Rolling Hills

Regional Mental Health & Disabilities Services

REGIONAL SERVICE SYSTEM MANAGEMENT PLAN

Serving the counties of Buena Vista, Calhoun, Carroll, Cherokee, Crawford, Humboldt, Ida, Pocahontas, Sac, Woodbury

Revised and Approved by the Rolling Hills Community Services Governance Board May 26, 2021. Plan effective date July 1, 2021

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MISSION STATEMENT

Rolling Hills Community Services Region is committed to ensuring access to high quality, value-added community-based services for all eligible citizens within our communities that encourage resiliency, stability and growth.

INTRODUCTION AND VISION

Rolling Hills Community Services Region (hereinafter referred to as "RHCS"). RHCS 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, RHCS has created a regional management plan designed to improve health, hope, and successful outcomes for the adults in our region who have mental health disabilities and intellectual/developmental disabilities, including those with multi-occurring substance use issues, health issues, physical disabilities, brain injuries and other complex human service needs and for children who have a diagnosis of serious emotional disturbance as defined in Iowa Code section 225C.2.

In accordance with the principles enumerated in the legislative redesign, RHCS will work in a quality improvement partnership with stakeholders in the region (providers, families, consumers, and partner health and human service systems) to develop a system of care approach that is characterized by the following principles and values:

- Welcoming and customer-oriented
- Person and family driven
- Recovery/resiliency oriented
- Trauma-informed
- Culturally competent
- Multi-occurring capable

BASIC FRAMEWORK OF THE REGIONAL MHDS SERVICES MANAGEMENT PLAN

This regional Mental Health and Disability Services Management Plan (hereinafter referred to as "plan") will describe both the framework for system design that RHCS will organize, the process for making progress in the direction of that vision, as well as the specific activities within the system that will be funded and monitored directly by RHCS. This plan meets the requirements of Iowa Code 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.

This plan covers the geographical area of Buena Vista, Calhoun, Carroll, Cherokee, Crawford, Humboldt, Ida, Pocahontas, Sac and Woodbury Counties who have entered into a 28E agreement to form the Regional Administrative entity Rolling Hills Community Services Region. The Region will directly implement a system of service management and does not intend to contract management responsibility for any aspect of the regional service system to any agency or entity.

In compliance with IAC 441-25 the plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual. The Annual Service and Budget Plan includes the access points, service coordination and case management entities, crisis planning, designated intensive mental health services, children's behavioral health services, scope of

services, budget and financing provisions, financial forecasting measures and provider reimbursement provisions . The Annual Report provides an analysis of data concerning services managed for the previous fiscal year including the services actually provided, the status of service development, actual numbers of children and adults served, documentation that designated access centers, ACT teams, subacute and intensive residential services met service standards, financial statement of actual revenues and expenditures, and outcomes achieved. The Policies and Procedures Manual includes policies and procedures concerning management of the MH/DS services and plan administration.

Rolling Hill Community Services shall maintain local county offices as the foundation to the service delivery system.

A. ORGANIZATIONAL STRUCTURE OF THE ROLLING HILLS REGION

1. *GOVERNING BOARD*

The Region has designated a Governing Board that is ultimately responsible for all aspects of the regional service system. The composition of the Governing Board consists of at least one Board of Supervisor member from each county within the Region. It shall also include the following Representatives:

- Children's Education System Representative (voting member)
- Children's Parent Representative or Actively Involved Relative (voting member)
- Children's Provider Representative (Non-Voting member)
- Adult Representative or Actively Involved Relative (voting member)
- Adult Provider Representative (Non-Voting member)

2. *ADULT REGIONAL ADVISORY COMMITTEE*

The Regional Advisory Committee consists of Individuals who utilize services or the actively involved relatives of such individuals, service providers, Governing Board members and other interested parties and they will be responsible for designating the one ex officio member and one voting member to the Region's Governing Board. The Regional Advisory Committee will hold regular meetings to allow for participation in the Regional system process and input from the Committee will be considered and incorporated into the ongoing process of system development and enhancement.

3. *CHILDREN'S REGIONAL ADVISORY COMMITTEE*

The membership of the Children's Regional Advisory Committee shall be designated per IAC 441—25.12(331). The regional children's behavioral health services advisory committee designate Governing Board representation for: (a) a parent/actively involved relative of a child who utilizes children's behavioral health services; (b) the educational system; and (c) a regional children's behavioral health services provider. The Regional Advisory Committee will hold regular meetings to allow for participation in the Regional system process and input from the Committee will be considered and incorporated into the ongoing process of system development and enhancement.

4. *REGIONAL COORDINATORS OF DISABILITY SERVICES*

The Regional staff shall include one or more Coordinators of Disability Services for adults and children. The staff delegated to the perform functions of Coordinators of Disability Services

shall have the qualifications required by IAC 331-390(3)b. as follows: A coordinator shall possess a bachelor's or higher level degree in a human services-related field, including but not limited to social work, psychology, nursing, or public or business administration, from an accredited college or university. However, in lieu of a degree in public or business administration, a coordinator may provide documentation of relevant management experience. The coordinators are responsible for ensuring equal and timely access for all individuals seeking Mental Health and/or Disability Service within the region. An action of a coordinator involving a clinical decision shall be made in conjunction with a professional who is trained in the delivery of the mental health or disability service addressed by the clinical decision.

5. *CHIEF EXECUTIVE OFFICER*

The Governing Board will appoint the Chief Executive Officer who will serve as the single point of accountability for the Region. The Chief Executive Officer will be responsible for planning, budgeting, monitoring county and regional expenditures, and ensuring the delivery of quality services that achieve expected outcomes for the individuals served.

B. SERVICE SYSTEM MANAGEMENT

RHCS shall directly administer the Region MH/DS Plan through the Local County Community Services offices and contract with service providers to meet the service needs of the consumers. The Governance Board will contract with member counties to provide credentialed staff to carry out the administration of this plan.

Risk Management and Fiscal Viability

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

Conflict of Interest

Funding authorization decisions shall be made by the RHCS staff, which shall have no financial or personal interest in the services or supports to be provided. In the event that such a situation occurs, that interest must be fully disclosed to the consumers, counties, and other stakeholders.

System of Care Approach Plan

RHCS shall provide leadership and management at the local level for designing a regional system of care for Mental Health and Disability Services. The design of the system will be based on the expectation that individuals and families will have multi-occurring issues of all kinds, and will incorporate an organized quality improvement partnership process to achieve the vision defined at the beginning of this plan.

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

- Welcoming and accessible.
- Able to emphasize integrated screening, early identification and early intervention
- High quality and, wherever possible, evidence based practices that RHCS has verified meet established fidelity standards including, but not limited to:
    - Assertive Community Treatment or Strengths Based Case Management
    - Integrated Treatment of co-occurring Substance Abuse and Mental Health Disorders

    - Supported Employment
    - Family 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 Interagency and Multi-system Collaboration and Care Coordination

An individual with multi-occurring conditions is defined as any person of any age with any combination of any mental health condition (including trauma) and/or developmental or cognitive disability (including brain injury) and /or any substance abuse condition, including gambling and nicotine dependence, whether or not they have already been diagnosed. Individuals with multi-occurring conditions commonly also have medical, legal, housing, financial, and parenting issues and conditions and other complex needs. RHCS shall fund individuals with multi-occurring conditions that meet the eligibility criteria in Section F of this manual. Services and supports will be offered through the enrollment process including the standardized functional assessment.

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

The region will assist all organizations to become first class providers. First, the RHCS Region will make outcomes data available to providers, referral sources and to purchasers of services. Second, timely access to care in the RHCS Region will be improved until help is available when it is needed. Third, the region will provide the resources to assist providers to improve their outcomes. Finally, there will be training and support offered utilizing available technology so that all providers have equitable access to regional offerings. The region will also facilitate cooperation among providers and peers to share information and strategies so that the entire system increases service quality.

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

RHCS will coordinate access to all services that are included in the annual service and budget plan that are administered by the region, state and any other funding source.

RHCS shall partner with courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. RHCS shall collaborate with the Iowa Department of Human Services, Lifelong Links, Area Agency on Aging, Iowa Department of Public Health, Department of Corrections, Iowa Medicaid Enterprise, other regions, service providers, case management, individuals, families and advocates to ensure the authorized services and supports are responsive to individuals' needs consistent with system principles, and cost effective. Collaborations will occur through outreach meetings, stakeholder task force meetings and invitations to ongoing Advisory Board Meetings. Input from these meetings will be taken back to the Governance Board to address future program planning and establish budgeting goals.

Individuals routinely access a variety of services that are not funded by or under control of the county. These include the following:

- Income assistance such as SSI, FIP, Food Stamps, Social Security, etc.
- Housing assistance such as rental subsidies, public housing, etc.
- Employment assistance such as vocational rehabilitation and job training
- Primary medical care
- Education through local school districts, Area Education Agencies, Adult Basic Education and local colleges
- Court services
- Substance Abuse services
- Medicaid Mental Health Access Plan

Administrators will continue to build and develop relationships with these agencies and identify ways to better coordinate services for individuals with mental illness and intellectual disabilities by interfacing with the following partners:

Vocational Rehabilitation
Regions will continue to work closely with Iowa Vocational Rehabilitation Services in securing medical / psychological assessments, vocational evaluations, counseling / guidance, physical and / or mental restoration services, special adaptive equipment / devices, training, occupational tools, equipment or licenses, and job placements designed to assist individuals with disabilities in preparation for employment. IVRS at times acts a service coordinator as defined in earlier sections.

School System
Regions will continue to work with the school system, including the Area Education Agencies, to identify individuals coming into the MH/DS system so that adequate services and resources may be identified.

Judicial System
The Coordinators will work with the clerk of courts, judicial referee, judges, sheriff, hospital behavioral health units, emergency rooms, mental health centers, magistrates, juvenile court services and mental health advocates so that they are aware of services available other than involuntary hospitalizations with the intention of reducing the number of involuntary committals. The Coordinators will coordinate funding of involuntary committals under Iowa Code Chapter 222 and 229.

Department of Human Services-State of Iowa
Coordinators will work collaboratively with DHS income maintenance workers and service managers to assist individuals with obtaining access to programs such as Medicaid, FIP, food stamps, MEPD, and HCBS waiver and habilitation services.

Medical Community
Community hospitals and local physicians are sometimes involved in psychiatric hospitalizations. Training regarding the Regional process is beneficial. Home health nurses and aides provide many services to the MHDS population.

Area Agency on Aging
The Coordinators will work closely with area agency on aging and Aging and Disabilities Resources Center (ADRC) staff to see that the aging MHDS population has all needs met and is able to remain in the community.

Children's Service System
MHDS staff will continue to collaborate with the children's service providers to identify and develop needed services. RHCS will continue to inform the public and provide information about the services available in the area and provide information regarding funding of these services. Regional staff will maintain membership and/or contact with advocacy organizations to keep abreast of issues from an individual/family perspective.

Iowa Health Link
The regions will be involved in the ongoing communication process with the Managed Care Organizations, and or any other management company contracted with the State of Iowa for the following purposes:

- To assure that the MCO's pay for all qualified behavioral health care services for Medicaid enrollees, and does not attempt to use region-paid services as a method of managing risk.
- To work with the MCO's in the possible development and funding to create new community based services and crisis services that are cost effective for both entities and effective for the individuals.

Chemical Dependency Services
RHCS intends to fund chemical dependency services only in those programs that demonstrate the capability of providing evidenced-based integrated treatment of co-occurring substance abuse and mental health disorders that have been independently verified as meeting established fidelity. Regional staff will work with community providers to further develop this integrated program. Coordinators of Disability Services may be contacted for region approved options.

<u>Decentralized Service Provision</u>
RHCS shall strive to provide services in a dispersed manner that meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. Services will be provided across the region based on area of concentrated need that utilize the assets of the individual service providers, in a cost effective manner that prevents duplication of service where applicable. RHCS will ensure that all individuals residing within the region have equal access to any service provided.

RHCS has a broad network of service providers within the region. The Governing Board will review the providers, the services provided and their locations/accessibility on an annual basis. Based on input from individual/family surveys, the task forces and the Regional Advisory Committee, the Governing Board will determine levels of access to Core Services, services beyond core, strengths of services and any gaps in services in order to measure accessibility of services throughout the region.

Utilization and Access to Services

Within the broad system approach outlined above, RHCS will oversee 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, RHCS will integrate planning, administration, financing and service delivery using utilization reports from both the region and the state including the following:

- Inventory of available services and providers
- Utilization data on the services

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

- Service offered
- Adequate provider network
- Restrictions on eligibility
- Restrictions on availability
- Location

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

RHCS will coordinate access to all services that are included in the annual service and budget plan that are administered by the region, state and any other funding source.

C. Provider Network Formation and Management

RHCS shall have a network of service providers to meet the continuum of service needs of individuals. The Region retains the right to select service providers to be a part of the RHCS provider network. Providers must be approved RHCS 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 RHCS or another Iowa MH/DS region.

All providers included in the RHCS MH/DS provider network subject to licensure or accreditation shall 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.

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

RHCS shall manage the provider network to ensure individual needs are met. RHCS will contract with licensed and accredited providers to ensure that each required core service domain is provided. RHCS shall ensure an adequate number of providers are available to avoid waiting lists by contracting with outpatient mental health providers, Community Mental Health Centers, at least one inpatient psychiatric hospital within the region or close proximity (currently St. Anthony Regional Hospital) and other providers of core services.

Network Providers

Providers that are part of the Regional network are required to submit the following to the Administrator's office:

- Trauma-informed, evidence-based, co-occurring, systems of care approach
- Documentation of appropriate corporate structure and governance as evidenced by a copy of agency by-laws
- Current license, certification, and/or accreditation
- Current accreditation survey from Inspections and Appeals and/or similar accrediting body along with any corrective action recommendations and plan for corrective action by agency
- Independent financial audit.
- Cost reports as required by the Region.

- Documentation of appropriate credentialing of program staff.
- Summary of previous year's appeals and outcomes (due Sept. 1st).
- Copy of the agency's Quality Assurance management plan and report.
- List of current board of directors.
- Organizational chart.

Designation of Targeted Case Management Providers

Designated Case Management agencies serving the RHCS region must be accredited by the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in IAC441-24.1(225C). Targeted Case Management shall meet the following expectations:

- Performance and outcome measures relating to the health, 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, services planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 25.21 which may include the use of electronic record keeping and remote or internet based training.

Service Provider Payment Provisions

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

- Name and unique identifier of each individual served during the reporting period
- Number of units of service delivered to each individual served
- Unit rate and total cost of the units provided to each individual
- Copayments or other charges billed to other sources as deductions on the billing
- Actual amount to be charged to the Region of each individual for the period
- Number of leave days from a residential facility for tracking/trending purposes.

RHCS staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Services delivered without service authorization will be checked against region service authorization protocols to assure delivery was permitted (ie; crisis services). Any service units delivered and charged to the region not meeting these criteria will be deducted from the bill.

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

No billings received more than 60 days after the close of the fiscal year in which the service was provided shall be considered for payment by RHCS unless there is a statutory obligation or unforeseen circumstances exist as approved by the CEO. Fiscal year for RHCS is July 1-June 30.

D. FINANCING AND DELIVERY OF SERVICES AND SUPPORTS

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

The RHCS Chief Executive Officer shall prepare a proposed annual budget, with priority given to core services and core populations per Attachment D. The proposed budget shall be reviewed by the RHCS Governing Board for final approval. The Chief Executive Officer shall be responsible for managing and monitoring the adopted budget. The services funded by RHCS 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 Governing Board is responsible for adopting and approving an annual budget for Non-Medicaid Mental Health and Disability Services for the fiscal period July 1 to June 30 of each year. It is the Governing Board's duty to ensure a fair, equitable and transparent budgeting process. The Regional Budget will be submitted to the Governance Board by the CEO based on the recommendations of the Advisory Board.

The RHCS Governing Board has designated Buena Vista County to act as the Regional Fiscal Agent. The RHCS Governing Board will determine an amount to be paid to the Regional Fiscal Agent. All expenditures, including funds held by Regional Fiscal Agent and funds held in individual county accounts, shall comply with the guidelines outlined in the Annual Service and Budget plan.

Accounting System and Financial Reporting

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

Contracting

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

RHCS will examine 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.

Regions support individual choice, and will place no geographic restriction on service providers other than they must provide services in Iowa. Regions are interested in obtaining the best service value for individuals served based on individual needs.

Providers wishing to terminate services will provide a 30-day notice of intent to terminate to the individual/guardian, the service coordinator, and the Regional Administrator, and will cooperate with discharge planning efforts to ensure the individual's health and safety.

RHCS service contracts require that providers meet all applicable licensure, accreditation or certification standards. However, RHCS makes serious efforts to stimulate access to more natural supports in its service provider network. RHCS will include providers of non-traditional services that do not require state certification, as long as they provide high quality services, positive outcomes and

satisfaction, cost effectiveness, and are willing to comply with the Rolling Hills Regional Management Plan.

Funding

Funding shall be provided for appropriate, flexible, cost-effective community services and supports to meet individual needs in the least restrictive environment possible. RHCS recognizes the importance of individualized planning for services and supports to empower all individuals to reach their fullest potential. Access to services will meet or exceed the requirements of IAC441-25.3(1).

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

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

RHCS may authorize regional funding for a maximum of twelve outpatient therapy sessions, four medication checks, twelve medication management checks, one psychiatric evaluation and one therapy evaluation per year for eligible individuals covered under this plan. When additional services are needed, the provider may contact the Coordinator of Disability Services to discuss necessity and/or submit a written request validating the need. The request will be authorized or denied by the Chief Executive Officer and issued on a Notice of Decision.

It is the belief of RHCS region that individuals with disabilities should live in and receive services in the least restrictive setting consistent with their individual needs and abilities based on the principles of choice, community and empowerment. The Coordinators of Disability Services and Chief Executive Officer will strive to ensure that all individuals are living in the community with adequate supports. In the event that a higher level of need exists based on the results of the Standardized Assessment, funding for residential care facility services may be considered for mental health or medication stabilization on a short-term basis for up to three months by the Chief Executive Officer. Individual must be discharging from an inpatient setting at the time of application for RCF Services. During that time period, a Coordinator will work closely with the individual to monitor their recovery and assist with arranging services to be in place following discharge. Any extension of funding will be based on a follow-up assessment and subject to the approval of the Chief Executive Officer.

RHCS shall be 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. RHCS shall be the funder of last resort and regional funds shall not replace other funding that an individual is eligible for or currently receiving.

E. ENROLLMENT

Application and Enrollment/Timeframes

The Rolling Hills Community Services Region will function as the planning and management entity for individuals in need of mental health and disability services. RHCS Coordinators of Disability Services

will assist individuals with accessing all funding sources to which they are eligible including private insurance, Medicaid, Medicare and any other funding mechanisms. The CEO will collaborate with county public health boards, mental health providers and service providers to identify service needs of the community, trends and potential gaps in services or coverage for individuals in need of services as outlined in the Annual Service and Budget Plan.

Individuals residing in RHCS counties, or their legal representative, may apply for regional funding for services by contacting any RHCS Community Services office or may contact one of the designated access points (Attachment A) to complete an application (Attachment B). All applications shall be forwarded to the Community Services office in a county within the region. That office shall determine eligibility for funding.

The RHCS application shall be used for all applications. If language or other barriers exist, the access points shall contact an appropriate person to assist the applicant in the intake process or contact the local Community Services office to make such arrangements. The completed application shall be forwarded by access points to the local Community Services office.

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

Notice of Enrollment Decision

Once a fully completed application is received in a Community Services office, RHCS Coordinators of Disability Services shall determine if the applicant meets the general eligibility criteria within 10 days. RHCS will consider an applicant eligible if their gross household income is 150% or below of the current Federal Poverty Guidelines. An individual must have resources that are equal to or less than $2,000 in countable value for a single-person household or $3,000 in countable value for a multi-person household or follow the most recent federal supplemental security income guidelines.
A Notice of Decision shall inform the individual of the decision and information to schedule a standardized assessment within 90 days.

Service and Functional Assessment

If an individual is referred to case management, integrated health home or service coordination, a Standardized functional assessment shall be completed within 90 days of application. The results will support the need for services including the type and frequency of service in the individual's case plan. Crisis and Urgent Services are not subject to a Standardized Functional Assessment. The need for Outpatient Services will be based on the mental health provider's intake assessment and treatment plan and according to the access standards outlined in Attachment D.

The Targeted Case Manager or Coordinator of Disability Services will invite providers to participate in the development of the individual'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 individual is an adult and has no guardian or conservator, s/he may elect to involve family members in the service planning process, and to approve the final service plan. If the individual has a guardian or conservator, or is otherwise unable to give informed consent, the designated guardian, parent, or other representative will approve the

service plan. Individuals may be represented by advocates, other individual representatives, friends or family during the service planning process.

Service Funding Authorization

After the Coordinator of Disability Services verifies that region funded services are the least restrictive and most cost effective services appropriate for the individual's needs, and that alternative funding and supports were considered first, a service funding request is submitted to the Chief Executive Officer.

The funding request decision will not supersede approval of services mandated by federal or state statute, code, or rule and be within current service utilization guidelines. Services will be authorized based on the criteria outlined in Attachment D.

Notice of Decision

The Notice of Decision, as issued by the Chief Executive Officer, shall inform the individual the action taken on the application, reason for the action, service provider, services and units of services approved based on results from the standardized assessment, the applicants right to appeal and the appeal process. The Notice of Decision will be issued by the CEO within 10 days of the completion of the Standardized Functional Assessment. The applicant shall be sent a copy of the region's appeal process and informed that they have the right to appeal the decision.

Re-enrollment

Individual must reapply for services on at least an annual basis. Services will be authorized for one year from the date of a signed Application however; services may be authorized for a lesser duration if so deemed by the CEO.

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

It is the intent of RHCS that only RHCS staff shall authorize services for residents of the RHCS region. Due to that, it is the policy of RHCS that if another county, or the State, determines residency in error or approves services for persons who do not have residency in their region, RHCS may not assume retroactive payment. When written notification is received by RHCS of the error, RHCS staff shall authorize service according to the policies and procedures set forth in this manual.

Co-Payment for Services

Adults individuals above 150% of the federal poverty level are responsible for 100% of the cost of their services. However, any co-payments or other client participation required by any federal, state, region, or municipal program in which the individual participates shall be required to be paid by the individual. Such co-payments include, but are not limited to:

- Client participation for maintenance in a Residential Care Facility (RCF) through the state supplementary assistance program. Eligibility for RCF funding is contingent on the individual's

ability to pay room, board and medical. For individuals with a pending application for SSI/SSDI, an Interim Assistance Reimbursement Agreement must be signed.

- The financial liability for institutional services paid by counties as provided in Iowa Code sections 230.15.
- The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.19.
- RHCS will not pay a copayment, deductible, or spend down required by the Medicare or Medicaid programs or any other third-party insurance coverage.

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

Exception to Policy

Exception to Policy may be considered in cases when an individual is significantly adversely affected by the regional eligibility policy. To request an Exception to Policy, the individual or the individual's service coordinator shall submit the following information:

- 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 RHCS Chief Executive Officer will review the exception and a response will be given to the individual and, when appropriate, the service coordinator within 10 working days. Decisions on requests shall be used in the annual report to identify future changes in policy.

Confidentiality

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

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

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

Procedures to assure confidentiality shall include:

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

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

F. ELIGIBILITY CRITERIA FOR ADULTS IN NEED OF SERVICES (IAC 441-25.21(1)c)

The following threshold criteria must be met to determine if an adult applicant is eligible for enrollment Rolling Hills Regional Service System:

General Eligibility

All residents of counties in the Rolling Hills Region are eligible for Information & Referral and Crisis Services regardless of eligibility criteria.

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

a. The individual complies with financial eligibility requirements in 441-25.16
b. The individual is at least eighteen years of age.

   Or

   1. An individual who is seventeen years of age, is a resident of this state, and is receiving publicly funded children's services may be considered eligible for services through the regional service system during the three-month period preceding the individual's eighteenth birthday in order to provide a smooth transition from children's to adult services.
   2. An individual less than 18 years of age and a resident of the state may be considered eligible for those mental health services made available to all or a portion of the residents of the region of the same age and eligibility class under the county management plan of one or more counties of the region applicable prior to formation of the region. Eligibility for services under paragraph "b" is limited to availability of regional service system funds without limiting or reducing core services, and if part of the approved regional service system management plan.

c. The individual is a resident of this state.

Residency

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

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

**Denison Job Corp Center is exempt from residency similar to a college or university since it is a federal education and job training program*.

d. The individual must have a diagnosis of Mental Illness or Intellectual Disability.
e. Individuals with eligible MI or ID, who also have co-occurring SED, Brain Injury, or Physical Disabilities, are welcomed for care and eligible for services.
f. The results of a standardized assessment completed within 90 days, support the need for services of the type and frequency identified in the individual's case plan.

Financial Eligibility

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

1. Income Guidelines: (IC 331.395.1)

All funding authorizations shall be determined based on gross income. If the applicant is eligible for federally funded or state funded services or supports, the applicant must apply for and accept such funding and support.

RHCS will consider an applicant eligible if their gross household income is 150% or below of the current Federal Poverty Guidelines.

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

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

Any exceptions to the basic eligibility standards set forth in this plan will be made on a case-by-case basis by the Regional CEO and only if it will result in a less restrictive outcome for the individual.

2. Resources Guidelines: Iowa Code 331.395

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

(1) The countable value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this sub rule.
(2) 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.
(3) The following resources shall be exempt:

a. The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence.
b. One automobile used for transportation.
c. Tools of an actively pursued trade.
d. General household furnishings and personal items.
e. Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
f. Cash surrender value of life insurance with a face value of less than $1,500 on any one person.
g. Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.

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

(1) A retirement account that is in the accumulation stage.
(2) A medical savings account.
(3) An assistive technology account.
(4) A burial account or trust limited in value as to that allowed in the Medical Assistance Program.

Diagnostic Eligibility-441—25.1(331)

The individual must have a condition that meets the criteria of Mental Illness, Intellectual Disability, or Developmental Disability. Individuals, who also have multi-occurring substance use disorders, brain injury, or physical disabilities, are welcomed for care and eligible for services.

Individuals with Mental Illness

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

Individuals with Intellectual Disability means individuals who meet the following three conditions:

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

sub average intellectual functioning) as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, American Psychiatric Association.
2. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.
3. The onset is before the age of 18.
(Criteria from "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revision (DSM IV)," 1994 revision, American Psychiatric Association)

Assistance to other than core populations (IAC441-25.21(1)2)

If funds are available and the population category was covered in at least one of the counties previous MHDS plan, RHCS shall fund services to individuals who have a diagnosis of a developmental disability other than an intellectual disability as defined in Iowa code chapter 4.1(9A). *Individuals with Developmental Disabilities that were funded prior to the effective date of this plan will be considered eligible for future funding subject to the results of a standardized functional assessment. Individuals with Developmental Disabilities are a population that was previously served by all RHCS counties as per their county management plans and will continue to receive funding as long as they meet the criteria of this plan. Services to individuals with a Developmental Disability may be considered eligible based on availability of funding. This will be designated in the Annual Service and Budget Plan.

Individuals with a Developmental Disability means a severe, chronic disability that:
1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before 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 major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and
5. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
A person from birth to the age of nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described above if the person, without services and supports, has a high probability of meeting those criteria later in life.

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

G. ELIGIBILITY CRITERIA FOR CHILDREN'S BEHAVIORAL HEALTH SERVICES:

The following threshold criteria must be met to determine if an applicant under the age of eighteen is eligible for enrollment into the Rolling Hills Regional Service System:

Diagnostic and Functional Eligibility:

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 and the child is physically present in the state.

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

d. 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".

Financial Eligibility:

Income requirements for children's behavioral health services shall be as follows:

(1) 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.

(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 subrule 441-25.16(3).

(3) *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.

(4) *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.

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

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

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

a. 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%

H.

APPEALS PROCESSES

Non Expedited Appeal Process

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.

Definitions:

Aggrieved person is one who has a complaint regardless of whether the complaint is appealable or non-appealable.

Appealable issue**:**

1. Claims for financial assistance or services from RHCS have been denied.
2. Application for financial assistance or services from RHCS has not been acted upon with reasonable promptness.
3. Notification that RHCS will suspend, reduce or discontinue services or financial assistance.
4. Other situations as determined by the Region.

Non-appealable issue**:**

1. Decisions regarding licenses or certification issues by DHS, DIA, or any other licensing or accrediting body.
2. Competence to engage in the practice of a discipline or profession.
3. Diagnostic decisions.
4. Determinations by an individual provider that the provider cannot meet the needs of the individual.
5. Discharge decisions of providers.
6. Decision to place an individual on a waiting list.

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 shall be attached to the Notice of Decision form. Assistance in completing the appeal form shall be provided upon request.

To appeal, a completed appeal form must be sent to the Chief Executive Officer of RHCS within fifteen (15) working days of receipt of the Notice of Decision.

Step 1. Reconsideration - The Chief Executive Officer shall review appeals and grievances. After reviewing an appeal, the Chief Executive Officer shall contact the appellant not more than five (5) working days after the written appeal is received. The Chief Executive Officer shall collect 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 shall be issued no later than five (5) working days following the contact with the appellant. A copy of the decision shall be sent to the appellant and/or representative by regular mail.

Step 2. Administrative Law Judge - If a resolution is not agreed upon through the Reconsideration process, 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.

Rolling Hills Community Services shall 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 or http://www.iowalegalaid.org/

Expedited Appeal Process

This appeals process shall be performed by a mental health professional who is either the Administrator of the Division of Mental Health and Disability Services of the Iowa Department of Human Services or the Administrator's designee. The process is to be used when the decision of RHCS 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:

1. The appeal shall be filed within 5 days of receiving the Notice of Decision by RHCS. The expedited review, by the Division Administrator or designees 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 shall issue 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 the there is an immediate danger to the individual's health or safety, the order shall identify the type and amount of service which shall be provided for the individual. The Administrator or designee shall give such notice as is 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.

I. WAITING LIST CRITERIA

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

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

The RHCS will only implement a waiting list if the property tax levy in each county is at the maximum amount and all dollars available to the region have been fully encumbered. Core Services to core populations will be a priority. Additional Core Services will be the next priority. Additional populations served will be the next priority and other services determined to be necessary for the well-being of individuals living in the region will be the final priority. Core Services for target populations shall be

considered priority services. Waiting lists and service reductions may take place for all other populations and services

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

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

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

J. QUALITY MANAGEMENT AND IMPROVEMENT

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

System Evaluation

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

- Evaluation of individual satisfaction, including empowerment and quality of life; provider satisfaction; patterns of service utilization; responsiveness to individual needs and desires
- Improvement of welcoming, person/family centered, hopeful, strength based, trauma informed, multi-occurring capable care
- Improvement of the ability of providers to work in partnership with each other and with the regional management team to share collective responsibility for the population in the region
- The number and disposition of individual appeals and the implementation of corrective action plans based on these appeals
- Cost-effectiveness

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

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

Quality of Provider Services

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

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

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

Evidenced Based Practices

RHCS shall provide information and the Evidenced Based Practice Toolkits to the service providers who serve on the RHCS Advisory Board as well as making the information available to other regional providers. The CEO will be responsible for collaborating and planning with our providers to ensure that Evidenced Based Practices are planned for during the development of the service and upon implementation. The following Evidenced Based Practices will be supported and verified by RHCS:

-Assertive Community Treatment or Strength-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 CEO on annual basis.

Methods utilized for Quality Improvement

Rolling Hills Community Services Region shall utilize the County Services Network (CSN) program for data tracking and management of the MH/DS Service System. RHCS will maintain a contract with a CSN expert user to provide technical assistance, maintenance, system integrity and training of regional personnel. Utilizing the CSN program will enable RHCS to comply with all data reporting, any other information technology requirements identified by the department and also to meet HIPAA compliance as a Regional entity. Rolling Hills Community Services Region contracts for HIPAA consultation and training.

All documents pertaining to an individual in need of services will be uploaded and stored within the system. Rolling Hills staff will utilize CSN to generate reports that include the following: Client Data, Claims Information, Financial Reports, Services and Regional Provider Contracts. This system will provide us with the ability to track potential waiting list information, funding request, active client status reports and outcomes. It will also provide uniformity in coding of claims and labeling information/definitions on a consistent basis.

Tracking changes and trends in the disability services system and providing reports to the Department of Human Services annually on or before December 1, for the preceding fiscal year the following information for each individual served:

- Demographic information
- Expenditure data
- Data concerning the services and other support provided to each individual, as specified by the Department of Human Services
- Actual numbers of individuals served

Central Data Repository Regional Requirements

*The data collection and management information system utilized shall have the capacity to exchange information with the department, counties and regions, contractors, and others involved with services to persons with a disability who have authorized access to the central data repository.

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

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

K. AMENDMENTS

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

ATTACHMENT A: ACCESS POINTS

An access point is a part of the RHCS service system trained to complete MHDS regional applications for persons with a disability. ** denotes Access Point for both Adults and Children*

Access Point	Address	Phone Number
*RHCS Office - Buena Vista County	605 Cayuga St. PO Box 253, Storm Lake, IA 50588	(712) 749-2556
Plains Area Mental Health Center	728 Erie St., Storm Lake, IA 50588	(712) 213-8402
Imagine the Possibilities	1607 North Lake Ave., Storm Lake, IA 50588	(563)652-5252
New Directions	808 Michigan St., Storm Lake, IA 50588	(712) 213-7814
Catholic Charities (Satellite Office)	1709 E. Richland St., Storm Lake, IA 50588	(712) 792-9597
Buena Vista Regional Med. Center	1525 West Milwaukee, Storm Lake, IA 50588	(712) 732-4030
Seasons Center	824 Flindt Drive, Storm Lake, IA 50588	(800)242-5101
Faith Hope and Charity	1815 West Milwaukee, Storm Lake, IA 50588	(712) 732-5127
*RHCS Office – Calhoun County	515 Court St., Rockwell City, IA 50579	(712) 297-5292
Community & Family Resources	515 Court St., Rockwell City, IA 50579	(515) 297-5292
Unity-Point Health Berryhill Center	720 Kenyon Road, Fort Dodge, IA 50501	(515) 955-7171
Calhoun County Public Health	501 Court St... Rockwell City, IA 50579	(712) 297-8323
Counseling Services, LLC	501 Court St... Rockwell City, IA 50579	(712) 662-3222
DHS Targeted Case Management	515 Court St., Rockwell City, IA 50579	(712) 297-8524
Stewart Memorial Hospital	1301 West Main St., Lake City, IA 51449	(712)464-3171
*RHCS Office – Carroll County	608 North Court St., S. Suite A, Carroll, IA 51401	(712) 792-1234
Home Care Options	626 North Court St., Carroll, IA 51401	(712) 792-0322
New Hope Village	1211 East 18th St., Carroll, IA 51401	(712) 792-5500
St. Anthony Regional Hospital	311 South Clark, Carroll, IA 51401	(712) 792-8239
Catholic Charities	409 West 7th St., Carroll, IA 51401	(712) 792-9597
New Opportunities	23751 Hwy 30 East, Carroll, IA 51401	(712) 792-1344
Counseling Services	322 South 12th St., Sac City, IA 50583	(712) 662-3222
Plains Area Mental Health Center	318 South Maple St. Carroll, IA 51401	(712) 792-2991
Family Resource Center	502 West 7th St., Carroll, IA 51401	(712) 792-6440
*RHCS Office – Crawford County	1202 Broadway, Suite 9, Denison, IA 51442	(712) 263-2720
Plains Area Mental Health Center	27 South Main St., Denison, IA 51442	(712) 263-3172
WESCO Industries	415 South 11th St., Denison, IA 51442	(712) 263-6141
Rosecrance Jackson Recovery Center	1233 Broadway, Denison, IA 51442	(712) 263-5065
Crawford County Memorial Hosp.	100 Medical Parkway, Denison, IA 51442	(712) 265-2500
*RHCS Office – Humboldt County	203 Main St. Dakota City, IA 50529	(515) 332-1681
Berryhill Center	1000 North 15th St. Humboldt, IA 50548	(515) 955-7171
Humboldt County Hospital	1000 North 15th St. Humboldt, IA 50548	(515) 332-4200
Life Connections	19 S. 16th St. Humboldt, IA 50548	(515) 327-5195
Lifeworks Community Services	1303 A St. Fort Dodge, IA 50501	(515) 576-2126
One Vision	1470 21st Ave N, Fort Dodge, IA 50501	(515) 573-8243

*RHCS Office – Ida County	401 Moorehead St., Ida Grove, IA 51445	(712) 364-2385
Crossroads of Western Iowa	651 1st St., Battle Creek, IA 51006	(712) 365-4339
Crossroads of Western Iowa	400 Minnesota St., Holstein, IA 51025	(712) 368-4671
Plains Area Mental Health Center	700 East 2nd St. Ste 2 PO Box 168., Ida Grove, IA 51445	(712) 364-3500
Horn Memorial Hospital	701 East 2nd St., Ida Grove, IA 51445	(712) 364-3311
*RHCS Office – Pocahontas County	116 S. State St. Suite A, Sac City, IA 50583	
Berryhill Center	606 NW 7th St. Pocahontas, IA 50574	(515) 955-7171
Imagine the Possibilities	1607 Lake Ave. Storm Lake, IA 50588	(712) 732-5038
*RHCS Office – Sac County	116 S. State St. Suite A, Sac City, IA 50583	
Counseling Services LLC	322 South 13th St., Sac City, IA 50583	(712) 662-3222
Loring Hospital	211 Highland Ave, Sac City, IA 50583	(712) 662-7105
Howard Center	1319 Early St., Sac City, IA 50583	(712) 662-7844
*RHCS Office – Cherokee County	520 West Main, Cherokee, IA 51012	(712) 225-6700
Crossroads of Western Iowa	322 Lake St. Cherokee, IA 51012	(712)225-4531
Plains Area Mental Health Center	1231 West Cedar Loop 2nd floor, Ginzberg bldg. Cherokee, IA 51012	(712)225-2575
*RHCS Office –Woodbury County	1211 Tri View Ave. Sioux City, IA 51103	(712) 279-6459
Siouxland Mental Health Center	625 Court St. Sioux City, IA 51101	(712)252-3871
Mid-Step Services	4303 Stone Avenue. Sioux City, IA 51106	(712)274-2252
New Perspectives, Inc.	310 S. Martha, Sioux City, IA 51106	(712)258-3576
Goodwill of the Great Plains	3100 W. 4th St. Sioux City, IA 51103	(712)258-4511
Center for Siouxland	715 Douglas, Sioux City, IA 51101	(712)252-1861
Crossroads of Western Iowa	835 Gordon Drive, Sioux City, IA 51101	(712)522-3346
Community Supports Network	3012 S. Cornelia St. Sioux City, IA 51106	(712)560-4991
Opportunities Unlimited	3439 Glen Oaks Blvd. Sioux City, IA 51104	(712)277-8295
Rosecrance Jackson Recovery	3200 West 4th St. Sioux City, IA 51103	(712)258-4578
Mercy One	801 5th St. Sioux City, IA 51101	(712)279-2010
Unity Point St. Lukes	2720 Stone Park Blvd, Sioux City, IA 51104	(712)279-3500

Rolling Hills Community Services Region has designated the following access points for children's behavioral health services.

Access Point	Location	Contact Information
Plains Area Mental Health Center	Address locations listed above by county	Contact information listed above by county
Siouxland Mental Health Center	625 Court St. Sioux City, IA 51101	712-279-6459
Seasons Center for Behavioral Health	824 Flindt Drive, Storm Lake, IA 50588	800-242-5101
Child Health Specialty Clinics	204 West 7th St, Carroll, IA 51401	712-792-5530
Heartland AEA	906 N. Grant Road, Carroll, IA 51401	712-792-3102
Prairie Lake AEA	23 East 7th St. Carroll, IA 51401	712-262-4704
NW Iowa AEA	1520 Morningside, Sioux City, IA 51106	712-222-6036

ATTACHMENT B: Rolling Hills Community Services Region
Application Form

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

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

Phone #:_____ **Birth Date:**_____ **SSN#**_____ **State ID#**_____

Current Address: _____
Street City State Zip County

Sex: ☐Male ☐Female **Ethnic Background:** ☐White ☐African American ☐Native American ☐Asian ☐Hispanic ☐Other _____

Guardian/Conservator appointed by the Court? ☐**Yes** ☐**No**

☐Legal Guardian ☐Conservator ☐Protective Payee
(Please check those that apply & write in name, address etc.)
Name: _____
Address: _____
Phone: _____

Protective Payee Appointed by Social Security? ☐**Yes** ☐**No**

☐Legal Guardian ☐Protective Payee ☐Conservator
(Please check that apply & write in name, address etc.)
Name: _____
Address: _____
Phone: _____

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

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

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

Are you here in the U.S. legally? ☐Yes ☐No **Living Arrangement:** ☐Alone ☐With relatives ☐With unrelated persons

Current Residential Arrangement: (Check applicable arrangement)

☐Private Residence	☐State Resource Center	☐Supported Comm. Living	☐State MHI
☐Foster Care/Family Life Home	☐RCF/MR	☐RCF/PMI	☐RCF
☐ICF	☐ICF/PMI	☐Correctional Facility	
☐Homeless/Shelter/Street	☐ICF/ MR	☐Other_____	

Disability Group/Primary Diagnosis:
☐Mental Illness ☐Chronic Mental Illness ☐Mental Retardation ☐Developmental Disability ☐Substance Abuse ☐Brain Injury

Specific Diagnosis determined by:_____ **Date:**_____
Axis I: _____**Dx Code:** _____
Axis II:_____ **Dx Code:** _____

If agency referral, name of agency/contact person and contact information: _____

Referral Source:

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

Education:

Years of Education: _____
GED: ☐Yes ☐No
H.S. Diploma: ☐Yes ☐No
College Degree: _____

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

_____
_____
_____

Current Employment: (Check applicable employment)

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

Current Employer: _____ **Position:** _____

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

Employment History: (list starting with most recent to all previous. Use another sheet if more space is needed)

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

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**_____
_____

☐**SSI** _____
_____

☐**Veterans** _____
_____

☐**FIP** _____
_____

☐**SSDI**_____
_____

☐**Medicaid**_____
_____

☐**Unemployment**_____
_____

☐**Other**_____
_____

☐**Medicare**_____
_____

☐**DHS Food Assistance:**_____
_____

☐**Other**_____
_____

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: _____
(or Medicaid/Title 19 or Medicare Claim Number)

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 Medicaid/Title 19 or Medicare Claim Number)

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

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

Others in Household:

Name	Date of Birth	Relationship
1.		
2.		

3.		
4.		
5.		

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

_____
_____
_____

Gross Monthly Income (before taxes): (Check Type & fill in amount)	**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 (include car, truck, motorcycle, boat, Recreational vehicle, etc.)

Make & Year: _____ Estimated value:_____ _____
Make & Year: _____ Estimated value:_____ _____
Make & Year: _____ Estimated value:_____
Make & Year:_____ Estimated value:_____

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

☐House including the one you live in ☐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?**
_____
_____

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

Contact Person: (including Case Manager, Social Worker, Case Worker, DHS IMW, Agency Staff, Etc.)**:**

Name: _____ Relationship: _____

Address:_____ Phone: _____

Other Interested person(s):

Name: _____ Relationship: _____

Address: _____ Phone: _____

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 RHCS 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 an Iowa Region in establishing my ability to pay for services requested, in assuring the appropriateness of services requested, and in confirming residency. 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**

NOTE: DO NOT WRITE IN THE SPACE BELOW-FOR RHCS USE ONLY

Unique ID#:_____ Date Contacted: _____

Disability Group-DX Type: ☐MI ☐ID ☐DD ☐SA ☐OTHER

Determination: ☐Accepted ☐Denied (see comments below) ☐Pending (see comments below)

Funding Secured: ☐YES ☐NO Arranged: _____

Date of Decision: _____ Date NOD sent: _____

If denied, check applicable reason:

☐Over income guidelines
☐Does not meet diagnostic criteria
☐Does Not meet service plan criteria
☐Does not meet plan criteria
☐Not a resident of RHCS Region
☐Applicant desires to stop process
☐Other_____

Other referrals given (DHS, TCM, etc.): _____

Co-payment amount/terms (if applicable): _____

Comments: _____
_____
_____
_____

RHCS staff making determination & Date: _____

ATTACHMENT C: GLOSSARY

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 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.

Choice -- the individual or authorized representative chooses the services, supports, and goods needed to best meet the individual's goals and accepts the responsibility and consequences of those choices.

Clear lines of Accountability -- the structure of the governing board's organization makes it evident that the ultimate responsibility for the administration of the non-Medicaid funded mental health and disability services lies with the governing board and that the governing board directly and solely supervises the organization's chief executive officer.

Conflict Free Case Management -- there is no real or seeming incompatibility between the case managers other interests and the case managers duties to the person served determination for services; establishing funding levels for the individual's services; and include requirements that do not allow the case manager from performing evaluations, assessments, and plans of care if the case manager is related by blood or marriage to the individual or any of the individual's paid caregivers, financially responsible for the individual, or empowered to make financial or health-related decisions on behalf of the individual.

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

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

Countable resource – means all liquid and nonliquid 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/region of residence -- means the county/region 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/region for a permanent or indefinite period of time. The county/region of residence of a person who is a homeless person is the county/region where the homeless person usually sleeps. A person maintains residency in the county/region in which the person last resided while the person is present in another county/region 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 individuals with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

Empowerment -- that the service system ensures the rights, dignity, and ability of individuals and their families to exercise choices, take risks, provide input, and accept responsibility.

Exempt resource -- a resource that is disregarded in the determination of eligibility for public funding assistance and in the calculation of client participation amounts

Household --, for an individual who is 18 years of age or over, the individual, the individual's spouse or domestic partner, and any children, step-children, or wards under the age of 18 who reside with the individual. For an individual under the age of 18, household -- the individual, the individual's parents (or parent and domestic partner), step-parents or guardians, and any children, step-children, or wards under the age of 18 of the individual's parents (or parent and domestic partner), step-parents, or guardians who reside with the individual.

Income -- all gross income received by the individual's household, including but not limited to wages, income from self-employment, retirement benefits, disability benefits, dividends, annuities, public assistance, unemployment compensation, alimony, child support, investment income, rental income, and income from trust funds.

Individual -- any person seeking or receiving services in a regional service system.

Individualized services -- services and supports that are tailored to meet the personalized needs of the individual.

Liquid assets -- assets that can be converted to cash in 20 days. These include but are not limited to cash on hand, checking accounts, savings accounts, stocks, bonds, cash value of life insurance, individual retirement accounts, certificates of deposit, and other investments.

Medical savings account -- an account that is exempt from federal income taxation pursuant to Section 220 of the United States Internal Revenue Code (26 U.S.C. §220) as supported by documentation provided by the bank or other financial institution. Any withdrawal from a medical savings account other than for the designated purpose becomes a countable resource.

Mental health professional -- the same as defined in Iowa code section 228.1.

Non-liquid assets -- assets that cannot be converted to cash in 20 days. Non-liquid assets include, but are not limited to, real estate, motor vehicles, motor vessels, livestock, tools, machinery, and personal property.

Population -- as defined in Iowa Code 331.388.

Provider -- an individual, firm, corporation, association, or institution which is providing or has been approved to provide medical assistance, is accredited under Chapter 24, holds a professional license to provide the services, is accredited by an national insurance panel, or holds other national accreditation or certification".

Regional administrative entity -- the administrative office, or organization formed by agreement of the counties participating in a mental health and disability services region to function on behalf of those counties.

Regional services fund -- the mental health and disability regional services fund created in Iowa code section 225C.7A.

Regional service system management plan -- the regional service system plan developed pursuant to Iowa Code 331.393 for the funding and administration of non-Medicaid funded mental health and disability services including an annual service and budget plan, a policy and procedure manual, and an annual report and how the region will coordinate with the Department in the provision of mental health and disability services funded under the medical assistance program.

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

Retirement account -- any retirement or pension fund or account listed in Iowa Code section 627.6(8)"f".

Retirement account in the accumulation stage -- a retirement account into which a deposit was made in the previous tax year. Any withdrawal from a retirement account becomes a countable resource.

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

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.

Additional Definitions effective 7/1/20

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.

Coordinator of children's behavioral health services - a member of the regional administrative entity staff who meets the requirements described in Iowa Code section 331.390(3)"b" and is responsible for coordinating behavioral health services for children.

331.390(3) "b" The regional administrator staff shall include one or more coordinators of mental health and disability services and one or more coordinators of children's behavioral health services. A coordinator shall possess a bachelor's or higher level degree in a human services-related or administration-related field, including but not limited to social work, psychology, nursing, or public or business administration, from an accredited college or university. However, in lieu of a degree in public or business administration, a coordinator may provide documentation of relevant management experience. An action of a coordinator involving a clinical decision shall be made in conjunction with a professional who is trained in the delivery of the mental health or disability service or children's behavioral health service addressed by the clinical decision. The regional administrator shall determine whether referral to a coordinator of mental health and disability services or children's behavioral health services is required for a person or child seeking to access a service through a local access point of the regional service system or the children's behavioral health system.

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

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.

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.

Mental health inpatient treatment or **behavioral health inpatient treatment** - inpatient psychiatric services to treat an acute psychiatric condition provided in a licensed hospital with a psychiatric unit or a licensed freestanding psychiatric hospital.

Modified adjusted gross income - the methodology prescribed in 42 U.S.C. Section 1396a(e)(14) and 42 CFR 435.603.

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.

Serious emotional disturbance means the same as defined in Iowa code section 225C.2.

Serious emotional disturbance - a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified withinthe 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.

State board - the children's behavioral health system state board created in code section 225C.51.

Attachment D

All individuals that apply are eligible for the following services provided they meet the financial and residency eligibility criteria per this management plan as available and funding allows.

CORE SERVICES	DESCRIPTION	CORE POPULATION	NON-CORE POPULATION DD & BI	CRITERIA OR CONDITIONS ACCESS STANDARD
Assessment and Evaluation (Psychiatric or Psychological Evaluations and Standard Functional Assessment)	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	MI & ID	Subject to funding availability.	An individual who has received inpatient services shall be assessed and evaluated within four weeks.
Case Management (Targeted Case Management and Service Coordination)	Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence within their community.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.
Crisis Evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.	MI & ID	Available to all diagnostic groups.	Must be provided within 24 hours.

Day Habilitation	Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.
Early Identification	Process of detecting developmental delays, mental illness, or untreated conditions that may include the need for further evaluation.	MI & SED Children	Subject to funding availability.	Child shall receive early identification services within 4 weeks of the time a request for such services is made.
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.			Child shall receive early identification services within 4 weeks of the time a request for such services is made.
Education Services	Activities provided to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society.	MI & SED Children	Subject to funding availability.	Activities shall be carried out at least 4 times per year.
Family Support	Services provided by a family support peer specialist that assist the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	MI & ID	Subject to funding availability.	Referral from Service Provider Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan. Must be provided within thirty days of request.

Health Homes	A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.	MI & ID	Subject to funding availability.	Provided by the Integrated Health Home – Plains Area Mental Health
Home and Vehicle Modification	A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan. *A lifetime limit equal to that established for the home and community based waiver for individuals with intellectual disabilities in the medical assistance program. *A provider reimbursement payment will be no lower than that provided through the home and community based services waiver for individuals with intellectual disabilities in the medical assistance program.

Home Health Aide Services	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.
Job Development	Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.

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 regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.	MI & ID	Subject to funding availability.	Provider intake/assessment must support the need for services of the type and frequency identified in the individual's treatment plan. *Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact. *Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact. *Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment. *Distance: Outpatient and Recovery services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.
Medication Prescribing	Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.	MI & ID	Subject to funding availability.	Provider intake/assessment must support the need for services of the type and frequency identified in the individual's treatment plan. *Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact. *Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact. *Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment. *Distance: Outpatient and Recovery services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.

Mental Health Inpatient Treatment	Acute inpatient mental health services are 24-hour settings that provide service to individuals with acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms; address health and safety needs and develop a comprehensive discharge plan to appropriate level of care.	MI & ID	Subject to funding availability.	*An individual in need of emergency inpatient services shall receive treatment within 24 hours. *Inpatient services shall be available within reasonably close proximity to the region. *Individual must meet pre-screen criteria through an assessment with Plains Area Mental Health Center in order to be eligible for funding.
Mental Health Outpatient Therapy	Services shall consist of evaluation and treatment services provided on an outpatient basis for the target population including psychiatric evaluation, medication management and individual, family and group therapy.	MI & ID	Subject to funding availability.	Provider intake/assessment must support the need for services of the type and frequency identified in the individual's treatment plan. *Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact. *Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact. *Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment. *Distance: Outpatient and Recovery services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.
Peer Support Services	A program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.	MI & ID	Subject to funding availability.	Referral from Service Provider Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan. Must be provided within thirty days of request.

Personal Emergency Response System	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.
Prevocational Services	Services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.
Prevention Services	Efforts to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society.	MI & SED Children		Activities to be carried out at least four times per year.
Respite Services	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.

Supported Employment	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration. *Individualized Job Placement Grants Definition: Jobs anyone can apply for, pay at least minimum wage/same pay as coworkers with similar duties, and have no artificial time limits imposed by the social service agency. Incentives will not be paid for enclaves. Incentive Dollars available for successful individualized job placement and job retention for individuals with residence in the Rolling Hills Region.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan. *The initial referral shall take place within 60 days of the individual's request of support for employment.

Supported Community Living Services	Services provided in an non-institutional setting to adult individuals with mental illness, intellectual or developmental disabilities to meet the person's daily living needs.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan. *The first appointment shall occur within four weeks of the individual's request of support for community living.
Twenty Four Hour Crisis Response	A 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, 365 days per year 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.	MI & ID	DD & BI	Available through Community Mental Health Centers to anyone within the region.
Commitment Related (Evaluations, Sheriff, Transport, Legal Representation, Mental Health Advocates)	Court ordered services related to mental health commitments.	MI		Court Order
Service Coordination	As defined in this plan in reference to the Coordinators of Disability Services.	MI, ID	DD, BI	*An individual receiving service coordination 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 individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility. *All individuals will be provided options counseling to ensure access to appropriate services and supports.

Access Center	*"Access center"* means 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 abuse 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, ID	DD, BI	A minimum of six access centers shall be operational statewide. An access center shall be located within 120 miles of the residence of the individual or be available within 120 minutes from the time of the determination that the individual needs access center services. Region is responsible for developing services to meet the access center standards.
Assertive Community Treatment	*"Assertive community treatment"* or *"ACT"* means a program of comprehensive outpatient services consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration, provided in the community and directed toward the amelioration of symptoms and the rehabilitation of behavioral, functional, and social deficits of individuals with severe and persistent mental illness and individuals with complex symptomology who require multiple mental health and supportive services to live in the community.	SPMI		Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan. A minimum of 22 ACT teams shall be operational statewide. A sufficient number of ACT teams shall be available to serve the number of individuals in the region who are eligible for ACT services. As a guideline for planning purposes, the ACT eligible population is estimated to be about 0.06% of the adult population of the region. The region may identify multiple geographic areas within the region for ACT team coverage. Regions may work with one or more other regions to identify geographic areas for ACT team coverage.

Mobile Response	Mobile Response means a mental health service which provides on-site, face-to-face mental health crisis services for individuals experiencing a mental health crisis. Mobile crisis staff have the capacity to intervene, wherever the crisis is occurring, including but not limited to the individual's place of residence, emergency rooms, police stations, outpatient mental health settings, schools, recovery centers or any other location where the individual lives, works, attends school, or socializes.	MI, ID	Available to all diagnostic groups.	An individual in need of mobile response services shall have face-to-face contact with mobile crisis staff within 60 minutes of dispatch.
23 Hour Observation and Holding	23 Hour Observation and Holding" means a level of care provided up to 23 hours in a secure and protected, medically staffed, psychiatrically supervised treatment environment.	Any individual in crisis	Any individual in crisis	Crisis evaluation must support the need for services. An individual who has been determined to need 23-hour observation and holding shall receive 23-hour observation and holding within 120 minutes of referral. The service shall be located within 120 miles from the residence of the individual.
Crisis Stabilization Community Based Services	Crisis Stabilization Community-Based Services (CSCBS) means services provided in community-based settings to de-escalate and stabilize an individual following a mental health crisis.	Any individual in crisis	Any individual in crisis	An individual who has been determined to need CSCBS shall receive face-to-face contact from the CSCBS provider within 120 minutes from the time of referral. Crisis evaluation must support the need for services.

Crisis Stabilization Residential Services	Crisis Stabilization Residential Service" (CSRS) means services provided in short-term non community-based residential settings to de-escalate and stabilize a mental health crisis.	Any individual in crisis	Any individual in crisis	An individual who has been determined to need CSRS shall receive CSRS within 120 minutes of referral. The service shall be located within 120 miles from the residence of the individual. Crisis evaluation must support the need for services.
Subacute Services	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 the 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.	Eligibility per Chapter 71.13 (2)	NA	An individual shall receive subacute facility-based mental health services within 24 hours of referral. The service shall be located within 120 miles of the residence of the individual. Crisis evaluation must support the need for services.
Intensive Residential Service Homes	*"Intensive residential service homes"* or *"intensive residential services"* means 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 subrule 25.6(8).	SPMI	NA	An individual receiving intensive residential services shall have the service available within two hours of the individual's residence. An individual shall be admitted to intensive residential services within four weeks from referral. Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.

ADDITIONAL CORE SERVICES	DESCRIPTION	CORE POPULATION	CONDITIONS
Crisis Intervention Training	Safety training for law enforcement, first responders, etc. regarding mental health awareness such as Crisis Intervention Training (CIT)	MI & ID	Criteria to be determined as program is developed.
Civil Commitment Pre-Screening	Evaluations completed prior to commitment with goal to divert individuals from commitment process.	MI & ID	Criteria to be determined as program is developed.
Jail Diversion	Program that offers outpatient mental health services provided to individuals in criminal justice settings. Goal for Jail Diversion is to reduce recidivism and maintain individuals within the community with the proper supports.	MI, ID	Eligibility based on Rolling Hills Jail Diversion Policies

NON-CORE SERVICES	DESCRIPTION	CORE POPULATION	CONDITIONS
Transportation	Transportation to and from employment when individual is receiving Supported Employment Services.	MI & ID	All other funding options must be utilized prior to accessing regional funds. Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan. Transportation for court commitments will be provided by a service provider under contract with the Region.
Information and Referral Services	Service that informs individuals of available services and programs.	General Population	Available to all community members.
Consultation and Public Education Services	To educate the general public about the realities of mental health and mental illness.	General Population	Available to all community members as needed within the limits of budgeted amount.
Prescription Medicine	Prescription psychiatric medications for persons having a mental health diagnosis.	MI	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan. One month limit. All other means of payment must be first considered.
Residential Care Facilities	Community Facility providing care and treatment.	MI	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan. Refer to Section D of this plan. *It is the intent of RHCS to support individuals within integrated community based service settings and according to the HCBS Quality Settings Standards. Individual must be discharging from an inpatient setting at the time of application for RCF Services. In the event that funding would need to be made available for Core Plus Services, residential care

			facility funding would be discontinued within 90 days.
Peer Drop-In Center	Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.	MI	
School Based Therapy	Therapy services provided in a school setting with linkage to other services.	MI	Referral from School Based Personnel.
Representative Payee Services	Services to manage and individual's finances.	MI, ID	Center for Siouxland