Facility & Community Based Crisis Services	\$ -
44346	24 hour crisis line	\$ 22,500.00
44366	Warm line	\$ 5,000.00
44307	Mobile response	\$ 20,000.00
44302	23 hour crisis observation & holding	\$ 10,000.00
44312	Community based crisis stabilization	\$ 10,000.00
44313	Residential crisis stabilization	\$ 1,042,465.00
	Sub-Acute Services	\$ -
63309	Subacute services-1-5 beds	\$ -
64309	Subacute services-6 and over beds	\$ -
	Justice system-involved services	\$ -
46305	Mental health services in jails	\$ 5,000.00
25xxx	Coordination Services	\$ 103,525.00
46422	Crisis prevention training	\$ 15,000.00
46425	Mental Health Court Related Cost	\$ -
74301	Civil commitment prescreening	\$ 6,000.00

46399	Justice system-involved services-other	\$ -
	Additional Core Evidenced Based Treatment	\$ -
42397	Psychiatric rehabilitation (IPR)	\$ 2,500.00
42366	Peer self-help drop-in centers	\$ 630,794.00
	Additional Core Domains Total	\$ 1,872,784.00
Other Informational Services		\$ -
03XXX	Information & referral	\$ -
04XXX	Consultation	\$ 26,000.00
05XXX	Public education	\$ 37,000.00
	Other Informational Services Total	\$ 63,000.00
Other Community Living Support Services		\$ -
06399	Academic services	\$ -
22XXX	Services management	\$ 228,780.00
23376	Crisis care coordination	\$ 138,171.00
23399	Crisis care coordination other	\$ -
24399	Health homes other	\$ -
31XXX	Transportation	\$ -
32321	Chore services	\$ -
32326	Guardian/conservator	\$ -
32327	Representative payee	\$ -
32399	Other support	\$ -
32335	CDAC	\$ -
33330	Mobile meals	\$ -
33340	Rent payments (time limited)	\$ 44,500.00
33345	Ongoing rent subsidy	\$ 38,000.00
33399	Other basic needs	\$ -
41305	Physiological outpatient treatment	\$ -
41306	Prescription meds	\$ -
41307	In-home nursing	\$ -
41308	Health supplies	\$ -
41399	Other physiological treatment	\$ -
42309	Partial hospitalization	\$ -
42310	Transitional Living Program	\$ -
42363	Day treatment	\$ -
42396	Community support programs	\$ 11,000.00
42399	Other psychotherapeutic treatment	\$ -
43399	Other non-crisis evaluation	\$ -
44304	Emergency care	\$ -
44399	Other crisis services	\$ 10,000.00
45399	Other family & peer support	\$ -
50361	Vocational skills training	\$ -

50365	Supported education	\$	-
50399	Other vocational & day services	\$	10,000.00
63XXX	RCF 1-5 beds	\$	1,000.00
63XXX	ICF 1-5 beds	\$	-
63329	SCL--1-5 beds	\$	77,121.00
63399	Other 1-5 beds	\$	-
	Other Comm Living Support Services Total	\$	558,572.00
	Other Congregate Services	\$	-
50360	Work services (work activity/sheltered work)	\$	-
64XXX	RCF--6 and over beds	\$	144,000.00
64XXX	ICF--6 and over beds	\$	-
64329	SCL--6 and over beds	\$	11,000.00
64399	Other 6+ beds	\$	-
	Other Congregate Services Total	\$	155,000.00
	Administration	\$	-
11XXX	Direct Administration	\$	877,201.00
12XXX	Purchased Administration	\$	97,947.00
	Administration Total	\$	975,148.00
		\$	-
	Regional Totals	\$	5,866,116.00
	(45)County Provided Case Management	\$	-
	(46)County Provided Services	\$	-
	Regional Grand Total	\$	5,866,116.00

REVENUE FY'17

County	FY17 Levied Taxes	FY17 Fund Balance Allocation to Budget	FY17 Budgeted Expenditures
Des Moines	\$848,031	\$657,468	\$1,505,499
Henry	\$0	\$731,864	\$731,864
Jefferson	\$607,300	\$37,734	\$645,034
Keokuk	\$143,220	\$164,715	\$307,935
Lee	\$705,720	\$545,599	\$1,251,319
Louisa	\$200,000	\$190,635	\$390,635
Van Buren	\$150,000	\$111,380	\$261,380
Washington	\$172,588	\$599,862	\$772,450
TOTALS	\$2,826,859	\$3,039,257	\$5,866,116

Projected Region Fund Balance Total as of July 1, 2016: \$5,170,463

FINANCIAL FORECASTING

Historical service utilization is the starting point for all financial projections. However, there has not been a quantifiable period of time that has not gone untouched by some form of change. At present we anticipate that the Managed Care Organization business system will be in effect for the duration of FY17. There will be systematic rollovers from the old service delivery system into the new environment with certain targets for status quo outlined in the MCO contractual obligations. Once those targets expire, there will be modifications to the service authorization process and variances in approach among the three MCOs in strategy to most usefully and cost effectively deliver service. In addition to the implementation of the new privatized Medicaid management, other factors are anticipated to create change in the system at large, including but not limited to: reimbursement rates to providers which may lead to provider network changes, the CMS rules on residence, the possibility of new services not currently in existence, State Innovation Model influences, Olmstead driven change, and of course the possibility of political changes at the various levels of government that could influence system function.

Throughout the year the SEIL Governing Board, Management Team, Advisory Board, Change Agent Team and local stakeholders will identify unmet needs and areas for service improvement and development. Any service development will take into account legislative action that will have implications for the SEIL financial strategy in meeting the needs of the MHDS population.

PROVIDER REIMBURSEMENT PROVISIONS

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

- Name and unique identifier of each individual served during the reporting period.
- 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 co-payment or other charges billed to other sources shown as deductions on the billing.
- Actual amount to be charged to SEIL for each individual for the period.
- The invoice must contain the provider name, address, invoice date, invoice number and signature.

SEIL staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Services billed without service funding authorization shall be deducted from the billing.

All eligible bills shall be submitted no later than 60 days after the month the service was provided. Submitted invoices shall be paid according to the County Auditor claim cycle. This should usually occur within 60 days of receipt of the bill unless unforeseen circumstances exist or additional documentation is required. 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 SEIL unless there is a statutory obligation. Fiscal year for SEIL is July 1 – June 30.

SEIL uses a mix of fee-for-service, and capitated case rates for most of its services. It provides block grants only for specific population based activities where billing by individual served is impossible or impractical.

SEIL intends to partner with the Department of Human Services/Managed Care Organizations to help incorporate all sources of funding including medical assistance program funding, so that a person can receive benefits conducive to a whole person approach to health and wellness.

SEIL service contracts require that all providers meet all applicable licensure, accreditations or certification standards; however, SEIL will make serious efforts to stimulate access to more natural supports and/or non-traditional providers in its service provider network. Successful attainment of positive outcomes, individual and family satisfaction, cost effective measures are the most important factors in continued network participation. SEIL has identified access points within each county of the region congruent with the physical location of that county’s disability service coordinator to assist individuals or their representatives to apply for services.

SEIL has identified the following providers currently contracting and/or in business association with their respective host county and have shared their interest and intent to work with SEIL. Additional providers may be added throughout the year as services are developed to meet the continuum of service needs of individuals. Additionally, there are numerous agencies working diligently within our eight county region serving individuals with disabilities and their families without SEIL funding. SEIL will continue efforts to reach out to all agencies for input and involvement in planning as we all work toward the common good and goal of facilitating growth and opportunity for people with disabilities in their communities.

Agency	Agency
Bridgeway	Home Caring
Counseling Associates	Hope Haven Area Development Corp.
Dr. Kantamneni	Insight Partnership Group
Dr. Ordonia (FM Physician and Surgeons)	Life Long Links
DHS Targeted Case Management	Mental Health Institute
Family Behavioral Healthcare of Iowa	Milestones AAA
First Resources	Optimae Life Services
Great River Medical Center	REM
Great River Mental Health	South Central Behavioral Health CMHC
Henry County Public Health	Southeast Iowa Case Management
Heritage AAA	Southeast Iowa Regional Planning
Higgins and Associates	Systems Unlimited
Hillcrest Family Services	Tenco
	WCDC/AES
	Young House Family Services