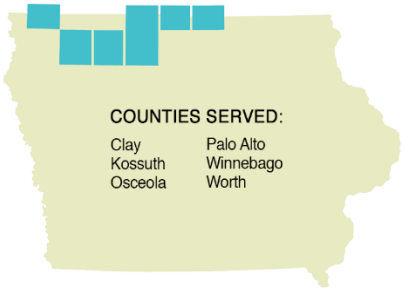

NORTHWEST IOWA CARE CONNECTIONS
MENTAL HEALTH & DISABILITY SERVICES

Policies and Procedures

Geographic Area:

Clay County, Kossuth County, Osceola County, Palo Alto County, Winnebago County, Worth County

Approved by NWIACC Governing Board 4.28.2020
Approved by Department of Human Services 6.XX.2020
Effective Date: July 1, 2020

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Introduction and Vision

Northwest Iowa Care Connections (NWIACC) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390. Within this region, NWIACC created a regional management plan designed to improve health, hope, and successful outcomes for the adults in our region who have mental health disabilities and intellectual/developmental disabilities, including those with multi-occurring substance use issues, and for children in our region with serious emotional disturbance.

NWIACC 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.

NWIACC utilizes and participates in a process to utilize a framework for system design and a process for getting there, in which all programs and all persons providing care become welcoming and individual-oriented; accessible, person/family-centered, hopeful, strength-based (recovery-oriented) trauma-informed, culturally competent, and multi-occurring capable. NWIACC will maintain local county offices wherever possible as the foundation to the service delivery system.

Basic Framework of the Regional MHDS Services Management Plan

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

Basic Framework of the Regional MH/DS Services Management Plan

This Mental Health & Disability Services Management Plan (hereafter referred to as Plan) defines standards for member counties of NWIACC. The plan meets the requirements of Iowa Code (IC) section 331.393 and provides for cost-effective, individualized services and supports that assist persons with disabilities to be as independent, productive, and integrated into the community as possible, within the constraints of available resources.

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

Annual Service & Budget Plan

- Access points
- Service coordination and targeted case management
- Crisis planning
- Children’s behavioral health services
- Scope of services
- Budget and financing provisions

- Financial forecasting measures
- Provider reimbursement provisions

Annual Report

- Services actually provided.
- Status of service development
- Actual numbers of children and adults served.
- Documentation of each regionally designated access center has met the service standards.
- Documentation that each regionally designated ACT team has been evaluated for program fidelity.
- Documentation that each regionally designated subacute services.
- Documentation that each regionally designated intensive residential service.
- Financial statement of actual revenues and actual expenditures by chart of account codes, including levies by county.
- Outcomes achieved

Policies & Procedures Manual

- This document contains policies and procedures concerning management of the MHDS service and MHDS plan administration

These three documents, which comprise the Service Management Plan, are available in each local NWIACC local county community services office, on the counties' websites where available, on the Department of Human Services website http://dhs.iowa.gov/mhds-providers/providers-regions/regions, and the Region's website nwiacareconnections.org.

A. ORGANIZATIONAL STRUCTURE

Governing Board (IC 331.390)

Northwest Iowa Care Connections' organizational structure assigns the responsibility for the non-Medicaid funded MHDS services to eligible individuals and components of system redesign. The Region, under the authority of the Governing Board, develops a comprehensive MHDS system available to all regardless of payment source.

The Governing Board of Directors contains the following Directors:

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

In the event the Region is comprised of only three member counties, Boards of Supervisors of the member counties shall appoint two (2) Directors and alternates to serve as their county's Directors on the Governing Board.

One individual who utilizes mental health and disability services, or is an actively involved relative of such an individual. This Director is designated by the Adult advisory committee described below for two-year terms.

One individual representing service providers in the Region. This member is designated by the advisory committee as ex-officio, non-voting member. This member serves two-year terms.

-Commencing July 1, 2020, one individual, representing children's behavioral health service providers, is designated by the Children's Advisory Committee and will serve as an ex-officio non-voting member. This member serves two-year terms.

-Commencing July 1, 2020, one individual representing the education system is designated as a Director by the Children's advisory committee for two-year terms.

-Commencing July 1, 2020, one individual, who is a parent of a child who utilizes children's behavioral health services or an actively involved relative of such children, will be designated as a Director by the Children's Advisory Committee for two-year terms.

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

Proxy voting will not be allowed. A Governing Board member may attend up to 2 meetings per year via electronic means and be considered present for purposes of quorum and voting. Special meetings conducted electronically are not counted in the two- meeting limit previously cited.

Except as otherwise provided in this Agreement, the Region is under the direction and control of the Governing Board and to the extent authority is delegated, the Chief Executive Officer. The Governing Board serves as the Regional Administrator, as defined in Iowa Code Section 331.388 (5).

MH/DS Advisory Committees (IC 331.390(2)(e) (h); 331.392.(2)(i); IAC 441-25.14.(1)(j)(l)

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

NWIACC's MHDS Adult Advisory Committee represents stakeholders which include, but are not limited to, individuals, family members, county elected Supervisors who serve as Governing Board members, and adult MHDS service providers. A member of the Adult Advisory Committee representing either an individual who utilizes MHDS services or a parent or interested relative of an individual utilizing adult MHDS services is selected by the Adult Advisory Committee to serve as a voting member on the Governing Board in accordance with requirements of Iowa Code Chapter 331 and Iowa Administrative Code Chapter 441.

In addition, an Adult MHDS Services provider is selected by the Adult Advisory Committee to represent Adult Advisory Board as a non-voting member to the Governing Board in accordance with requirements of Iowa Code Chapter 331 and Iowa Administrative Code Chapter 441.
The Adult Advisory Committee will select their representatives to the Governing Board every two years in May prior to the fiscal year they serve. Individuals who wish to vacate their position as an Adult Advisory committee representative to the Governing Board must provide notice to the Governing Board at least 60 days in advance If a vacancy occurs prior to the ending of the representative's term, this position will be filled within 30 days through a selection of the Adult Advisory committee in special session.

The Children's Advisory Committee, in accordance with requirements in accordance with Iowa Code Chapter 331 and Iowa Administrative Code Chapter 441 and shall have representatives from the following areas:

- Parent /Actively Involved Relative of a child with a Serious Emotional Disturbance (SED) who actively utilizes CBH Services
- Education Representative
- Child care provider
- Child welfare advocate
- Juvenile Justice
- Law Enforcement
- Early Childhood Advocate
- Pediatrician
- Children's Behavioral Health Provider
- Regional Governing Board

A Parent/Actively involved Relative of a child with SED who utilizes CBHS and an education representative will be selected by the Children's Behavioral Health Services Advisory Committee to serve on the NWIACC Governing Board. The CBHS Advisory will also select a Children's Behavioral Health Service Provider to serve as a non-voting representative to the NWIACC Governing Board.

Potential advisory committee members who express an interest in serving on the Adult and Children's advisory committees are requested to complete an application for review by a regional Advisory Board Selection Committee, which includes two Governing Board members assigned to the Advisory Committees, two Adult Advisory and two Children's Advisory

Committee members and the region's CEO. This selection committee will recommend options for equitable representation, based on geographic location within the Region and the potential member's experience in the code-cited areas of service delivery and utilization of services. The selection committee will confirm with the potential member, their commitment to serve the entire term to which they are assigned.

Both advisory committee's members will serve two-year terms, which will be initiated within a three-year cycle of three (3) members assigned an initial one-year term, three (3) members assigned a two-year term and the remaining members assigned a three-year term. Current Committee members can be considered for additional terms by the majority of the advisory committee members at the conclusion of their term. All terms are reviewed in May and any new applications received will be also be reviewed at that time to determine Advisory Committee membership for the next fiscal year.

For current Advisory Committee members, who wish to leave their assigned advisory committee, they are requested to provide written notification of their resignation to the Advisory committee chair as soon as possible or prior to the fourth quarterly meeting (April) for the following fiscal year. Current advisory committee members, in addition to the Advisory Committee Selection Team will solicit applications to fill the vacated position to which the member served.

Advisory committee meetings are held quarterly and are considered a public meeting. Public meeting notices will be provided to county auditors of member counties for posting in the county courthouses as an official notice.

Advisory committee members serve to inform and support ~~of~~ advocacy, building awareness, and educating various levels of the MHDS system to concerns and issues of persons with mental illness and intellectual disabilities, their families, and the communities in which they live.

Chief Executive Officer

NWIACC's Governing Board appoints the Chief Executive Officer as referenced in Iowa Code Section 331.392. The CEO functions are supervised by the Governing Board. The Governing Board conducts annual evaluations of the CEO. The Governing Board may conduct additional evaluations of the CEO at any time, as it deems necessary in given situations. All evaluations are summarized in writing and submitted to the Board of Supervisors of the member county that employs the CEO.

Administrative Team

NWIACC region's Administrative Team consists of Disability Service Coordinators (DSC). The Governing Board assigns a Service Coordination team to serve as the Executive staff of the region, which among other duties, assists the CEO in identifying staffing needs and candidates for staff

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

The CEO may employ or contract with persons or entities (including contracting with member counties for member county employees to provide services to the Region) to staff the needs of the Region; however, the terms of all employment or contracts for staff shall be approved by the Governing Board. The Regional Administrator Team is assigned the Region's administrative responsibilities so that each of the required functions is performed.

Staff includes one or more coordinators of services, hired either directly by the Region or provided to the Region by the member counties. The regional CEO assigns qualified staff to adult service coordination and children's behavioral health service coordination. Coordinators must have a bachelor's or higher degree in human services or related field or administrative-related field. In lieu of a degree in administration, a coordinator provides documentation of relevant management experience.

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

Communications	**Strategic Plan Development**	**Budget Planning and Financial Reports**	**Operations: personnel, benefits, space, training**
Risk management	**Compliance and Reporting**	**Service processing and Access**	**Provider Network-Development, Contracting, Quality and Performance**
Payment of Claims	**Quality Assurance**	**Appeals and Grievances**	**Information Technology**
Service Authorization	**Eligibility Determination**	**Provider Payment**	**Contracting**
HIPAA Oversight			

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

B. SERVICE SYSTEM MANAGEMENT

NWIACC directly administers the Region MH/DS Plan through the local County Community Services offices and contracts with service providers to meet the service needs of the individuals. Member counties provide adequately credentialed staff to carry out the administration of this Plan. The staff delegated to the perform functions of Disability Service Adult Service Coordinators and CBH Service Coordinators have the qualifications required by IC 331.390(3)(b) and IAC 441-25.12(2)(e)(f).

Risk Management and Fiscal Viability (IC 331.393(2)

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

Conflict of Interest

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

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

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

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

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

NWIACC provides leadership and management at the local level for designing a regional system of care for Mental Health and Disability Services. The design of the system is based on the expectation that individuals and families may have multi-occurring issues. The system of care approach incorporates an organized quality improvement partnership process to achieve the vision defined at the beginning of this Plan.

As its mission, NWIACC exists to enhance the lives of the people it serves through an array of services to meet the needs of the citizens of Northwest Iowa using evidence-based practices

wherever possible to provide unparalleled services that achieves life altering outcomes for the people we serve.

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

- Able to emphasize integrated screening, early identification and early intervention
- High quality and, wherever possible, evidence-based which NWIACC has verified to meet 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 Disorder
    - Supported Employment
    - Family Psychoeducation
    - Illness Management and Recovery
    - Permanent Supportive Housing
- Organized into a seamless continuum of community-based support
- Individualized to each individual with planning that expands the involvement of the Individual
- Provided in the least restrictive, appropriate setting
- Designed to empower individuals and families as partners in their own care
- Designed to leverage multiple financing strategies within the region including increased use of Medicaid funded services and Iowa Health and Wellness Plan
- Supported by provision of training and technical assistance to individuals and families, as well as to providers and other partners.

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

NWIACC maintains a service delivery approach that builds partnerships within a quality improvement framework to create a broad, integrated process for meeting multiple needs. This approach is based on the principles of interagency collaboration, individualized, strength-based practices, cultural competency, community-based, accountability, and full participation of individuals served at all levels of the system.

NWIACC funds individuals with multi-occurring conditions that meet the eligibility criteria in Section E of this manual. NWIACC service and supports will be offered through the enrollment process including the standardized functional assessment.

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

goal, NWIACC recommends that all providers participate in this initiative and encourages providers to develop a multi-occurring capability for each program provided in the region, and for all staff.

Common values within the Northwest Iowa Care Connections are borne out of consensus to support collaboration, compassion and accountability. The region's system of care encourages growth, resiliency, and stability.

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

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

Iowa Health Link and Iowa Health and Wellness Plans

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

Third-party Payers

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

maintain Medicaid eligibility for an individual consumer since NWIACC Region will not assume financial responsibility for the share of service costs which could have been billed to Medicaid.

Chemical Dependency Services

NWIACC will coordinate training and technical assistance to encourage all network providers to be capable of serving individuals with multi-occurring disorders, including chemical dependency. NWIACC provides payment for mental health and intellectual/developmental disability services that fully integrate chemical dependency treatment and recovery supports as defined by mental illness diagnostic criteria (see page 20).

Judicial and Criminal Justice System

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

Spencer Hospital and the Cherokee Mental Health Institute are the NWIACC's designated hospitals for involuntary psychiatric hospitalizations under Sections 229.11 and 229.13, Code of Iowa. Other hospitals may seek contracts with the Region when no third-party coverage is available to eligible individuals.

NWIACC provides financial responsibility for voluntary or involuntary hospitalization in private hospitals within contracted and/or pre-authorized rates when third party payment is not available as a last resort, NWIACC staff will work closely with clients, their families, court personnel, law enforcement, and with service providers to locate appropriate levels of care. We have a regional crisis services team that includes representatives from hospitals, law enforcement, jails, residential care providers, inpatient and outpatient mental health providers, who are developing a continuum of crisis services to address ongoing needs.

NWIACC Disability Service Coordinators (DSC) work with the judicial system, including the Mental Health Advocate, prior to the court ordering long-term placement for MH/ID/DD community living services and continues to encourage the courts to provide more information when referring for outpatient evaluation or treatment to determine successful plans and outcomes.

Housing

NWIACC Disability Services Coordinators (DSCs) work with the local Regional Housing Authority and local HUD Services to ensure appropriate access to public housing programs. NWIACC DSCs meet as needed with Housing Services staff to resolve client-related issues and maintain ongoing contact to support relationships with landlords providing housing options. DSCs also assist consumers when accessing rent subsidies through HUD housing, Iowa Finance Authority, local housing trusts, Rural Development, County General Assistance offices within member counties, Interim Assistance Reimbursement (IAR) through the Social Security Administration

for regionally eligible applicants, and regional shelters whenever available to prevent or reduce the risk of homelessness.

Employment

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

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

Children's Behavioral Health Core Services

NWIACC is committed to providing services required by Iowa Code within the required access standards. Current services are updated annually in the Annual Service and Budget Plan. NWIACC staff work with children, their families, children's service providers, and community-based supports for the following Children's Behavioral Services, which are initiated on the dates indicated in accordance with Iowa Code Chapter 331 and IAC 441.25.

Education

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

Transitioning Youth to the Adult System

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

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

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

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

NWIACC strives to provide services in a dispersed manner to meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. Based on input from consumer/family surveys, local Advisory Councils, and the Regional Advisory Board, the following measures will be used to ensure services are available in all parts of the region:

-The regional Governing Board determines the access of individuals and their families to the core services available within the region, services beyond core, strengths and gaps in service to the service recognized to respond to their needs.

-The regional Governing Board determines through person-centered planning, the efficacy of the services or other supports yielding the desired outcome if decentralized.

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

Within the broad system approach outlined above, NWIACC oversees access and utilization to services, and population-based outcomes, for the MHDS involved population in the region, in order to continuously improve system design and better meet the needs of people with complex challenges.

In order to accomplish this, NWIACC will integrate planning, administration, financing, and service delivery using utilization reports from both the region and the state including the inventory of available services and providers and the utilization of data on the services.

Results will be analyzed to determine if there are gaps in services or if barriers exist due to services offered, adequate provider network, restrictions on eligibility and restrictions on availability and location.

This information will be used for future planning in the Annual Service and Budget Plan, improving the system of care approach plan, collaboration with agencies, decentralizing service provisions and, provider network formation. In addition, the data elements, indicators, metrics, and performance improvement for population management will be continuously improved over time as the region develops increasing capability for managing the needs of its population. Data will be shared with NWIACC stakeholders.

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

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

Non-Medicaid mental health and disability services funding is under the control of the NWIACC Governing Board in accordance with Iowa Administrative Code 441-25.13 (331.393**).** The NWIACC Governing Board retains full authority and financial risk for the Plan. The finances of the Region are maintained to limit administrative burden and provide public transparency.

The NWIACC Chief Executive Officer and Administrative Team prepare the proposed Annual Service and Budget Plan each March. The priority in the budget process is to project the costs of funding core services for target populations by gathering information as a region. NWIACC will measure compliance with data regarding access standards as defined in Iowa Code 441-25.~~3~~4.

The next step in the budgeting process is to include costs to increase or enhance service to meet the access standards. Additional funds will be budgeted to allow for expansion of services in addition to core for target populations and if funds are available core services for non-target populations will be included in the budget.

The proposed budget is reviewed by the NWIACC Governing Board for final approval. The Regional CEO and Administrative Team is responsible for managing and monitoring the adopted budget.

Services funded by NWIACC 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 NWIACC Governing Board has designated Palo Alto County to act as the Regional Fiscal Agent. The NWIACC Governing Board determines the amount of funding provided by the counties projected MHDS fund balance to be paid to the Regional Fiscal Agent. All funds received by the member counties for purposes related to the Region from any source are deposited into the Region's account less the administrative costs which will be retained in the counties' MHDS Fund. The Fiscal Agent is responsible for payment of expenditures through the regional account that receives county tax dollars. The Fiscal Agent reconciles county transactions with county auditors, in coordination with the Community Services Network (CSN) data system.

NWIACC's regional fund are used to pay all costs of the Region, managed and administered by the fiscal agent of the Region, the CEO, or staff designated by the Region, and in compliance with the law, direction from the Governing Board and other written policies of the Region.

Administrative costs are a component of the Region's budget. Member counties that have employees serving the Region will be reimbursed from the Region per contract between the county and the Region.

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

Accounting System and Financial Reporting

The accounting system and financial reporting to the department conforms to Iowa Code 441-25.13 (2) (331.39) and includes all non-Medicaid mental health and disability expenditures funded by NWIACC. NWIACC uses a web-based management information system --Community Services Network (CSN)--that supports demographic, financial, and clinical information for a managed care service delivery structure. The system supports a centralized access that allows regional designated administrative staff to be on-line to determine service eligibility, to enroll individuals, to authorize services, and to process claims.

Claims data is electronically transmitted by designated Regional claims processing staff to the Region's Fiscal Agent to issue payment. Should the need arise, the system manages waiting lists according to specific priorities, and allows for future service delivery method changes and accounting changes. It provides flexible reporting and query capabilities to accommodate the ever-changing reporting needs of the County and the State of Iowa. The system has varying levels of security to permit users to access only at the level that they have authorization. Information is separated and identified in the most recent Uniform Chart of Accounts approved by the State County Finance Committee including but not limited to the following: expenses for administration; purchase of services; and enterprise costs for which the region is a service provider or is directly billing and collecting payments.

Contracting

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

Regions will designate and/or contract with licensed and accredited providers with the expectation that the standardized performance and outcome measures related to the specified service(s) provided by that individual or agency.

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

NWIACC examines ways to develop financial incentives for obtaining high-performance individual outcomes and cost-effectiveness. The region may utilize vouchers and other non-traditional means to fund services.

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

Funding

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

An individual who is eligible for other privately or publicly funded services and support must apply for and accept such funding and support and comply with requirements to remain eligible for such funding and support. Failure to do so will render the individual ineligible for regional funds for services that would have been covered under funding, unless the region is mandated by state or federal law to pay for said services.

Eligible individuals, who are in immediate need and who are awaiting approval and receipt of assistance under other programs, i.e. Medicaid, Managed Care Organizations, or IVRS, may be considered for regional funding if all other criteria are met.

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

D. ENROLLMENT (IAC 441-25.21(1)

Application and Enrollment

Individuals residing in NWIACC member counties, or their legal representative, may apply for regional funding for services by contacting any NWIACC Community Services office or may contact one of the designated access points to complete an application. All applications shall be forwarded to the designated NWIACC primary enrollment site. The NWIACC Enrollment site will determine eligibility for funding with assistance provided as needed by local community services office staff.

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

NWIACC staff review the application in a timely manner (within three (3) days) to determine if all necessary information is present and complete on the application. If the application is incomplete, the application is returned to the applicant requesting additional information. Failure to respond with the necessary information and/or to provide a fully completed application may result in a delay or denial of funding.

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

Residency

If an applicant has complied with all information requests, their access to services cannot be delayed while awaiting a determination of legal residence. In these instances, NWIACC funds services and later seeks reimbursement from the Region of the county of legal residence.

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

Exception to Policy

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

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

The NWIACC staff will review the exception and a response will be given to the individual within 10 working days. In cases where emergent or urgent needs require immediate attention, a regional service coordinator will advise the NWIACC CEO of a client's housing and basic needs that could be remedied with supports and/or services with less than $500 in value that are necessary to prevent or reduce homelessness, reduce need for higher levels of care, or provide stabilization in the client's living situation within a 30 day period. The CEO has authority to pre-authorize the necessary expense within the above parameters and must, within 2 business days, inform the Governing Executive Board of the situation. This sharing of information can support the client's immediate needs especially if additional regional funds may be needed.

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

Extenuating circumstances will be documented and Administrative Exceptions with timeframes for the exception will be identified in each exception decision. The Region in which the individual has legal residence must approve all Exceptions to Policy. Decisions on requests for exceptions to policy shall be used in the annual report to identify future changes in policy.

Confidentiality

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

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

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

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

Procedures to assure confidentiality include:

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

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

E. ELIGIBILITY (IAC 441-25)

Section 1. General Eligibility for Adult Mental Health and Disability Services:

NWIACC reviews the application to determine if the applicant meets the general eligibility criteria of the Regional NWIACC Management Plan.

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

b. The individual is a resident of this state and currently residing in one of the counties comprising the NWIACC Region.

c. The individual Is a United States citizen or in the United States legally

Section 2. Financial Eligibility for Adult Mental Health and Disability Services

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

A. Income Guidelines: (IC 331.395~~.1~~)

1) Gross incomes 150% or below are based on the current Federal Poverty Guidelines. Applicants with income above 150% are eligible for regional funding with an individual copayment as specified in this manual on page 26 of this manual.

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

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

B. Resources Guidelines for Adult Mental Health and Disability Services Iowa Code 331.395

1)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.

2)The countable value of all countable resources, both liquid and non-liquid, are included in the eligibility determination except as exempted in this sub-rule.

3) 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.

4)The following resources are exempt:

(1) The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence. The homestead includes all land that is contiguous to the home and the buildings located on the land.
(2) One automobile used for transportation.
(3) Tools of an actively pursued trade.

(4) General household furnishings and personal items.
(5) Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
(6) Cash surrender value of life insurance with a face value of less than $1,500 on any one person.
(7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.

5) If an individual does not qualify for federally funded or state-funded services or other support, but meets all income, resource, and functional eligibility requirements of this chapter, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:

(a) A retirement account that is in the accumulation stage.
(b) A medical savings account.
(c) An assistive technology account.
(d) A burial account or trust limited in value as to that allowed in the Medical Assistance Program.

6) An individual who is eligible for federally funded services and other supports must apply for and accept such funding and support.

Section 3. Diagnostic Eligibility for Adults with Mental Illness and Intellectual Disability

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

a) Mental Illness

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

b)Intellectual Disability

Individuals who meet the following three conditions:

1. Significantly subaverage intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly subaverage 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.

Section 4. General Eligibility for Children's Behavioral Health Services

a)The individual is a child under eighteen years of age.

b) The child's custodial parent is a resident of the state of Iowa, the child is physically present in the state and currently residing in one of the counties comprising the NWIACC Region.

Section 5. Financial Eligibility For Children's Behavioral Health Services

A.Income Requirements for Children's Behavioral Health Services:

1)The child's family meets financial eligibility requirements in rule 25.16.

2)An eligible child whose countable household income is at least 150% and not more than 500% of the federal poverty level shall be subject to a cost-share as described in sub rule 441-25.16(3).

3)The child's family has countable household income equal to or less than 500% of the federal poverty level. Countable household income and family size shall be determined using the modified adjusted gross income methodology.

The family of a child receiving regional funding for behavioral health services shall be responsible for a cost-share amount based on their household income as follows:

Family Income as a % of FPL	Cost Share % Paid by Family
0 to 150%	0%
150 to 200%	10%
201 to 250%	15%
251% to 300%	20%

301 to 350%	35%
351 to 400%	50%
401% to 450%	65%
451% to 500%	80%
Over 500%	100%

b) Cost-share amounts for children's behavioral health services are applicable to core services as defined in Iowa Code section 331.397A.

c) Verification of income. Income shall be verified using the best information available.

- Pay stubs, tip records, and employers' statements are acceptable forms of verification of earned income.
- Self-employment income can be verified through business records from the previous year if they are representative of anticipated earnings. If business records from the previous year are not representative of anticipated earnings, an average of the business records or from the previous two or three years may be used if that average is representative of anticipated earnings.

d) Changes in income. Financial eligibility shall be reviewed on an annual basis and may be reviewed more often in response to increases or decrease in income.

e) A child who is eligible for federally funded services and other support must apply for such services and support.

B.Resource Guidelines for Children's Behavioral Health Services Iowa Code section 331.397A.

There are no resource limits for the family of a child seeking children's behavioral health services.

Section 6. Diagnostic Eligibility Guidelines for Children's Behavioral Health Services

a)The individual Child must have a diagnosis of a serious emotional disturbance as defined in Iowa Code Section 225C. 2

1)A serious emotional disturbance means a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current diagnostic and statistical manual of mental disorders published by the American Psychiatric Association that results in a functional impairment.

b) The child has been diagnosed with a serious emotional disturbance, except for comprehensive facility and community-based crisis services according to 331.397A (4)"b"

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, NWIACC may refer the applicant to an appropriate mental health professional for evaluation to verify and document a diagnosis.

F. NOTICE OF ELIGIBILITY

Notice of Eligibility for Assessment

Once a fully completed application is received in NWIACC's designated intake/enrollment site, NWIACC staff or their designee determines if the applicant meets the general eligibility criteria within 10 days. A Notice of Enrollment informs the individual of the decision and information to schedule the standardized assessment as defined in section F of this manual within 90 days. The applicant is sent a copy of the region's appeal process and informed that they have the right to appeal the decision.

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

Once a Standardized functional assessment methodology is designated by the director of human services, the following shall apply. A notice of Enrollment shall inform the individual of the decision and information to schedule the standardized assessment as defined below and is completed within 90 days of application. Once the assessment has been completed, the individual and their team will convene and develop a care plan within 30 days. The results will support the need for services including the type and frequency of service in the individual's case plan.

The Service Coordinator, or when applicable the Targeted Case Manager or MCO Care 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.

Service Funding Authorization

Following the assessment, the Service Coordinator will submit a Service Authorization request to the Region for funding, which will be processed within 5 working days of receipt. Consideration will also be made to assure that the service being requested is:

- Appropriate and necessary to the symptoms, diagnoses, or treatment
- Within standards of good practice for the type of service requested
- Not primarily for the convenience of the individual or the service provider
- The most appropriate level of service which can safely be provided
- Beneficial to the individual and not available from alternative sources

The Notice of Decision informs the individual the action taken on the application, reason for the action, service provider, services and units of services approved based on results from the standardized assessment. The applicant is sent a copy of the region's appeal process and informed that they have the right to appeal the decision. As with the application and enrollment process, consumers are informed of their right to appeal any service planning/service authorization decision.

Re enrollment

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

Co-payment for Adult services (IAC 441.25.(4)

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

- Client participation for maintenance in a residential care facility through the state supplementary assistance program.
- The financial liability for institutional services paid by counties as provided in Iowa Code sections 230.15.
- The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.8

Co-payments in this section are related to core services to target populations as defined in Iowa Code 331.397. No co-payment is assessed to individuals with income equal to or less than 150 percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the U.S. Department of Health and Human Services.

Individuals with income over the established guidelines may be eligible for services on a sliding fee scale. A co-payment is required for those individuals with incomes between 150%-200% of poverty.

Copayments may be collected on:

a. Client participation for maintenance in a residential care facility through the state supplementary assistance program.
b. A co-payment may be a deductible, or spend-down, required by the Medicare or Medicaid programs or any other third-party insurance coverage.
c. The financial liability of institutional services paid by regions as provided in Iowa Code sections 222.31 and 230.15
d. The financial liability for attorney fees related to commitment as provided by Iowa Code Section 229.19

IAC 441.25.20(5) Co-payment for services provided by a facility participating in a state supplementary assistance program. A region may require a copayment of a disability service provided to a consumer by a licensed residential care facility that participates in a state supplementary assistance program as follows:

a. A consumer who is approved for state supplementary assistance and pays client participation as determined through the state supplementary assistance program shall be considered eligible for disability services with no additional copayment.
b. A consumer who is ineligible for state supplementary assistance due to income or resources may be eligible for financial assistance under the regional management plan through determination and payment of client participation as follows:

(1) Client participation in the service payment shall be determined by allowing the following deductions from available income and resources;
    a. Any income earned by the consumer in a supported employment, day habilitation, or adult daycare program.
    b. A personal allowance equivalent to the personal allowance provided under the state supplementary assistance program
    c. Room and board payment made by the consumer to the facility at the state supplementary assistance rate.

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

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

If the resident is NOT eligible for State Supplemental Assistance and is over 150 Percent Federal Poverty Level, their liability shall be computed according to total income.

Persons living independently who have income over 150% Federal Poverty level shall have their co-payment computed according to regional guidelines approved by the Northwest Iowa Care Connections Governance Board.

Persons receiving services and supports through a community mental health center will have the contribution toward the cost determined by the sliding fee scale used by the mental health center and approved under this plan.

Services to persons with Medicare, Medicaid, Iowa Health and Wellness Plan, the Iowa Insurance Marketplace or private health insurance will not be billed to the Northwest Iowa Care Connections. Eligible individuals, whose income is above 150% of Federal Poverty Level (FPL) and below 200% of the FPL who are receiving residential and vocational services and other supports through providers who request an annual rate increase which collectively exceeds the fiscal soundness of the Northwest Iowa Care Connections MH/DS budget, will be advised of this rate increase request. The consumer, the guardian, the family or other interested parties will work with the Region to retain the placement of their choice within the individual's financial ability to do so.

Persons who are above 150% of FPL and below 200% of the FPL and are receiving residential, vocational and other supportive services who are unable to assist with the necessary copayments to retain their current placements, will work their guardian, family, or other interested parties along with the Northwest Iowa Care Connections regional service coordinator staff and assigned care coordinators as applicable to explore and arrange for alternate placements to assure basic needs are met with available regional funding opportunities.

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

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

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

How to Appeal:

Written appeal forms, with a clear description of the appeals, investigation, and disposition process, and the telephone number for submitting a verbal appeal or grievance are attached to the Notice of Decision form. Assistance in completing the appeal form are provided upon request.

To appeal, a completed appeal form (see page 72) must be sent to the NWIACC Office listed on the Notice of Decision (please see page 72) location information) within ten (10) working days of receipt of the Notice.

Reconsideration -The NWIACC's staff who sent the Notice of Decision shall review appeals and grievances. After reviewing an appeal, the NWIACC Regional staff contacts the appellant not more than five (5) working days after the written appeal is received.

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

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

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

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

NWIACC does not pay legal fees for an appellant. If you cannot afford legal representation, you may contact Legal Services of Iowa at 1-800-532-1275

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

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

How to Appeal:

Using the written appeal forms that will be attached to the Notice of Decision form, the mental health professional shall send information to:

Iowa Department of Human Services-MHDS Division
Hoover State Office Building 5th Floor
1305 Walnut, Des Moines IA 50319

1. The appeal shall be filed within 5 days of receiving the notice of decision by NWIACC. 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 is an extension of 2 days from the time the new information is received.
2. The Administrator issues an order, including a brief statement of findings of fact, conclusions of law, and policy reasons for the order, to justify the decision made concerning the expedited review. If the decision concurs with the contention that there is an immediate danger to the individual's health or safety, the order identifies the type and amount of service, which is provided for the individual. The Administrator or designee gives such notice as is practicable to individuals who are required to comply with the order. The order is effective when issued.
3. The decision of the Administrator or designee shall be considered a final agency action and is subject to judicial review in accordance with section 17A.19

H. ASSISTANCE TO OTHER THAN CORE POPULATIONS (IAC441-25.5

If funds are available and the population category and specific services were covered in at least one of the counties' previous MHDS plans prior to the formation of the region, NWIACC will continue to fund the services to the individual who has a diagnosis of a developmental disability other than an intellectual disability, or a brain injury as defined in Iowa Code chapter 4.1(9A). Such funding shall continue until it is denied by the Federal/ State governments, or the application of such funds would keep the NWIACC Mental Health and Disability Services Region from providing mandated core services.

"Persons with developmental disabilities" means a person with a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments.
2. Is manifested before the person attains the age of 22.
3. Is likely to continue indefinitely.
4. Results in substantial functional limitations in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
5. Reflects the person's need for a combination and sequence of services which

are of lifelong or extended duration.

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

I. PROVIDER NETWORK FORMATION AND MANAGEMENT (IAC 441-25.21 (1)j)

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

To be included in the Regional MH/DS 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 Northwest Iowa Care Connections or another Iowa region

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

The current NWIACC MH/DS Provider network is included in the Annual Service and Budget Plan, which is located on the Iowa DHS website (dhs.iowa.gov) or the region's website at nwiacareconnections.org. 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 must be directed to the Region.
2. Provider applications are screened by the Region. Provider may be asked to meet for an interview or provide additional information. Criteria for consideration includes:
    - Priority for core and core plus services;
    - Unmet need for the proposed services;
    - Unmet access standard for proposed services;
    - Provider experience in providing the services
    - Documented consumer outcomes, and family/consumer satisfaction
    - Retention of consumers in other programs
    - Coordination with other provider agencies
    - Evidence of individualized services
    - Relationship with other regions the agency serves
    - Funding source for the service
    - Financial viability of the agency
3. The Region informs the provider of acceptance or denial.
4. New network providers receive appropriate orientation and training concerning the NWIACC MH/DS Management Plan.

<u>Non-traditional providers</u>

Non-traditional providers will be considered on an as needed basis subject to a favorable background check.

1. A referral or request for a new network provider may be made by an individual (or authorized representative), individual's case manager or social worker, or directly by a provider. All requests to become a member shall be directed to the Region.

2. Provider shall complete a Provider Network Application. Provider applicant shall be screened by the Region. Provider may be asked to meet for an interview or provide additional information. Criteria for consideration includes:

• Priority for core and core plus services
• Unmet need for the proposed services
• Unmet access standard for proposed services
• Provider experience in providing the services
• Documented individual outcomes, and family/ individual satisfaction
• Retention of individuals in other programs
• Coordination with other provider agencies
• Evidence of individualized services
• Relationship with other regions the agency serves
• Funding source for the service
• Financial viability of the agency

NWIACC manages the provider network to ensure individual needs are met. NWIACC ensures 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.

Provider Competencies (IC331.397 (6); IAC 441-25.45)
The NWIACC MHDS Region is encouraging all providers in the region to participate in the quality improvement partnership for system development, to become welcoming, person/family-centered, trauma-informed, and multi-occurring capable. NWIACC will ensure providers are trained to provide multi-occurring, trauma-informed, evidenced-based practices as outlined in (IAC-441-25.4) i.e. permanent supported housing, supported employment, assertive community treatment, integrated co-occurring disorders, illness management and recovery, family psychoeducation; through sharing training opportunity information and bringing training to the region as needed.

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

The region must identify the process used to designate targeted case management providers for the region. NWIACC offers a choice and access to cost-effective, evidenced-based, conflict-free Targeted Case Management as described in IAC 441-25.21(1)g. Northwest Iowa Care Connections designates Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program. Designated Case Management agencies serving the Northwest Iowa Care Connections 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 meet the following expectations:

- Performance and outcome measures relating to the safety, school attendance and performance, 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

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

NWIACC has a quality improvement process that provides for ongoing and periodic evaluation of the service system, and of the providers of services and supports in the system. Stakeholders, with emphasis on individual input, are involved in the development and implementation of the quality improvement program. The basic framework of the quality improvement process will incorporate measurements of progress by each provider partner in

organizing its own QI activity to make progress toward trauma informed, multi-occurring capability.

System Evaluation

NWIACC will facilitate the collection of the below Performance and Outcome Measures as identified in the Iowa Code and Administrative Code. The system evaluation shall include, but not be limited to:

- Access to service
- Life in the community
- Person-centeredness
- Health and Wellness
- Quality of life and safety
- Family natural supports

Methods Utilized for Quality Improvement

- Evaluation of individual satisfaction, including empowerment and quality of life;
  - Direct interaction and feedback from individuals, families, providers, case managers, service coordinators, and other stakeholders.
- Provider satisfaction; patterns of service utilization; responsiveness to individual needs and desires;
  - Needs assessment, satisfaction surveys, and other written questionnaires
- Improvement of welcoming, person/family-centered, hopeful, strength-based, trauma-informed, multi-occurring capable care;
  - Provider/team meetings and training opportunities
- Improvement of the ability of providers to work in partnership with each other and with the regional management team to share collective responsibility for the population in the region;
  - Provider/team meetings
- The number and disposition of individual appeals and the implementation of corrective action plans based on these appeals;
  - The CEO shall evaluate the reports and recommend areas of improvement
- Cost-effectiveness;
  - Compare program costs and outcomes to determine resource reinvestment
- Additional outcomes and performance measures outlined by the Department of Human Services.
  - Establishment of and maintenance of a data collection and management system oriented to the needs of individuals, providers, and other programs or facilities, including the collection and management of data related to Region funded Children's Behavioral Health services. Tracking changes and trends in the disability services system and providing reports to the Iowa Department of Human Services as requested for each individual served:

Iowa State Association of Counties (ISAC) Community Services Network (CSN) provides oversight to this 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 law. CSN has the 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.

Performance and Outcome measures related to education will be synchronized with the standardized performance and outcome measures identified by region education partners in conjunction with region funded CBH services. Statewide aggregate school attendance information and region involved individual school attendance measures will be collected accordingly.

- NWIACC's initial focus aligns with Code of Iowa 225C.~~4 (1)u~~ to develop a process to analyze data on the following:
    - Access standards for required core services.
    - Penetration rates for serving the number of persons expected to be served, particularly the proportion of individuals who receive services compared to the estimated number of adults needing services in the region
    - Utilization rates for inpatient and residential treatment, including:
    - Percent of enrollees who have had fewer inpatient days following services.
    -

The percentage of enrollees who were admitted to the following:

- State mental health institutes
- Medicaid funded private hospital in-patient psychiatric services programs;
- State resource centers; and
- Private intermediate care facilities for persons with intellectual disabilities.

Annually, NWIACC Governing Board assesses the region's performance and develops a list of priority areas needing improvement. All staff participates 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 are addressed.

NWIACC will provide information, including the Evidenced-Based Practice Toolkits to the service providers in the region. The CEO and Disability Services Directors will be responsible for collaborating and planning with providers to ensure that Evidenced-Based Practices are planned for during service development and implementation. The following Evidenced-Based Practices will be supported and independently verified:

- Assertive community treatment or strengths-based case management
- Integrated treatment of co-occurring substance abuse and mental health disorders
- Supported employment
- Family Psychoeducation

• Illness Management and Recovery
• Permanent supportive housing
Providers of Evidenced Based Practices will be required to document and report outcomes to the region on an annual basis.

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

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

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

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

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

It is the intent of NWIACC that only NWIACC designated regional staff authorizes services for residents of the NWIACC region.

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

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

Request for Proposal

NWIACC will consider the use of competitive Requests for Proposals (RFP) to expand core

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

Grant Funds

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

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

NWIACC may implement a waiting list if encumbered expenses for a given fiscal year exceed regional MHDS funds available. Core Services for target populations of eligible adults and children are considered priority services. Other than core populations funding and Priority 2 services may be placed on the waiting list or be subject to a reduction in services.

Waiting lists may also be utilized if other than core services or than mental health or intellectual disability services requested are unavailable at the time of application.

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

The waiting list is centrally maintained by the Regional office.

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

M. AMENDMENTS (IAC 441-25.21(3)

The manual has been approved by the NWIACC Governing Board and is subject to approval by the Director of Human Services.

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

N. SERVICE MATRIX

Core Domains (IC331.397)	Description	Target Pop MI/ID/CBH/SED	Add'l Pop.	Access Standards
Treatment				
Mental health outpatient therapy** **COA 42-305** **Other Payers: T19/IHWP/Med. Exempt/Medicare/Private 3rd Party**	Evaluation and treatment services provided on an ambulatory basis for the target population. Outpatient Services include psychiatric evaluations, medication management and individual, family, and group therapy. In addition, outpatient services shall include specialized outpatient services directed to the following segments of the target population: children, elderly, individuals who have serious and persistent mental illness, and residents of the service area who have been discharged from inpatient treatment at a mental health facility. Outpatient services shall provide elements of diagnosis, treatment, and appropriate follow-up.	MI, SED**		Eligibility Based **Eligibility Based 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 services shall be offered within 30 miles for an individual residing in an urban community and 45 minutes for an individual residing in rural community. Eligibility guidelines reflect non eligibility for Medicaid or any other insurance coverage..
Medication prescribing and management** **COA 42-306** **Other Payers: T19/IHWP/Med. Exempt/Medicare/Private 3rd Party**	Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how 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. Medication management-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	MI, SED**		Eligibility Based **Eligibility Based 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 services shall be offered within 30 miles for an individual residing in an urban community and 45 minutes for an individual residing in rural community. Outpatient treatment evaluation supports the need for this service. . If the individual meets the eligibility guidelines in this

	regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.			plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.
Assessment evaluation, and early identification COA 43-301 Other Payers:** **T19/IHWP/Med. Exempt/Medicare/Private 3rd Party**	Evaluation (Non Crisis) is for screening, diagnosis and assessment of individual and family functioning, needs, abilities, and disabilities, and determining current status and functioning, recommendations for services, and need for further evaluations. Evaluations consider the emotional, behavioral, cognitive, psychosocial, and physical information as appropriate and necessary. 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. ** Early Identification means the process of detecting developmental delays or untreated conditions that may indicate the need for further evaluation.	MI, ID, CBH**	DD	Eligibility Based **Non-eligibility Based Assessment completed within 90 days of notice of enrollment. 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 services shall be offered within 30 miles for an individual residing in an urban community and 45 minutes for an individual residing in rural community. Individual who has received inpatient treatment shall be assessed within 4 weeks.
Mental health inpatient therapy-MHI COA 71-319	Institutional/hospital and commitment services are services provided at a state Mental Health Institutes or State Hospital Schools, in hospital settings, or to people undergoing court commitment process.	MI		Eligibility Based Shall receive treatment within 24 hours. Inpatient services shall be within a reasonably close proximity to the region. 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.

				At State Mental Health Institutes NWIACC shall reimburse the fiscal year billing rates established annually by the Department of Human Services. Eligibility requirements will not be assessed in the case of involuntary inpatient hospitalizations.
	Inpatient/community hospital is for inpatient expenses incurred at community-based hospitals, either private or public. All inpatient (including less than 24 hours), emergency room charges at admission. ** Inpatient treatment means inpatient psychiatric services to treat an acute psychiatric condition provided in a licensed hospital with a psychiatric unit or a licensed freestanding psychiatric hospital.	MI, SED**		Eligibility Based **Eligibility Based Shall receive treatment within 24 hours. Inpatient services shall be within a reasonably close proximity to the region (100 miles). 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. NWIACC shall fund at host county/region contractual rate and in the absence of a contract, NWIACC shall reimburse at the current Medicaid rate.
Crisis Services				
Personal emergency response system **COA 32-322** **Other Payers:** **HCBS**	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		Eligibility Based Twenty-four-hour access to crisis services, 24 hours a day, seven days a week, 365 days per year Standardized functional assessment and/or designated enrollment assessment must support the need for this service. Funding is limited to 90 days to allow for Medicaid eligibility to be established. If

				the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.
Crisis evaluation **COA 44-301** **Other Payers:** **T19**	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. This includes crisis screening and evaluation as defined in 441.24.10(225C).	MI, ID		Non-eligibility Based Twenty-four-hour access to crisis services, 24 hours a day, seven days a week, 365 days per year. Crisis evaluation within 24 hours. Present to local community mental health center or local hospital emergency department for assessment within 24 hours. Eligibility requirements will not apply for this service.
23 Hour crisis observation and holding **COA 44-302** **Other Payers:** **T19**	A level of care provided for up to 23 hours in a secure and protected, medically staffed, psychiatrically supervised treatment environment.	MI		Non-eligibility Based
24 Hour access to crisis response services **COA 44-305** **Other Payers:** **T19**	Short term individualized mental health services following a crisis screening or assessment, which are designed to restore the individual to prior functional level.	MI		Non-eligibility Based Twenty-four-hour access to crisis services, 24 hours a day, seven days a week, 365 days per year. Crisis evaluation within 24 hours. Eligibility requirements will not apply for this service.
Mobile Response** **COA 44-307** **Other Payers:** **T19**	a mental health service which provides on-site, face-to-face mental health crisis services for an individual experiencing a mental health crisis. Crisis response staff providing mobile response have the capacity to intervene wherever the crisis is occurring, including but not limited to the individual's place of residence, an emergency room, police station, outpatient mental health setting, school, recovery center or any other location where the individual lives, works, attends school, or socializes.	MI, CBH**		Non-eligibility Based **Non-eligibility Based

Crisis stabilization community-based services **COA 44-312** **Other Payers:** **T19**	Services provided in community-based settings to de-escalate and stabilize an individual following a mental health crisis.	MI, CBH**		Non-eligibility Based **Non-eligibility Based Requires a crisis evaluation to determine level of care Eligibility requirements will not apply for this service. Time limit for funding is maximum of 6 weeks.
Crisis stabilization residential services **COA 44-313** **Other Payers:** **T19**	Services provided in short-term non-community based residential settings to de-escalate and stabilize a mental health crisis.	MI, CBH**		Non-eligibility Based **Non-eligibility Based Requires a crisis evaluation to determine level of care. This evaluation must be completed by a provider who is contracted by the region to complete crisis evaluations. Eligibility requirements other than being a resident from a county in the SEIL region will not apply for this service. Time limit for funding is maximum of 6 weeks.
Access Centers: Start-up/sustainability **COA 44-396**	The coordinated provision of intake assessment, screening for multi-occurring conditions, care coordination, crisis stabilization residential services, subacute mental health services, and substance abuse treatment for individuals experiencing a mental health or substance use crisis who do not need inpatient psychiatric hospital treatment, but who do need significant amounts of supports and services not available in other home- and community-based settings.	MI		Non-eligibility Based
Support for Community Living				
Home health aide services **COA 32-320** **Other Payers:** **HCBS**	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		Eligibility Based The first unit of service shall occur within four weeks of the individual's request of community for community living. Standardized functional assessment and/or designated enrollment

				assessment must support the need for this service. Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.
Respite services **COA 32-325** **Other Payers:** **HCBS** **T19**	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.	ID, CBH**		Eligibility Based The first unit of service shall occur within four weeks of the individual's request of community for community living. Standardized functional assessment and/or designated enrollment assessment must support the need for this service. Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.
Home and vehicle modification **COA 32-328** **Other Payers:** **HCBS**	Is for physical modifications to the consumer's home environment and/or vehicle which are necessary to provide for the health, welfare, and safety of the individual, and which enable the individual to function with greater independence in the home or vehicle.	ID		Eligibility Based The first unit of service shall occur within four weeks of the individual's request of community for community living. Standardized functional assessment and/or designated enrollment assessment support the need for this 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.

Supported community living **COA 32-329** **Other Payers:** **HCBS**	Services provided in a non-institutional setting to adult persons with mental illness or intellectual disability or developmental disabilities to meet the persons' daily living needs.	MI, ID		Eligibility Based The first unit of service shall occur within four weeks of the individual's request for supported community living. Standardized functional assessment and/or designated enrollment assessment support the need for this service. Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for any other insurance coverage, the service funding may be ongoing.
Intensive Residential Services **COA 42-329** **Other Payers:** **HCBS**	Intensive, community-based services provided 24 hours a day, 7 days a week, 365 days a year to individuals with a severe and persistent mental illness who have functional impairments and may also have multi-occurring conditions. Providers of intensive residential service homes are enrolled with Medicaid as providers of HCBS habilitation or HCBS intellectual disability waiver supported community living and meet additional criteria specified in sub rule 25.6(8).	MI		Eligibility Based
Support for Employment				
Prevocational services **COA 50-362** **Other Payers:** **HCBS**	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, benefit planning and staying on task.	MI, ID		Eligibility Based The first unit of service shall take place within 60 days of the individual's request of support for employment. Standardized functional assessment and/or designated enrollment assessment support the need for this service. Funding is limited to 90 days to allow for Medicaid eligibility to be established, if the individual is not eligible for Medicaid the service funding may ongoing.

Job development **COA 50-364** **Other Payers:** **HCBS**	Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.	MI, ID		Eligibility Based The first unit of service shall take place within 60 days of the individual's request of support for employment. Standardized functional assessment and/or designated enrollment assessment must support the need for this service. Funding should be sought from Medicaid Waivers and Iowa Department of Vocational Rehabilitation before seeking region funding. Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.
Day habilitation **COA 50-367** **Other Payers:** **HCBS**	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		Eligibility Based The first unit of service shall take place within 60 days of the individual's request of support for employment. Standardized functional assessment and/or designated enrollment assessment must support the need for this service. Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.
Supported employment **COA 50-368** **Other Payers:** **HCBS**	Services include ongoing supports needed by an individual to acquire and maintain a job in the integrated workforce at or above the state's minimum wage. The outcome of this service is sustained paid	MI, ID		Eligibility Based The first unit of service shall take place within 60 days of the individual's request of support for employment.

	employment that meets personal and career goals.			Standardized functional assessment and/or designated enrollment assessment must support the need for this service. Funding should be sought from Medicaid Waivers and Iowa Department of Vocational Rehabilitation before seeking region funding. Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.
Group supported employment COA 50-369 Other Payers: HCBS	Job and training activities in business and industry settings for groups of no more than eight workers with disabilities. Group settings include enclaves, mobile crews, and other business-based workgroups employing small groups of workers with disabilities in integrated, sustained, paid employment.	MI, ID		Eligibility Based The first unit of service shall take place within 60 days of the individual's request of support for employment. Standardized functional assessment and/or designated enrollment assessment must support the need for this service. Funding should be sought from Medicaid Waivers and Iowa Department of Vocational Rehabilitation before seeking region funding. Funding is limited to 90 days to allow for Medicaid eligibility to be established.
Recovery Services				
Family support COA 45-323 Other Payers: HCBS	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		Eligibility Based

Peer support **COA 45-366** **Other Payers:** **HCBS**	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		Eligibility Based An individual 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 to receive services. Offered as part of integrated health home services or through drop-in centers in the region.
Service Coordination				
Case management **COA 21-375** **Other Payers:** **HCBS**	Activities designed to help individuals and families develop, locate, access and coordinate a network of supports and services that will allow them to live a full life in the community. 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.	ID		Eligibility Based An individual shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility. An individual shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.
Health homes **COA 24-376** **Other Payers:** **HCBS**	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		Eligibility Based An Individual shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility. An individual shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services. An integrated health home care coordinator may submit a funding request if an individual does not have Medicaid or the Medicaid application is in process. The IHH care coordinator will be required to submit the

				functional assessment to the Regional CEO upon completion. The coordinator of disability services may direct the individual to a provider that can complete a presumptive eligibility determination, i.e. the public health office, Federally Qualified Health Center (FQHC), local hospital in the county. Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.
Sub-Acute Services				
Subacute services 1-5 beds 63-309 Other Payers: T19/IHWP	The same as defined in Iowa Code section 225C.6(4)*"c"* and includes both subacute facility-based services and subacute community-based services.	MI		Eligibility Based
Subacute services 6 and over beds 64-309 Other Payers: T19/IHWP	(1) A comprehensive set of wraparound services for persons who have had or are at imminent risk of having acute or crisis mental health symptoms that do not permit the persons to remain in or threatens removal of the persons from their home and community, but who have been determined by a mental health professional and a licensed health care professional, subject to the professional's scope of practice, not to need inpatient acute hospital services. For the purposes of this subparagraph, *"mental health professional"* means the same as defined in section 228.1 and *"licensed health care professional"* means a person licensed under chapter 148 to practice medicine and surgery or osteopathic medicine and surgery, an advanced registered nurse	MI		Eligibility Based

	practitioner licensed under chapter 152 or 152E, or a physician assistant licensed to practice under the supervision of a physician as authorized in chapters 147 and 148C. (2) Intensive, recovery-oriented treatment and monitoring of the person with direct or remote access to a psychiatrist or advanced registered nurse practitioner. (3) An outcome-focused, interdisciplinary approach designed to return the person to living successfully in the community. (4) Services that may be provided in a wide array of settings ranging from the person's home to a facility providing subacute mental health services. (5) Services that are time limited to not more than ten days or another time period determined in accordance with rules adopted for this purpose.			
Core Evidence Based Treatment				
Education & Training Services- provider competency COA 04-422	Educational and training services means training related to provider competency in delivering co-occurring integrated services, trauma-informed services and evidence-based practices.	MI, ID		Non-eligibility Based
Supported housing COA 32-396	A combination of housing and services intended as a cost-effective way to help people live more stable, productive lives; tenancy not predicated on services.	MI		Eligibility Based Standardized functional assessment and/or designated enrollment assessment must support the need for this service. Housing must be located in a county within the NWIACC Region Must have applied for Social Security Benefits, signed an Interim Assistance Reimbursement with NWIACC and submitted a medical exemption for Medicaid if they only have Iowa Health Link.

				Financial support through the region terminates the month following a Social Security determination approving benefits or the individual is employed
Assertive Community treatment (ACT) **COA 42-398** **Other Payers:** **T19/HCBS/Med. Exempt**	Assertive community treatment is to serve adults with the most severe and persistent mental illness conditions and functional impairments. ACT services provide a set of comprehensive, integrated, intensive outpatient services delivered by a multidisciplinary team under the supervision of a psychiatrist, an advanced registered nurse practitioner, or a physician assistant under the supervision of a psychiatrist.	MI		Eligibility Based
Family psychoeducation **COA** **45-373** **Other Payers:** **T19**	Services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	MI		Eligibility Based

Mandated Services	Description	Target Pop MI/ID/CBH/SED	Add'l Pop.	Access Standards
Oakdale **COA 46-319**	Hospital services provided at Iowa Medical & Classification Center.	MI		Court Order
State resource centers **COA 72-319**	Inpatient is for per diem charges at Resource Centers Glenwood and Woodward.	ID		Eligibility Based Standardized functional assessment and/or designated enrollment assessment must support the need for this service and must be provided prior to service authorization. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance

				coverage, the service funding may be ongoing.
Commitment Related (except 301) **Evaluations COA 74-300 Other Payers: T19/IHWP/Med. Exempt/Medicare/Private 3rd Party** **Sheriff transport COA 74-353** **Legal representation COA 74-393**	Court-ordered services related to mental health commitments. Diagnostic evaluations related to commitment used when an evaluation is performed related to a commitment under Iowa Code Section 229. Used when transportation is provided related to a commitment under Iowa Code Section 229. Used when legal services are provided related to a commitment under Iowa Code Section 229.	MI		Court order Eligibility requirements will not apply to these domains. Attorney Fees will be paid at the amount established in IAC 815.7(4).
Mental health advocates COA 75-395	The Code of Iowa, section 229.19, governs the MH Advocate position. The advocate is assigned to individuals under an involuntary outpatient civil commitment.	MI		Court Order

Additional Core Domains	Description	Target Pop MI/ID/CBH/ SED	Add'l Pop	Access Standards
Justice system-involved services				
Coordination services COA 25-XXX	Coordination service provided to individuals in justice system. (25-376)	MI, ID		Non-eligibility Based Referral from jail administrator based on initial intake into jail setting.
24 Hour crisis line COA 44-346	24-hour crisis line telephone crisis service program that operates a crisis hotline either directly or through a contract. The service shall be available 24 hours a day and seven days a week including, but not limited to, relief of distress in pre-crisis and crisis situations, reduction of the risk of escalation, arrangements for emergency on-site responses when necessary, and referral of callers to appropriate services.			
Warm line COA 44-366	a telephone line staffed by individuals with lived experience who provide nonjudgmental, nondirective support to an individual who is experiencing a personal crisis.			

Mental health services in jail COA 46-305	Program that offers outpatient mental health services provided to individuals in criminal justice settings. Goal is to address signs and symptoms, provide evaluation that will address needs while incarcerated.	MI, ID		Over age 18. May have co-Occurring disorders with substance use disorder. Referral from Jail Administrator based on need within jail setting.
Justice system-involved services-other COA 46-399				
Crisis prevention training COA 46-422	Justice system involved services. Educational and training services for law enforcement, first responders, etc. regarding mental health awareness such as Crisis Intervention Training (CIT)	MI, ID		Non-eligibility Based
Mental health court related costs COA 46-425				
Civil commitment prescreening evaluation COA 74-301	Evaluations completed prior to commitment with goal to divert individual from commitment process.	MI		Non-eligibility Based
Additional Core Evidence based treatment				
Peer self-help drop-in centers COA 42-366	Consumer operated peer support services provided consistent with EBP standards published by SAMHSA	MI, ID		
Psychiatric rehabilitation (IPR) COA 42-397	Services designed to restore, improve, or maximize level of functioning, self-care, responsibility, independence, and quality of life; to minimize impairments, disabilities, and disadvantages of people who have a disabling mental illness;			

Other Informational Services	Description	Target Pop MI/ID/CBH/ SED	Add'l Pop	Access Standards
Information & referral COA 03-371	Activities designed to remove barriers to meeting identified needs and to provide facts about resources that are available and help to access those resources.	MI, ID, CBH		Non-eligibility Based If provider related an access standard will be identified in the contract.
Planning, consultation and/or early intervention (client related) COA 04-372**	Planning means advisory activities directed to a service provider to assist the provider in delivering service to a specific person, or advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems; or addressing other	MI, ID, CBH, SED**		Non-eligibility Based **Non-eligibility Based

	concerns in the provider's own organization. This can include mental health center consultation services. Planning and/or consultation services that are client-related. ** Early Intervention means services designed to address the social, emotional, and developmental needs of children at their earliest stages to decrease long-term effects and provide support in meeting developmental milestones.			
Provider incentive payment COA 04-377	Training and Outcomes incentives that support Service Providers with a competent workforce to meet regional client needs.			Access is available to providers of core services that demonstrate competencies necessary for services person with co-Occurring conditions and providing trauma-informed care.
Consultation other COA 04-399				
Planning and management consultants (non-client related) COA 04-429				
Public education, prevention and education COA 05-373**	Activities provided to increase awareness and understanding of the causes and nature of conditions and situations which affect a person's functioning in society. Services focus on prevention activities, which are designed to convey information about the cause of conditions, situations, or problems that interfere with a person's functioning or convey ways in which the knowledge acquired can be used to prevent their occurrence or reduce their effect. Public awareness activities, which convey information about the abilities and contributions to society of all people; the causes and nature of conditions or situations which interfere with a person's ability to function; and the benefits that providing services and supports have for the community and for the individual. Activities should include educational and informational techniques that promote the person as in integral part of society and eliminate social and legal barriers to that acceptance. **Prevention means efforts to increase awareness and understanding of the causes and nature of conditions	MI, ID, CBH**		Non-eligibility Based **Non-eligibility Based If provider related, an access standard will be identified in the contract.

	or situations which affect an individual's functioning in society. Prevention activities are designed to convey information about the cause of conditions, situation, or problems that interfere with an individual's functioning or ways in which that knowledge can be used to prevent their occurrence or reduce their effect, and may include, but are not limited to, training events, webinars, presentations, and public meetings. **Education services means activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning.			

Community Living Supports	Description	Target Pop MI/ID/CBH/ SED	Add'l Pop	Access Standards
Academic service COA 06-399				
Services management COA 22-XXX	Activities designed to help individuals and their families identify service needs and coordinate service delivery but which do not constitute case management as defined by the Mental Health and Intellectual Disability Commission.	MI, ID, CBH		Non-eligibility Based 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.
Crisis care coordination COA 23-376	Service provided during an acute crisis episode that facilitates working together to organize a plan and service transition programing, including working agreements with inpatient behavioral health units and other community programs. The service shall include referrals to mental health services and other supports necessary to maintain community-based living capacity, including case management.	MI, ID		Non-eligibility Based Referral after completion of a crisis evaluation.
Crisis care coordination other COA 23-399				
Health home other COA 24-399				

Transportation COA 31-XXX	Transportation to day habilitation and vocational programs or optional transportation for emergent/needs to support placement in less restrictive settings.			
Chore services COA 32-321				
Guardian/ conservator COA 32-326				
Representative payee COA 32-327				
CDAC COA 32-335				
Other support COA 32-399				
Mobile meals COA 33-330				
Rent payments (time limited) COA 33-340	Initial rent payments with defined time limits.	MI, ID		Standardized functional assessment and/or designated enrollment assessment must support the need for this service. Support and rent at a supported community living habilitation waiver site. Housing must be located in a county within the NWIACC Region. Must have applied for Social Security Benefits, signed an Interim Assistance Reimbursement with a county or NWIACC and submitted a medical exemption for Medicaid if they only have Iowa Health Link. Financial support through the region terminates the month following a Social Security determination approving benefits or the individual is employed
Ongoing rent subsidy COA 33-345	On-going rent support provided through an organized program, to allow the individual to maintain an affordable home in the community or any payment of rental assistance including General Assistance.			

Other basic needs COA 33-399	Used for other basic need. Includes payment for room and board homes, personal needs allowances.			
Physiological outpatient treatment COA 41-305				
Prescription meds COA 41-306	.			
In-home nursing COA 41-307	Nursing services in the person's home	MI		
Health supplies COA 41-308				
Other physiological treatment COA41-399				
Partial hospitalization COA 42-309				
Transitional living program COA 42-310				
Day treatment COA 42-363				
Community support programs COA 42-396				
Other psychotherapeutic treatment COA 42-399	IStart Services, which provides specialized consultation and outreach to persons in community -based settings	ID		Based on availability of staff and regional funding for persons in community-based settings.
Other non-crisis evaluation COA 43-399				
Emergency care COA 44-304				
Other crisis services COA 44-399				
Other family and peer support COA 45-399				
Psychiatric medications in jail COA 46-306	Is used to cover costs for prescription medications for psychiatric treatment	**MI**		
Vocational skills training COA 50-361				
Supported education COA 50-365				
Other vocational and day services COA 50-399				
RCF 1-5 beds COA 63-XXX	**(63-314, 63-315, 63-316)**	**MI,ID**		Standardized functional assessment and/or designated enrollment

				assessment must support the need for this service and must be provided prior to service authorization. Funding is intended to be time limited.
ICF 1-5 beds COA 63-XXX	**(63-317, 63-318)**			
SCL -5 beds COA 63-329		**MI, ID**		Standardized functional assessment and/or designated enrollment assessment must support the need for this service and must be provided prior to service authorization. Funding is intended to be time limited to allow for individualized and integrated service eligibility to be established through Medicaid.
Other 1-5 beds COA 63-399				

Other Congregate Services	Description	Target Pop MI/ID/CBH/ SED	Add'l Pop	Access Standards
Work services (work activity/sheltered work) COA 50-360				
RCF 6 and over beds COA 64-XXX	(64-314, 64-315, 64-316)	MI, ID		Standardized functional assessment and/or designated enrollment assessment must support the need for this service and must be provided prior to service authorization. Funding is intended to be time limited to allow for individualized and integrated service eligibility to be established through Medicaid. If the individual does not have a Social Security disability determination they must apply for Social Security Benefits, sign an Interim Assistance Reimbursement with a county or SEIL and submit a medical exemption for

				Medicaid if they only have Iowa Health Link. Financial support through the region terminates the month following a Social Security determination approving benefits or the individual is employed.
ICF 6 and over beds COA 64-XXX	(64-317, 64-318)			
SCL 6 and over beds COA 64-329				
Other 6 and over beds COA 64-399				

Administration	Description	Target Pop MI/ID/CBH/ SED	Add'l Pop	Access Standards
Direct Administration COA 11-XXX	Direct Administration includes expenses necessary to manage the service system. Direct administration is used if county employees perform the administrative duties.	MI, ID, CBH		
Purchased Administration COA 12-XXX	Purchased Administration is used if the county purchases the administrative functions from another entity.	MI, ID, CBH		

MI-Mentally Ill
ID- Intellectually Disabled
CBH- Children's Behavioral Health (non-eligibility-based service)
SED- Serious Emotional Disturbance (eligibility -based services)

Glossary

DEFINITIONS

Access point -- a provider, public, or private institution, advocacy organization, legal representative, or educational institution with staff trained to complete applications and guide individuals with a disability to needed services".
Applicant -- an individual who applies to receive services and supports from the service system.
Assessment and evaluation -- a service as defined in 441-25.1.
Assistive technology account -- funds in contracts, savings, trust or other financial accounts, financial instruments, or other arrangements with a definite cash value that are set aside and designated for the purchase, lease, or acquisition of assistive technology, assistive technology services, or assistive technology devices. Assistive technology accounts must be held separately from other accounts. Funds must be used to purchase, lease, or otherwise acquire assistive technology services or devices for a working individual with a disability. Any withdrawal from an assistive technology account other than for the designated purpose becomes a countable resource.
Authorized representative -- a person designated by the individual or by Iowa law to act on the individual's behalf in specified affairs to the extent prescribed by law.
Chief Executive Officer -- the individual chosen and supervised by the governing board who serves as the single point of accountability for the Iowa Administrative Code 83.81
"Brain injury" means clinically evident damage to the brain resulting directly or indirectly from trauma, infection, anoxia, vascular lesions or tumor of the brain, not primarily related to degenerative or aging processes, which temporarily or permanently impairs a person's physical, cognitive, or behavioral functions. Iowa Administrative Code 83.81
The person must have a diagnosis from the following list:
Malignant neoplasms of brain, cerebrum.
Malignant neoplasms of brain, frontal lobe.
Malignant neoplasms of brain, temporal lobe.
Malignant neoplasms of brain, parietal lobe.
Malignant neoplasms of brain, occipital lobe.
Malignant neoplasms of brain, ventricles.
Malignant neoplasms of brain, cerebellum.
Malignant neoplasms of brain, brain stem.
Malignant neoplasms of brain, other part of brain, includes midbrain, peduncle, and medulla oblongata.
Malignant neoplasms of brain, cerebral meninges.
Malignant neoplasms of brain, cranial nerves.
Secondary malignant neoplasm of brain.
Secondary malignant neoplasm of other parts of the nervous system, includes cerebral meninges.
Benign neoplasm of brain and other parts of the nervous system, brain.
Benign neoplasm of brain and other parts of the nervous system, cranial nerves.
Benign neoplasm of brain and other parts of the nervous system, cerebral meninges.
Encephalitis, myelitis and encephalomyelitis.

Intracranial and intraspinal abscess.
Anoxic brain damage.
Subarachnoid hemorrhage.
Intracerebral hemorrhage.
Other and unspecified intracranial hemorrhage.
Occlusion and stenosis of pre-cerebral arteries.
Occlusion of cerebral arteries.
Transient cerebral ischemia.
Acute, but ill-defined, cerebrovascular disease.
Other and ill-defined cerebrovascular diseases.
Fracture of vault of skull.
Fracture of base of skull.
Other and unqualified skull fractures.
Multiple fractures involving skull or face with other bones.
Concussion.
Cerebral laceration and contusion.
Subarachnoid, subdural, and extradural hemorrhage following injury.
Other and unspecified intracranial hemorrhage following injury.
Intracranial injury of other and unspecified nature.
Poisoning by drugs, medicinal and biological substances.
Toxic effects of substances.
Effects of external causes.
Drowning and nonfatal submersion.
Asphyxiation and strangulation.
Child maltreatment syndrome.
Adult maltreatment syndrome.
Mental health and disability services region including, but not limited to, planning, budgeting, monitoring county and regional expenditures, and ensuring the delivery of quality services that achieve expected outcomes for the individuals served.
Child" or "children" -a person or persons under eighteen years of age.
Children's behavioral health services- behavioral health services for children who have a diagnosis of serious emotional disturbance.
Children's behavioral health system or **Children's System**-the behavioral health system for children implemented pursuant to Iowa Code Chapter 225C.
Choice -- the individual or authorized representative chooses the services, supports, and goods needed to best meet the individual's goals and accepts the responsibility and consequences of those choices.
Clear lines of Accountability -- the structure of the governing board's organization makes it evident that the ultimate responsibility for the administration of the non-Medicaid funded mental health and disability services lies with the governing board and that the governing board directly and solely supervises the organization's chief executive officer.
Conflict Free Case Management -- there is no real or seeming incompatibility between the case managers other interests and the case managers duties to the person served determination for services; establishing funding levels for the individual's services; and include requirements that

do not allow the case manager from performing evaluations, assessments, and plans of care if the case manager is related by blood or marriage to the individual or any of the individual's paid caregivers, financially responsible for the individual, or empowered to make financial or health-related decisions on behalf of the individual.

Community -- an integrated setting of an individual's choice.

Coordinator of disability services -- as defined in Iowa Code 331.390.3.b.

Coordinator of Children's Behavioral health services -as defined by Iowa Code section 331.390(3)"b"

Countable household income -earned and unearned income of the family of a child according to the modified adjusted gross income methodology.

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.

Early identification-the process of detecting developmental delays or untreated conditions that may indicate the need for further evaluation.

Early intervention- services designed to address the social, emotional, and developmental needs of children at their earliest stages to decrease long-term effects and provide support in meeting developmental milestones.

Education services -activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning.

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

Federal poverty level- the most recently revised annual poverty income guidelines published in the Federal Register by the United States Department of Health and Human Services

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 inpatient treatment or **behavioral health inpatient treatment** means inpatient psychiatric services to treat an acute psychiatric condition provided in a licensed hospital with a psychiatric unit or a licensed freestanding psychiatric hospital.
Mental health professional -- the same as defined in Iowa code section 228.1.
Modified adjusted gross income -the methodology prescribed in 42 U.S.C. Section 1396a(e)(14) and 42 CFR 435.603.
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.
Prevention -efforts to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society. Prevention activities are designed to convey information about the cause of conditions, situation, or problems that interfere with an individual's functioning or ways in which that knowledge can be used to prevent their occurrence or reduce their effect, and may include, but are not limited to, training events, webinars, presentations, and public meetings.
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 an 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.**
Serious emotional disturbance - the same as defined in Iowa code section 225C.2. A serious emotional disturbance means a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current diagnostic and statistical manual of mental disorders published by the American Psychiatric Association that results in a functional impairment. "Serious emotional disturbance" does not include substance use and developmental disorders unless such
disorders co-occur with such a diagnosable mental, behavioral, or emotional disorder.
Service system refers to the mental health and disability services and supports administered and paid from the regional services fund.
State Board -the children's behavioral health system state board created in code section 225C.51.
State case status -- the standing of an individual who has no county of residence.
State commission – MHDS Commission as defined in Iowa Code 225C.5.
System of Care -- the coordination of a system of services and supports to individuals and their families that ensures they optimally live, work, and recreate in integrated communities of their choice.
System principles -- practices that include individual choice, community and empowerment.

NORTHWEST IOWA CARE CONNECTIONS

Mental Health and Disability Services

REGIONAL FORMS

Attachment A. Application for Regional Funded Services

Attachment B. Release of Information

Attachment C. Notice of Decision

Attachment D. Appeal Process

Attachment E. Appeal Form

Northwest Iowa Care Connections Application Form

For individuals living in: Clay, Kossuth, Osceola, Palo Alto, Winnebago, and Worth Counties

Application Date: _____ **Date Received by Office:** _____

First Name: _____ **Last Name:**_____ _____ **MI:** _____

Nickname: _____ **Maiden Name:** _____

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

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

SSN# _____ **State ID:** _____

Marital Status: ☐Never married ☐Married ☐Divorced ☐Separated ☐Widowed

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

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

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

Current Residence: _____
Street City State Zip County

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

Current Service Providers:

Name: **Location:**

1._____

2._____

3._____

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

Current Residential Arrangement: (Check applicable arrangement)

☐Private Residence	☐Supported Comm. Living	☐State MHI ☐Homeless/Shelter/Street
☐Foster Care/Family Life Home	☐RCF	☐Correctional Facility
☐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:** _____

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

Educations: 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 ☐Protective Payee ☐Conservator
(Please check that apply & write in name, address etc.)

Name: _____

Address: _____

Phone: _____

List all People In Household:

Name	Date of Birth	Relationship
1.		
2.		
3.		
4.		
5.		

<u>INCOME: Proof of income may be required with this application including but not limited to pay-stubs, tax-returns, etc.</u>
If you have reported no income below, how do you pay your bills? (Do not leave blank if no income is reported!)

_____

_____

_____

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

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

Type	**Amount**	**Bank, Trustee, or Company**
☐Cash	_____	_____
☐Checking Account	_____	_____
☐Savings Account	_____	_____

☐Certificates of Deposit _____ _____
☐Trust Funds _____ _____
☐Stocks and Bonds (cash value?) _____ _____
☐Burial Fund/Life Ins (cash value?). _____ _____
☐Retirement Funds (cash value?) _____ _____
☐Other _____ _____ _____
☐Other_____ _____ _____

Total Resources: _____

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

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

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

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

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

Health Insurance Information: (Check all that apply)

Primary Carrier (pays 1st)

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

Company Name _____

Address _____

_____

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

Secondary Carrier (pays 2nd)

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

Company Name _____

Address _____

_____

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

Referral Source:
☐Self ☐Community Corrections ☐Family/Friend ☐Social Service Agency
☐Targeted Case Management ☐Other _____ ☐ Other Case Management

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

☐**Social Security**_____ ☐**SSDI**_____ ☐**Medicare**_____
_____ _____
_____

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

_____ _____ _____

Disability Group/Primary Diagnosis:

☐Mental Illness ☐Mental Retardation ☐Developmental Disability ☐Substance Abuse ☐Brain Injury

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

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

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

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

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

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

I understand that the information gathered in this document is for the use of Northwest Iowa Care Connections in establishing my ability to pay for services requested, and in assuring the appropriateness of services requested. I understand that information in this document will remain confidential.

_____

Applicant's Signature (or Legal Guardian) **Date**

_____

Signature of other completing form if not Applicant or legal Guardian **Date**

Northwest Iowa Care Connections Contact Information:

215 West 4th St. Suite #6 Spencer, IA 51301 Phone: 712-264-3945 FAX: 712-262-9016

website:nwiacareconnections.org

FOR REGIONAL OFFICE USE ONLY:

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

Northwest Iowa Care Connections Release of Information
For individuals living in: Clay, Kossuth, Osceola, Palo Alto, Winnebago, and Worth Counties

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

_____
Name of Person or Agency

_____
Complete Mailing Address

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

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

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

INFORMATION TO BE RELEASED FROM COMMUNITY SERVICES:

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

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

☐	☐	TREATMENT PLAN
☐	☐	OTHER (Specify)_____

(Specify)_____

INFORMATION TO BE OBTAINED FROM THE AGENCY INDICATED ABOVE:

Yes	No	
☐	☐	SOCIAL HISTORY
☐	☐	EDUCATIONAL/VOCATIONAL PLANS
☐	☐	PROGRESS SUMMARY
☐	☐	PSYCHOLOGICAL EVALUATION/ REPORTS
☐	☐	PSYCHIATRIC ASSESSMENT / REPORTS
☐	☐	MEDICAL HISTORY
☐	☐	DISCHARGE SUMMARY
☐	☐	RE-RELEASE OF 3RD PARTY INFO
☐	☐	FINANCIAL DOCUMENTATION
☐	☐	OTHER (Specify)_____

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

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

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

Signature of Client or Legal Guardian:_____ Date: _____

_____
Relationship if NOT The Client

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

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

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

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

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

NORTHWEST IOWA CARE CONNECTIONS NOTICE OF DECISION

I. --APPLICANT INFORMATION--

Applicant's Name & Address:	State ID:	
	Applicant CSN ID#: (Optional)	

II. --SERVICES--

The decision to approve, deny or pend each of the services listed below is printed in the Authorized Service Decision box. Information on the appeal process is listed on the back of this form.

Provider Information	Service	Number of Units	Units Per	Unit Rate	Service Start Date	Service End Date	Authorized Service Decision
1							
	Details:						

Notes:

III. --CONTACT INFORMATION--

Name:	NWIACC Regional Staff	
Phone:		

IV. --AUTHORIZATION--

Disability Services Consultant --Authorizing Regional Staff-		Phone:	
NWIACC DSC Signature Disability Services Consultant --County of Legal Residence (COLR) County of Legal Residence DSC Signature:		Date:	

V……BILLING ADDRESS

Region to be billed for payment of the approved services:	Northwest Iowa Care Connections

Address:			
Phone:		Fax:	

NORTHWEST IOWA CARE CONNECTIONS APPEAL PROCESS

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

How to Appeal:

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

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

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

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

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

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

Expedited Appeals Process (IAC 441-25.21(1)l.2) This appeals process is performed by a mental health professional who is either the Administrator of the Division of Mental Health and Disability Services of the Iowa Department of Human Services or the Administrator's designee. The process is used when the decision of Northwest Iowa Care Connections concerning your care varies from the type and amount of service identified to be necessary when a clinical determination is made by a mental health professional who believes that the failure to provide the type and amount of service identified could cause an immediate danger to the individual's health and safety.

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

1. This appeal shall be filed within 5 days of receiving the Northwest Iowa Care Connections Notice of Decision. The expedited review by the Division Administrator or designee shall take place within 2 days of receiving the request, unless more information is needed. There is an extension of 2 days from the time the new information is received.

2. The Administrator issues an order, including a brief statement of findings of fact,

conclusions of law, and policy reasons for the order, to justify the decision made concerning the expedited review. If the decision concurs with the contention that there is an immediate danger to the individual's health or safety, the order identifies the type and amount of service, which is provided for the individual. The Administrator or designee gives such notice as is practicable to individuals who are required to comply with the order. The order is effective when issued.

3. The decision of the Administrator or designee shall be considered a final agency action and is subject to judicial review in accordance with section 17A.19.

NORTHWEST IOWA CARE CONNECTIONS APPEAL FORM

TO: Northwest Iowa Care Connections

The reason for this appeal is:

_____

_____

_____

_____

_____

_____

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

DATE:_____

SIGNATURE OF APPELLANT:_____

ADDRESS:_____

TELEPHONE (if applicable):_____