

Service Definitions and Qualifications

New Money Follows the Person Services

Mental Health Outreach

Mental health outreach services are services provided in an individual's home to identify and evaluate mental health needs and provide treatment and psychosocial support.

A unit of individual mental health outreach is 15 minutes. A unit of group counseling is one hour. The upper limit for payment is the mental health outreach on-site Medicaid reimbursement rate for the provider with a maximum of 1440 units per year. The individual's plan of care addresses how the consumer's mental health care needs will be met. All services must be authorized in the service plan.

Mental health outreach must meet one of the following criteria:

- Community Mental Health Center
- Behavioral analyst certified by the Behavior Analyst Certification Board
- Mental health counselor licensed under Iowa Code chapter 154D
- Social worker licensed under the Iowa Department of Public Health
- Advanced registered nurse licensed under Iowa Code Chapter 152E who is also registered as certified in psychiatric mental health specialties pursuant to board nursing rules in 655-Chapter 7.

Behavioral Programming

Behavioral programming consists of individual designed strategies to increase the consumer's appropriate behaviors and decrease the consumer's maladaptive behaviors, which have interfered with their ability to remain in the community. Behavioral programming includes:

1. A complete assessment of both appropriate and maladaptive behaviors. The assessment must be completed by one of the following:
 - Licensed psychologist or psychiatrist
 - Behavioral analyst certified by the Behavior Analyst Certification Board
 - Mental health counselor licensed under Iowa Code chapter 154D
 - Social worker licensed under the Iowa Department of Public Health
 - Advanced registered nurse licensed under Iowa Code Chapter 152E who is also registered as certified in psychiatric mental health specialties pursuant to board nursing rules in 655-Chapter 7.
2. Development of a structured behavioral intervention plan, which must be identified in the service plan. The assessment must be completed by one of the following:
 - Licensed psychologist or psychiatrist
 - Behavioral analyst certified by the Behavior Analyst Certification Board
 - Mental health counselor licensed under Iowa Code chapter 154D
 - Social worker licensed under the Iowa Department of Public Health

- Advanced registered nurse licensed under Iowa Code Chapter 152E who is also registered as certified in psychiatric mental health specialties pursuant to board nursing rules in 655-Chapter 7.
3. Implementation of the behavioral intervention plan, training and supervision of caregivers, including family members, must be done by behavioral aides who have been trained by a qualified mental retardation professional as defined in rule 441-83 or a qualified brain injury professional as defined in rule 441-83.81 and who are employees of one of the following:
 - Agencies certified under community mental health center standards established by the mental health and developmental disabilities commission, set forth in 441-Chapter 24, Divisions I and III.
 - Agencies which are licenses as meeting the hospice standards and requirements set forth in department of inspections and appeals rules 481-Chapter 53 or which are certified to meet the standards under the Medicare program for hospice programs
 - Agencies accredited under the mental health service provider standards established by the mental health and disabilities commission set forth in 441-Chapter 24, Divisions I and IV.
 - Home health aid providers meeting the standards set forth in subrule 77.33(3). Home health aid providers certified by Medicare shall be considered to have met these standards
 - Brain injury waiver providers certified pursuant to rule 441-77.39(249A)
 - An agency that is certified by the department to provide supported community living services under pursuant to rule 441—77.37(249A); or
 - A licensed ICF/MR provider.
 4. Ongoing training and supervision to caregivers and behavioral aides.
 5. Periodic reassessment of the plan must be completed by one of the following:
 - Licensed psychologist or psychiatrist,
 - Behavioral analyst certified by the Behavior Analyst Certification Board, a Mental Health Counselor licensed under Iowa Code chapter 154D
 - Social worker licensed under the Iowa Department of Public Health
 - Advanced registered nurse licensed under Iowa Code Chapter 152E who is also registered as certified in psychiatric mental health specialties pursuant to board nursing rules in 655-Chapter 7.

Types of appropriate behavioral programming include but are not limited to clinical redirection, token economies, reinforcement, extinction, modeling and over-learning. A unit of service is 15 minutes. The individual's services plan will address how the consumer's health care needs are being met. The services must be authorized in the service plan.

Crisis Intervention Services

Crisis intervention services are provided to consumers who are experiencing a psychiatric and/or behavioral crisis, and are designed to interrupt and/or ameliorate a crisis

experience. The services includes a preliminary assessment, immediate crisis resolution, and de-escalation, referral and linkage to appropriate community services to avoid more restrictive levels of treatment. This service includes the following components:

1. In-Home Technical Assistance services are provided on an outreach basis to work intensively with the consumer and/or family in their home. In-Home Technical Assistance must be provided within 24 hours of the request and available seven days per week, 365 days per year. It should include a preliminary assessment of risk, mental status, and medical stability, and the need for further services, evaluation or referral.
2. Out of Home Crisis Stabilization provides a temporary residential placement staffed 24 hours a day, 7 days a week. The service provides individualized treatment and support. During the placement, ongoing treatment and transition planning to a least restrictive environment must be coordinated with the transition specialist (if the individual is participating in the Money Follows the Person demonstration) or targeted case managers, providers and other member of the interdisciplinary team. Ongoing treatment and transition planning must also be coordinated with the consumer.
3. Follow-Along -Services provides coordination of the behavioral plan as necessary and assures the interventions provided are in the least restrictive environment.

Crisis intervention services must be provided by:

- Community Mental Health Center established pursuant to Iowa Code Chapter 225C 230A
- Licensed Intermediate Care Facility for individuals with Mental Retardation
- Agencies with a contract to provide crisis intervention services with the Department of Human Services.

Nurse Delegation

Nurse delegation services are services provided by a licensed registered nurse to train, and oversee the procedures carried out on behalf of the consumer either by the consumer or another direct care provider and to provide consultation. The nurse determines that the activity can be performed in the home or community setting and must affirm that the consumer or direct care provider can perform the task. The nurse determines the level of oversight of the care that would ensure the health and safety of each consumer. The licensed nurse shall make on-site supervisory visits every two months with the provider present. More frequent visits can be provided as long as the nurse determines that it is medically necessary. The licensed nurse shall retain accountability for his or her actions in the consultations, training and management of the delegation process but is not accountable for the actions of the trained caregiver. The nurse can elect to delegate the following tasks:

- Tube feedings of consumer unable to eat solid foods.
- Intravenous therapy

- Parenteral injections required more than once a week.
- Catheterizations, continuing care of indwelling catheters with supervision of irrigations, and changing of Foley catheters when required.
- Respiratory care including inhalation therapy and tracheotomy care or tracheotomy care and ventilator.
- Care of decubiti and other ulcerated areas, noting and reporting to the nurse or therapist.
- Rehabilitation services including, but not limited to, bowel and bladder training, range of motion exercises, ambulation training, restorative nursing services, re-teaching activities of daily living, respiratory care and breathing programs, reality orientation, reminiscing therapy, training that promotes motivation and when to initiate specific tasks, and behavior modification.
- Colostomy care.
- Care of medical conditions out of control, which includes brittle diabetes and comfort care of terminal conditions.
- Post surgical nursing care.
- Monitoring medications requiring close supervision because of fluctuating physical or psychological conditions, e.g., antihypertensive, digitalis preparations, mood-altering or psychotropic drugs, or narcotics.
- Preparing and monitoring response to therapeutic diets.
- Recording and reporting of changes in vital signs to the nurse or therapist

Nursing delegation services have an upper limit per delegation visit that is subject to change each year. A unit of service is a visit. The individual's service plan will address how the consumer's health care needs are being met.

All services must be authorized in the consumers service plan.