South Central Behavioral Health Region
Mental Health and Disability Services

Management Plan
Policies and Procedures
Amended 4/27/2020
Serving Appanoose, Davis, Mahaska and Wapello Counties

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South Central Behavioral Health Region

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Introduction and Vision

South Central Behavioral Health Region (hereafter referred to as SCBHR) 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, SCBHR will create 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. In 2019, the state legislature added children with serious emotional disturbance to the population groups that the MHDS regions will serve.

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

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

It is the vision of SCBHR to serve the residents of our region respectfully and responsibly in our approach to providing funding and linking to needed services, we will strive to offer choice based on individual need. As funding is available, we will develop services for unmet needs and legislative mandates.

South Central Behavioral Health Region shall maintain local county offices as the foundation to the service delivery system.

Basic Framework of the Regional MH/DS Management Plan

This Regional Mental Health & Disability Services Management Plan will describe both the framework for system design that SCBHR 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 SCBHR.

This Mental Health & Disability Services Management Plan defines standards for member counties of South Central Behavioral Health Region.

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

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

Annual Service & Budget Plan

- Access Points
- Service Coordination and targeted case management

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- Crisis Planning
- Intensive Mental Health Planning
- Children's Behavioral Health Services
- Scope of Services
- Budget and financing provision for the next year
- Financial forecasting measurers
- Provider reimbursement provisions

Annual Report

- An analysis of data concerning services managed for the previous fiscal year

Policies & Procedures Manual

- Includes policies and procedures concerning management of the MH/DS service

SCBHR management plans once approved by the Director of the Human Services will be available on the Regional Website www.scbhr.org and in each local SCBHR office and on the County (listed below) and DHS Website. http://dhs.iowa.gov

Appanoose County
209 E. Jackson.
Centerville, Iowa 52544
Phone: (641) 856-2085
Fax: (641) 856-4007
Website: http://appanoosecounty.net
Office Hours: Monday – Friday, 8:00am - 4:00pm

Davis County
Davis County
712 South West St.
Bloomfield, Iowa 52537
641-664-1993 Fax: 641-664-1435
Website: http://daviscountyiowa.org
Monday 8:00 - 4:00

Wapello County
102 E. Main, PO Box 217
Ottumwa, Iowa 52501
Phone: (641) 683-4576
Fax: (641)683-8370
Website: http://wapellocounty.org
Office Hours: Monday-Friday, 8:00am -4:30pm

Mahaska County
301 1St Avenue E
Oskaloosa, Iowa 52577
641-673-0410 Fax: 641-676-1053
Website: http://mahaskacounty.org
Monday-Friday 8:00-4:00

A. Organizational Structure

Governing Board (IC 331.390)

a) Each member county shall appoint one of its supervisors to serve as a Director on the Governing Board and an alternate appointee if the first appointee is unavailable. The appointees of each member county shall select its Director and he or she shall serve indefinitely at the pleasure of the county appointing the Director, until a successor is appointed, or until the appointed Director's death, resignation, or the end of such person's service as a county supervisor. Any Director appointed under this Section may be removed for any reason by the county appointing the Director, upon written notice to the Region's Board of Directors, which notice shall designate a successor Director to fill the vacancy.

b) One individual who utilizes mental health and disability services or is an actively involved relative of such an individual. This Director shall be appointed by the committee given that power by the Governing Board, with such appointment effective upon approval by the Governing Board of the Region that the appointment was made in proper accordance

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with law." This Director shall serve an initial term of one year, which shall begin upon the effective date, with appointments thereafter to be for two year terms.

c) One individual representing adult service providers in the Region. This Director shall be appointed by the committee given that power by the Governing Board, with such appointment effective upon approval by the Governing Board of the Region that the appointment was made in proper accordance with law." This Director shall serve as an ex-officio, non-voting Director. This Director shall be appointed to two year terms, with the initial term beginning upon the effective date.

d) One individual representing children's behavioral health service providers in the Region. This Director shall be designated by the Region's children's advisory committee, with such appointment effective upon approval by the Governing Board of the Region that the appointment was made in proper accordance with law." This Director shall serve as an ex-officio, non-voting Director. This Director shall be appointed to two year terms, with the initial term beginning upon the effective date.

e) One individual representing the education system in the Region. This Director shall be designated by the Region's children's advisory committee, with such appointment effective upon approval by the Governing Board of the Region that the appointment was made in proper accordance with law." This Director shall be appointed to two year terms, with the initial term beginning upon the effective date.

f) One individual who is a parent of a child who utilizes children's behavioral health services or actively involved relatives of such children. This Director shall be designated by the Region's children's advisory committee, with such appointment effective upon approval by the Governing Board of the Region that the appointment was made in proper accordance with law." This Director shall be appointed to two year terms, with the initial term beginning upon the effective date.

g) The membership of the Governing Board shall not include employees of the department of human services or an unelected employee of the county.

MH/DS Regional Advisory Committee (IC 331.390(2) h & I; 331.392. (2) I; IAC 441-25.14. (1)i & j)

SCBHR shall encourage Stakeholder involvement by having an Adult Regional Advisory Committee as well as a Children's Regional Advisory Committee to assist in developing and monitoring the plan, goals and objectives identified for the service system, and to serve as a public forum for other related MH/DS issues. The MH/DS Regional Advisory Committee shall represent Stakeholders of the SCBHR Region which shall include, but not be limited to, individuals, family members, county officials, and providers.

The Adult Regional Advisory Committee, as appointed by the Governing Board, shall have at a minimum 5 members. The committee members shall be: individuals who utilize services or actively involved relatives of such individuals; service providers; and other identified by the Governing Board. The Governing Board will be represented at Advisory Committee meetings by the Chief Executive Officer who will report back to the Governing Board at its quarterly meetings. The mechanism through which the Governing Board appoints members will be through a formal Regional Stakeholder meeting consisting of service providers, individuals who utilize services, or actively involved relative of such individuals, and any other categories of persons identified by the Governing Board.

The child advisory committee, as appointed by the Governing Board, shall have a minimum of 10 members. The committee members shall be: parents of children who utilize services or actively involved relatives of such children, a member of the education system, an early childhood advocate, a child welfare advocate, a children's behavioral health service provider, a member of the juvenile court, a pediatrician, a child care provider, a local law enforcement representative and regional Governing Board Members. The child advisory committee shall advise the Governing Board as requested by the Governing Board and shall also make designations to the Governing Board as described above. The mechanism through which the Governing Board appoints members will be through a formal Regional Stakeholder meeting consisting of service providers, individuals who utilize services, or actively involved relative of such individuals, and any other categories of persons identified by the Governing Board.

Members of any committee of the Region shall be appointed by the Governing Board. Interested committee members shall submit a letter of interest to the CEO to be considered by the governing board for appointment. Committee members shall serve indefinitely at the pleasure of the Governing Board, until a successor is appointed, or until the earlier death or resignation of such committee member.

Chief Executive Officer

The Governing Board shall appoint the Chief Executive Officer as referenced in Iowa Code Section 331.392(3). The CEO functions are supervised and evaluated by the Governing Board.

For the initial Chief Executive Officer, a candidate shall be proposed by the Governing Board, and upon approval by the Governing Board, shall be referred to candidates own county for approval by the county Board of Supervisors. Future candidates for the role of Chief Executive Officer shall be identified by the Governing Board and the Board of Supervisors of the member counties. Appointment shall require the approval of the Governing Board and the candidate's own county Board of Supervisors. The Chief Executive Officer shall be the single point of accountability for the Region.

Regional Staff

Staff shall include one or more coordinators of mental health and disability services and one or more coordinators of children's behavioral health services of services. Coordinators must have a bachelor's or higher degree in human services related or administrative related field from accredited college or university. In lieu of a degree in administration, a coordinator may provide documentation of relevant management experience.

B. Service System Management

SCBHR 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 individuals. Member counties shall provide adequate credentialed staff to carry out the administration of this Plan. The staff delegated to the perform functions of Coordinators of Disability Services shall have the qualifications required by IC 331.390(3)b and IAC 441-25.12(2)e & f.

Listed below are the name, addresses and phone numbers to the South Central Behavioral Health Community Service Offices.

County Office	Address	Phone
Appanoose Community Service Office	209 E Jackson Street, Centerville Iowa 52544	641-856-2085
Davis County Community Service Office	712 S West Street, Bloomfield Iowa 52537	641-664-1993
Mahaska County Community Services Office	301 1st Avenue E., Oskaloosa, IA 52577	641-673-0410
Wapello County Community Service Office	102 E. Main, Ottumwa Iowa 52501	641-683-4576

Risk Management and Fiscal Viability (IC331.393 & IAC 441.25.21(1)f.)
SCBHR does not intend to contract management responsibility for any aspect of the regional system of care to any agency or entity. The SCBHR Governing 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 SCBHR staff, who shall have no financial interest in the services or supports to be provided. In the event that such a situation occurs, that interest must be fully disclosed to the individuals, counties, and other stakeholders.

C. System Management

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

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

An individual with multi-occurring conditions is defined as any person of any age with ANY combination of any MH 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.

SCBHR shall fund individuals with multi-occurring conditions that meet the eligibility criteria in section F of this manual. Service and supports will be offered through the enrollment process including the standardized functional assessment.

SCBHR 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. SCBHR shall work to build the infrastructure needed to result in positive outcomes for individuals served.

In order to accomplish this goal, SCBHR will utilize, and participate in an Integrated System of Care and engage all of its stakeholder partners, including mental health, disability, and substance abuse providers, in a process to utilize a framework to make progress This framework for system design, provides care which is welcoming, accessible, person/family centered, hopeful, strength-based (recovery-oriented) trauma informed, and multi-occurring capable. SCBHR recommends that all providers participate in this initiative and encourages providers to develop multi-occurring capability for each program provided in the region, and for all staff.

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

SCBHR shall create committees that focus on training, communications, finance, policy development, information systems, resource development, service delivery system design, and quality improvement, and other committees as indicated, to organize the tasks, activities, and functions associated with building, implementing, and sustaining systems of care.

The SCBHR staff will regularly participate in community efforts that provide an opportunity to collaborate with other funders, service providers, individuals and families, advocates and the courts in the interest of better serving individuals with mental illness and disabilities. The annual review will document and report these efforts.

Iowa Plan

Prior to authorizing county-financed services, treatment providers and coordinators of services must request that the Medicaid managed care company pay for Iowa Plan-covered services for eligible consumers and pursue all available levels of appeal in the event of denials by the Medicaid managed care

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company. SCBHR will monitor the utilization of programs that constitute supported community living and those that are part of special initiatives to ensure proper coordination with county-financed services. SCBHR does not supplement rates nor does it pay for services provided to individuals who have been decertified based on the contractor's medical necessity criteria.

Third-party Payers

Prior to authorizing county-financed services, treatment providers and coordinators of services must seek approval from Medicaid, Medicare, or any other third-party payer for any service that is similar to the county-financed services being considered. If a provider licensed or certified by the state loses that license or certification and, as a result, may no longer participate in the Medicaid or Medicare program or be eligible for reimbursement from third party payers, SCBHR will not assume financial responsibility for the portion of the service costs which could have been billed to Medicaid or Medicare or third party payers. If a provider has responsibility for filing reports necessary to maintain Medicaid eligibility for an individual consumer and fails to do so, resulting in the consumer's loss of Medicaid, the county will not assume financial responsibility for the share of service costs which could have been billed to Medicaid.

Chemical Dependency Services

SCBHR will offer training and technical assistance to encourage all network providers to be capable of serving individuals with multi-occurring disorders, including chemical dependency. SCBHR will pay for mental health and intellectual/developmental disability services that fully integrate chemical dependency treatment and recovery supports.

Judicial and Criminal Justice System

SCBHR will partner with the courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. To better coordinate services between the mental health system and the judicial system, SCBHR will facilitate the development of protocols for identifying county jail inmates needing mental health treatment and for securing such treatment.

SCBHR has asked the judicial system to work with coordinators of service prior to ordering long-term placement for MH/ID/DD community living services and has encouraged the courts to provide more information when referring for outpatient evaluation or treatment.

Housing

SCBHR will continue to work with the Transition Housing Committee to build appropriate access to public housing programs. Coordinators of service will continue to meet regularly with Housing Services staff to resolve client-related issues. Coordinators of service will also assist consumers in accessing rent subsidies through the Housing Support Program, Iowa Finance Authority and the Shelter plus Care program.

Employment

SCBHR will continue working with local and regional Workforce Development initiatives that support integrating employment, training, education, and support services for all job seekers, workers, and employers, in accordance with the Workforce Investment Act. SCBHR will advocate that this include integrating services for people with disabilities.

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

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Education
SCBHR will continue its involvement with the Transition Advisory Committee and will continue working with schools and Vocational Rehabilitation on transition plans for individuals in special education who will be leaving the school system.

Transitioning Youth to the Adult System
SCBHR will continue working with designated social workers in transitioning youth to the adult system, and will continue being a resource to explore options for children with complex needs.

Primary Care Services
SCBHR will refer and coordinate primary care services to appropriate providers.

Other Regions
SCBHR has representatives on the Iowa Community Services Association Board and its subcommittees, the Electronic Transactions Clearinghouse Advisory Committee and the ISAC Board of Directors. SCBHR has been and shall continue to be very active in activities involving training and coordination on a statewide basis with other regions and counties. SCBHR also attends Regional Leadership meetings with other regions and the Department of Human Services.

It is the policy of SCBHR that the region shall work with other regions to help coordinate funding for mutually beneficial service development activities. When providers have a "home office" in another region but also satellite offices in a county in this region, SCBHR shall honor that region's contracts for services that were contracted with that region. For different or new services, SCBHR shall enter into a contract with the provider to cover SCBHR counties or work with the host region to add those services to its contract.

SCBHR shall notify any region of a client that is physically located in a SCBHR county that appears to have residency in that region prior to approving services that are not emergent in nature. SCBHR shall not make any client wait for funding based on disputes over residency. If the need presents and there is a disagreement over residency on a client who is physically located in a SCBHR county, SCBHR shall fund services for the client while working with the other region or the state to resolve the residency dispute. At the time of the dispute resolution, SCBHR shall expect reimbursement from the region (or the state) that the client is determined to have residency in if it is not SCBHR.

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

SCBHR shall strive to provide services in a dispersed manner to meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. SCBHR and providers will work cooperatively to ensure that various service options are geographically distributed through the counties. This is particularly true for various housing options, so individual consumers may live in the community of their choice.

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

Within the broad system approach outlined above, SCBHR will oversee access and utilization to services, and population based outcomes, for the MH/DS 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**,** SCBHR 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 shall be used for future planning and will be incorporated into the annual service budget plan, to increase the provider network to meet access standards and other needs identified in the data.

Results will also be used to review the system of care approach plan, guide SCBHR in collaboration with agencies, to increase access and decentralize services. In addition, the data elements, indicators, metrics and performance improvement for population management shall be continuously improved over time as the region develops increasing capability for managing the needs of its population.

SCBHR will continue to work with DHS to facilitate regional access and data sharing on disability services funded by Medicaid in order to coordinate SCBHR funded service and the services managed by the State

D. Financing and Delivery of Services and Support (IAC 441-25.21(1)a.

Non-Medicaid mental health and disability services funding shall be under the control of the SCBHR Governing Board in accordance with Iowa Administrative Code **441-25.13 (331.391).** The SCBHR 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 SCBHR Chief Executive Officer shall prepare a proposed annual budget. The priority in the budget process is to project the costs of funding core services for target populations by gathering information from each member county including data on measuring compliance with access standards as defined in Iowa Code 441-25.3. The next step in the budgeting process is to include costs to increase or enhance services to meet the access standards. Additional funds will be budgeted to allow for expansion of services in addition to core for target population and if funds are available core services for non-target populations will be included in the budget.

The SCBHR Chief Executive Officer shall prepare a proposed annual budget. The proposed budget shall be reviewed by the SCBHR Governing Board for final approval. The CEO shall be responsible for managing and monitoring the adopted budget.

Services funded by SCBHR 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 SCBHR Governing Board has designated Wapello County to act as the Regional Fiscal Agent. All State dollars and any other county or local funds that are received by the member counties for purposes related to the Region shall be designated by the Governing Board. These funds shall be deposited into a single Region Account with designation for such member county as soon as possible upon receipt of such funds by the member counties. The Region's Accounts, both joint funds and separate county designated funds, shall be managed and administered by the Chief Executive Officer, or staff designated by the Chief Executive Officer,

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and in compliance with the law, direction from the Governing Board, and other written policies of the Region. 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.

In the event a Member County's account has a negative equity position or negative ending cash balance, funds shall first be transferred to the risk pool account from that county's remaining contribution to the region account, if any, and then from the accounts of the other Member Counties as required by the Governing Board, to correct the negative equity position or negative ending cash balance for the applicable Member County. The Member County that has a negative equity position or negative ending cash balance in its operating budget shall repay the necessary funds through a transfer of funds at such times and in such amounts as recommended by the Chief Executive Officer and approved by the Governing Board as determined to be prudent and feasible. Any repayments shall be apportioned amongst accounts using the same formula as that used to remedy the deficit.

Funding for the non-Medicaid mental health and disability services shall be under the control of the Region's Governing Board in accordance with the Iowa Administrative Code 441.25.13 (331.391) The Governing Board shall retain full authority and financial risk for the Plan. The finances of the Region shall be maintained to limit administrative burden and to provide public transparency.

The CEO shall prepare a proposed annual budget. The proposed budget shall be reviewed by the Governing Board for final approval. The CEO shall be responsible for managing and monitoring the adopted budget. The services funded by the Region are subject to change or termination with the development of the Regional budget for each fiscal year.

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 region will use a hybrid method to meet the needs of the region. This method will include a regionally managed account for pooled funds to develop new regionally based programs/services. In addition, individual counties will continue to maintain county level funding and expenditures for core services based on local tax revenues. This allows the maintenance of local fund management for locally required services and for regionally based collaboration and coordination.

Accounting System and Financial Reporting

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

Contracting

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

All approved provider contracts shall be between the provider and the SCBHR region (rather than individual counties). All contracts shall be annual contracts utilizing the standard regional contracting

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agreement. The CEO shall make a recommendation to the Governing Board. All contracts must be approved and signed by the Governing Board Chair or designee

SCBHR 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.

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

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

SCBHR 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. SCBHR shall be the funder of last resort and regional funds shall not replace other funding that is available.

E. Enrollment (IAC441-25.21(1)b

Application and Enrollment

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

The SCBHR 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 office to make such arrangements. The completed application shall be forwarded by access points to the local office by the end of the business day.

SCBHR 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.

Residency
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

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corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university. (IC 331.394(1)a)

If an applicant has complied with all information requests, access to services shall not be delayed while awaiting a determination of legal residence. SCBHR shall notify any region of a client that is physically located in a SCBHR county that appears to have residency in that region prior to approving services that are not emergent in nature.

It is the policy of SCBHR that if another county, region, or the State, determines residency in error or approves services for persons who do not have residency in their region, SCBHR will assume payment when written notification is received by SCBHR of the error. SCBHR staff shall authorize services according to the policies and procedures set forth in this manual. If SCBHR determines residency in error, SCBHR will notify the other region or the State of the error. SCBHR will work with the other regions or state to accept residency and to assume payment responsibility when written notification was received.

If parties cannot agree on residency determination, SCBHR shall follow the dispute resolution process outlined in IC 331.394(5).

Exception to Policy

An 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 SCBHR staff 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

SCBHR is committed to respecting individual privacy. To that end, all persons, including SCBHR 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:

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- Individual's (or their legal guardian's) written consent shall be obtained prior to release of any confidential information, unless an emergency as stated above.
- Information or records released shall be limited to only those documents needed for a specific purpose.
- Individual, or an authorized representative, shall be allowed to review and copy the individual record.
- Individual and related interviews shall be conducted in private settings.
- All discussion and review of individual's status and/or records by SCBHR 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, SCBHR staff inability to obtain sufficient information to make an eligibility determination may result in denial of regional funding.

F. Eligibility (IAC 441-25.21(1)c)

General Eligibility-

The following threshold criteria must be met to determine if an applicant is eligible for enrollment in the SCBHR service system**.** SCBHR shall review the application to determine if the applicant meets the general eligibility criteria of the Regional Plan.

Adult Applicant

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

   Or

   a. An individual who is seventeen years of age, is a resident of this state, and is receiving publicly funded children's services may be considered eligible for services through the regional service system during the three-month period preceding the individual's eighteenth birthday in order to provide a smooth transition from children's to adult services.
2. The individual is a resident of this state/county where they are applying for services.

"County of residence" means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another

county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university. (IC 331.394(1)a

Child Applicant

1. Eligibility for children's behavioral health services.
   a. The individual is a child under eighteen years of age.
   b. The child's custodial parent is a resident of the state of Iowa and the child is physically present in the state.
   c. The child's family meets financial eligibility requirements in **IAC 441.25.16.**
   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

Adult Applicant

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

1) Income Guidelines: (IC 331.395.1)
   a) Gross incomes 150% or below of the current Federal Poverty Guidelines. At the discretion of the SCBHR, applicants with income above 150% may be eligible for regional funding with an individual copayment as specified in this manual.

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

   c) 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 SCBHR in determining income eligibility. Applicants are expected to provide proof of income (including pay stubs, income tax return, etc.) as requested by SCBHR.

Child Applicant

2. 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.

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- 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.

2) Resources Guidelines: Iowa Code 331.395 & 331.396A**.**

Adult Applicant

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.

- 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.
- 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.
- The following resources shall be exempt:
  (1) The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence. The homestead shall include all land that is contiguous to the home and the buildings located on the land.
  (2) One automobile used for transportation.
  (3) Tools of an actively pursued trade.
  (4) General household furnishings and personal items.
  (5) Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
  (6) Cash surrender value of life insurance with a face value of less than $1,500 on any one person.
  (7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.

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

- A retirement account that is in the accumulation stage.
- A medical savings account.
- An assistive technology account.
- A burial account or trust limited in value as to that allowed in the Medical Assistance Program.

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

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Child Applicant

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

Co-payment for services

Adult Applicant

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

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

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

Individuals with income over the established guidelines may be eligible for services on a sliding fee scale as shown in Attachment C. A co-payment is required for those individuals with incomes between 150%-250% of poverty. This amount is collected by the service agency.

Cost Share for Children's 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%

Diagnostic Eligibility

1.The individual must have a diagnosis of Mental Illness or Intellectual Disability, Individuals with eligible MI or, ID who also have multi-occurring SUD, Brain Injury, or Physical Disabilities, are welcomed for care, and eligible for services.

Mental Illness-

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

Intellectual Disability

Individuals who meet the following three conditions:

1. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly sub average intellectual functioning) as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, American Psychiatric Association.
2. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.
3. The onset is before the age of 18.

(Criteria from "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revision (DSM IV)," 1994 revision, American Psychiatric Association)

Child Applicant

Serious Emotional Disturbance (SED)

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

Serious emotional disturbance" means the same as defined in Iowa code section 225C.2. (a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current diagnostic and statistical manual of mental disorders published by the American psychiatric association that results in a functional

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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.")

The results of a standardized assessment support the need for intellectual disability services of the type and frequency identified in the individual's case plan.

Acceptable verification for Diagnostic requirements
If a copy of a psychological or psychiatric evaluation or other acceptable verification of diagnosis does not accompany the application, SCBHR may refer the applicant to an appropriate mental health professional for evaluation to verify and document a diagnosis.

Assistance to Other than Adult Core Populations (IAC441-25.21(1)q)
If funds are available and the population category was covered in at least one of the counties previous MHDS plan, SCBHR shall fund services to individuals who have a diagnosis of a developmental disability/brain injury other than an intellectual disability, and children to the extent allowable by law. This population was currently served by two of the SCHBR counties as per their county management plan.

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

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

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

Eligibility Process: Entry/Access Points:

The first point of contact for someone seeking mental health and disability services. Examples of entry points include community services director's office, community mental health providers, mental health providers, health care providers, and hospital. Access points are required to send completed applications or referrals by the end of the working day that the contact is received.

Referrals: Intake workers located in county offices will take self-referrals or access point referrals conducted with the individual's consent for the purpose of further assessment for care, treatment or funding. Referrals may be made from any part of service delivery system.

- ***Self-Referral:*** A consumer or advocate takes responsibility for contacting another service provider(s) to

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make a referral on their own behalf. The service provider will contact the local Community Services Office to determine funding for services.

- ***Assisted Active Referral:*** Service providers within the service system make a referral on behalf of a consumer. Assisted active referral includes:
  - initial verbal contact with the receiving agency
  - discussion about referral requirements
  - anticipated appointment time (waiting list considerations)
  - appropriate documentation forwarded
  - feedback to referring agency
  - determination of funding source(s)

Initial Needs Identification: Intake also provides initial brief screening and assessment for the purpose of appropriate referral to service provider. Referrals are prioritized based on presenting issues, needs, and risk assessment.

Criteria for Eligibility: If applicant meets the general eligibility criteria and needs treatment services, the intake staff will inform the applicant of the provider options and refer them to appropriate services with the provider they choose.

If individuals need other services or supports the intake worker informs the individual what additional information or verification is needed and how to obtain that information. The intake worker also informs the individual what services and supports are available. The service matrix including who is eligible to receive services and supports by eligibility group is included in Attachment B.

If individuals are eligible for case management or integrated health homes (IHH), intake staff will inform them of the case management or integrated health home provider options and refer them to the appropriate agency. If the individual needs other services for support and are not eligible for case management or integrated health home, staff will refer the individuals to regional social workers for service coordination.

Service Coordination: Case managers, IHH or regional social workers provide another link to funding and providers. Those involved in service coordination may request regional funded services as needed. Service coordination will also assist in scheduling individuals for a standardized functional assessment if required.

Assessment: Individualized services are determined in accordance with the standardized functional assessment. The assessment will be used in the Individualized Care Plan to determine services and units of services funded.

Individualized Care Planning: Includes the gathering and interpretation of comprehensive assessment information, and creating strategies with the consumer about their ongoing care and support. Service coordination is particularly important in facilitating appropriate care for consumers with multiple or complex needs. Individualized planning supports the consumer to identify goals and implement strategies, actions and services to achieve those goals. This may involve linking the consumer to a range of services, identifying how self-management support, education and health promotion will be provided, and establishing effective communication among all the providers involved in delivering services to the individual.

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Service Authorization

Request for Services: Service coordination and intake workers request services on behalf of the individuals based on the initial needs identification or standardized assessment. Requests for outpatient services will be handled by the intake workers. Timely eligibility determination includes the issuance of a **Notice of Decision** (NOD). The Notice of Decision informs eligible individuals and/or their advocate and service providers of the approval or denial of mental health funding, reason for the action, what the share of cost is, if any, and appeal rights if the applicant is dissatisfied with the action specified in the NOD. The NOD also specifies the service provider, type and units of services approved based on immediate need or results from the standardized assessment.

Timeframes: Eligibility determination and referrals for emergency and necessary services shall not exceed 10 days (IAC 441-25.21). If a functional assessment is required it will be completed within 90 days IAC 441-21.15. Once an individual's functional assessment is received individuals will be referred for services to a provider of their choice and issued a Notice of Decision within 10 days.

Service Funding Authorization

The Notice of Decision: The Notice of Decision informs eligible individuals and/or their advocate and service providers of the approval or denial of mental health funding, reason for the action, what the share of cost is, if any, and appeal rights if the applicant is dissatisfied with the action specified in the NOD. The NOD also specifies the service provider, type and units of services approved based on immediate need or results from the standardized assessment. Notice of Decisions will be issued with 10 days of receiving an individual's Functional Assessment results.

All individuals that receive ongoing Service Management 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 an IHH or Targeted Case Manager for service coordination. Other individuals shall receive individualized service coordination from SCBHR staff.

The Service Coordinator, or when applicable, the IHH, Targeted Case Manager shall invite providers to participate in the development of the consumer's Individual Care Planning 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 care plan. If the individual is an adult and has no guardian or conservator, she/he may elect to involve family members in the care planning process and to approve the final care 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 care plan. Individuals may be represented by advocates, other individual's representatives, friends, or family during the care planning process.

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

Re enrollment

Individual must reapply for services on at least an annual basis. An annual review form must be completed and filed in order to remain eligible for mental health assistance funding.

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G. Appeals Processes (IAC 441-25.21(1)l

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

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

How to Appeal:

Written appeal forms, with a clear description of the appeals, investigation, and disposition process, and the telephone number for submitting a verbal appeal or grievance 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 SCBHR Office that the Notice of Decision was received from (see table below) within ten (10) working days of receipt of the Notice of Decision.

County Office	Address	Phone
Appanoose County Community Services	209 E. Jackson, Centerville Iowa 52544	1-641-856-2085
Davis County Community Services	712 S West Street, Bloomfield Iowa 52537	1-641-641-664-1993
Mahaska County Community Services	301 1st Avenue E., Oskaloosa, IA 52577	641-673-0410
Wapello County Community Services	102 E. Main, Ottumwa Iowa 52501	1-641-683-4576

Reconsideration – The Community Services Director or the director's designee located in the county that sent the Notice of Decision shall review appeals and grievances. After reviewing an appeal, the Community Services Director shall contact the appellant not more than five (5) working days after the written appeal is received. The Community Services Director 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.

If a resolution is not agreed upon through Reconsideration, 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.

South Central Behavioral Health Region 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 Appeals Process (IAC 441-25.21(1)l.2)

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

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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 South Central Behavioral Health Region. The expedited review, by the Division Administrator or designee shall take place within 2 days of receiving the request, unless more information is needed. There is an extension of 2 days from the time the new information is received
2. The Administrator 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 that 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.

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

SCBHR shall have a network of service providers to meet the continuum of service needs of individuals. The Region retains the right to select services providers to be a part of the SCBHR provider network. Providers must be approved SCBHR 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.)

Eligibility to Contract with SCBHR
In order to contract with SCBHR, 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 SCBHR or another Iowa region
- If SCBHR does not have a contract for a needed service with an established provider, a request from Non-Traditional Provider may be considered.

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

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

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

3. The Region shall inform the provider of acceptance or denial.
4. New network providers shall receive appropriate orientation and training concerning SCBHR MH/DS Plan.

The SCBHR CEO makes a recommendation to the SCBHR Governing Board. Upon approval by the Governing Board the contracting/rate setting process is initiated with the new provider.

All providers included in the SCBHR 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.

In addition to the above SCBHR, encourages, that all providers participate in the quality improvement partnership for system development in the region, to become welcoming, person/family centered, trauma informed, and multi-occurring capable. SCBHR will ensure providers are trained to provide multi-occurring, trauma informed, evidenced based practices as outlined in (IAC-441-25.5)

The current SCBHR MH/DS network providers is included in the Annual Service and Budget Plan.

SCBHR shall manage the provider network to ensure individual needs are met. SCBHR shall contract with licensed and accredited providers to provide each service in the required core services domains. SCBHR shall ensure an adequate number of providers are available to avoid waiting lists including outpatient mental health providers, Community Mental Health Centers, and at least one inpatient psychiatric hospital (within 100 miles or less proximity).

Regional Contracts

All MHDS contracts utilize a standard contract template approved by the SCBHR Governing Board. All contracts for MHDS services are annual contracts based on a July 1st to June 30th fiscal year. Discretion for all contracting and rate setting issues rests with the SCBHR Governing Board and not with individual member counties.

Contracting/Rate Setting Process

Contracting and rate negotiation matters shall be handled in one of the following methods:

- The CEO, shall meet with a current or prospective contracting party to negotiate contract terms and rates with the final recommendation being reviewed by SCBHR Governing Board, or,

- The "host" county Community Services Director, as designated by the CEO, shall meet with a current or prospective contracting party to negotiate contract terms and rates. The host county Community Services Director shall present their recommendation to the CEO. The CEO shall have discretion to accept, reject, or change the recommendation with the final recommendations being reviewed with the SCBHR Governing Board.

Rates established and approved by the State (such as HCBS Waiver, Hab Services, etc.) shall be acceptable rates for regionally funded comparable services. All rates and rate changes shall be effective July 1st of each year. A rate established for a new service, or provider, shall be in effect until the following June 30th. Any exceptions for mid-year rate changes must be authorized by the CEO. SCBHR will honor and utilize rates established by other MHDS regions for providers outside of SCBHR. Providers must not negotiate or accept rates or terms lower than those contracted with SCBHR from any other Region or County.

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

SCBHR shall offer a choice of case management provider and abide by requirements as described in IAC 441-25.21(1)g. SCBHR refers individuals seeking case management to their respective MCO and Integrated Health Home. SCBHR staff also work with individuals to inform them of their right to choose their MCO and service The Iowa Mental Health and Disability Services Commission established a set of standards that apply to case management providers. This set of standards is located in Iowa Administrative Code Human Services Department [441] Chapter 24. SCBHR will follow the standards established in Chapter 24 as the basis for establishing service outcome expectations and designating Targeted Case Management and Service Coordination.

SCBHR shall designate Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program with respect to individual access, cost effectiveness, evidenced based practice, and conflict free service. The CEO reviewed Case Management units serving the SCBHR region and made recommendations to the Region Governance Board, based on the following criteria:

- TCM programs located within the SCBHR region
- Existing relationships between county case management programs and service coordination/county social work
- Length of time from referral to assignment
- Length of time from assignment to service implementation
- Standards of practice and qualifications of case managers, case coordinators, and supervisors as defined in IAC441-24.1

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

- Performance and outcome measures relating to the safety, work performance, and community residency of the individuals receiving the service.
- Standards including but not limited to social history, assessment, care planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-24.1, which may include the use of electronic record keeping and remote or internet based training.
- Must demonstrate fidelity standards in provision of service that is individualized, integrated, multi-occurring capable, and trauma informed.

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I. Quality Management and Improvement (IAC 441-25.21(1)e)

SCBHR 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. SCHBR will provide funding as requested by providers to receive trauma informed training. Stakeholders, with emphasis on individual input, shall be involved in the development and implementation of the quality improvement program. The basic framework of the quality improvement process will incorporate measurement of progress by each provider partner in organizing its own QI activity to make progress toward trauma informed, multi-occurring capability.

System Evaluation

The system evaluation shall include, but not be limited to outcome and performance in the following domains:

- access to service
- life in the community
- person centeredness
- health and wellness
- quality of life and safety
- family natural supports

Methods Utilized for Quality Improvement

- Evaluation of individual satisfaction, including empowerment and quality of life
    - Direct interaction and feedback from individuals, families, providers, case managers, service coordinators, and other stakeholders
- Provider satisfaction; patterns of service utilization; responsiveness to individual needs and desires
    - Needs assessments, satisfaction surveys, and other written questionnaires
- Improvement of the ability of providers to work in partnership with each other and with the regional management team to share collective responsibility for the population in the region
    - Provider/team meetings and training opportunities
- The number and disposition of individual appeals and exception to policy requests and the implementation of corrective action plans based on these appeals and requests
    - The CEO shall evaluate the reports and recommend areas of improvement
- Cost-effectiveness
    - Compare program costs and outcomes to determine resource reinvestment
- Establishment and maintenance of a data collection and management information system oriented to the needs of individuals, providers, and other programs or facilities. Tracking changes and trends in the disability services system and providing reports to the Department of Human Services as requested for the following information for each individual served:
    - SCBHR staff collects data using the Iowa Association of Counties Community Services Network (CSN), a data management system to connect counties and agencies with a shared system which captures and reports standardized information for Iowans accessing the community services system while abiding by HIPAA, State, and Federal Laws. CSN has the data capacity to exchange information in compliance with the reporting requirements including DHS established client identifier, demographic information, expenditure data concerning the services and other support provided to each individual, as specified by the department.
    - SCBHR will follow the process outlined in the Outcome and Performance Measures Committee Report of December 14, 2012. SCBHR will initially use the statistical data from

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CSN to develop reports that will help to establish measures. Next, a determination will be made about what additional data should be collected, where the data will come from and what the cost is to collect the data. The Report suggests the information should come from providers and regional statistical data as well as from service recipients and their families, requiring development of surveys. SCBHR will partner with DHS leadership in this area in order to standardize the data that is being collected to make it meaningful statewide as well as regionally.

- SCBHR's initial focus aligns with Code of Iowa 225.C.4 (1)u to develop a process to analyze data on the following:
  - Access standards for required core services.
  - Penetration rates for serving the number of persons expected to be served, particularly the proportion of individuals who receive services compared to the estimated number of adults needing services in the region.
  - Utilization rates for inpatient and residential treatment, including:
    - Percent of enrollees who have had fewer inpatient days following services.
    - The percentage of enrollees who were admitted to the following:
      - State mental health institutes
        - Medicaid funded private hospital in-patient psychiatric services programs;
        - State resource centers; and
        - Private intermediate care facilities for persons with intellectual disabilities.
  - Readmission rates for inpatient and residential treatment
    - The percentage of enrollees who were discharged from the following and readmitted within 30 and 180 days:
      - State mental health institutes
        - Medicaid funded private hospital in-patient psychiatric services programs;
        - State resource centers;
        - Private intermediate care facilities for persons with intellectual disabilities.
  - Employment of the persons receiving services.
  - Administrative costs.
  - Data reporting.
  - Timely and accurate claims payment.

Once a range is determined, SCBHR staff will develop goals and action steps to improve performance. The results shall be documented in the annual summary.

Annually, SCBHR Governing Board shall assess the region's performance and develop a list of priority areas needing improvement.

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;

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- 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.

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

Incorporating the System of Care Approach in Requests for Proposals and Contracts:
SCBHR will consider providing assistance for implementation of core and core plus services, for decentralizing services, and to meet the access standards associated with services by offering requests for proposals (RFPs) in combination with other strategies, including traditional fee for service, startup costs, and grant funds for specified services.

Request for Proposal:
SCBHR will consider the use of competitive Requests for Proposal (RFP) to expand core services.
A review team of SCBHR Governing Board will evaluate each proposal according to the established protocol specified in the RFP. SCBHR reserves the right to decline any and all proposals.

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

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

SCBHR staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Non-emergency services delivered without service funding authorization shall be deducted from the billing.

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 SCBHR unless there is a statutory obligation. Fiscal year for SCBHR is July 1 – June 30.

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It is the intent of SCBHR that only SCBHR staff shall authorize services for residents of the SCBHR region.

Startup Costs:
Providers or programs requesting startup costs for core and crisis services will be reviewed by SCBHR CEO. SCBHR reserves the right to decline any and all requests for startup costs.

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

K. Waiting List Criteria (IAC 441-25.21(1)r)

SCBHR may implement a waiting list if encumbered expenses for a given fiscal year exceed regional MH/DS funds available. Core Services for target populations shall be considered priority services. Priority 2/Additional Core services found IAC 331.397(6) will only be put on a waiting list once all beyond core services have been subject to a waiting list (listed in Attachment C).

1. SCBHR Advisory Committee will be notified.
2. The SCBHR Advisory Committee representative and CEO will attend the next SCBHR Governing Board meeting to formally notify the Board and ask them to sign the required DHS paperwork to institute a waiting list.

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

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 SCBHR shall state such and 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 Regional office.

K. Amendments (IAC 441-25.21(3)

This manual has been approved by the South Central Behavioral Health Regions Governing Board and is subject to approval by the Director of Human Services.

Amendments to this Policy and Procedures Manual shall be reviewed by the Regional Advisory Boards 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.

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Attachment A

Access Points

SCBHR shall designate the access points and their function(s) in the enrollment process. An access point is a part of the service system or community that shall be trained to complete the MH/DD funding applications for persons with a disability and forward them to the local SCBHR Office.

Access Point	Address	Phone number
Appanoose County Community Service Office	209 E Jackson Street, Centerville Iowa 52544	1-641-856-2085
Davis County Community Service Office	712 S West Street, Bloomfield Iowa 52537	1-641-664-1993
Mahaska County Community Services Office	301 1st Ave. E., Oskaloosa, IA 52577	1-641-673-0410
Southern Iowa Mental Health Center	1527 Albia Road, Ottumwa Iowa 52501	1-641-682-8772
Wapello County Community Service Office	110 E. Main, Ottumwa Iowa 52501	1-641-683-4576

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Poverty Guidelines, all states (except Alaska and Hawaii) **2020 Annual**

Household /Family Size	50%	*100%*	125%	130%	133%	135%	138%	150%	175%	185%	200%	250%	300%	400%
1	6,380	$12,760	15,950	16,588	16,971	17,226	17,609	19,140	22,330	23,606	25,520	31,900	38,280	51,040
2	8,620	$17,240	21,550	22,412	22,929	23,274	23,791	25,860	30,170	31,894	34,480	43,100	51,720	68,960
3	10,860	$21,720	27,150	28,236	28,888	29,322	29,974	32,580	38,010	40,182	43,440	54,300	65,160	86,880
4	13,100	$26,200	32,750	34,060	34,846	35,370	36,156	39,300	45,850	48,470	52,400	65,500	78,600	104,800
5	15,340	$30,680	38,350	39,884	40,804	41,418	42,338	46,020	53,690	56,758	61,360	76,700	92,040	122,720
6	17,580	$35,160	43,950	45,708	46,763	47,466	48,521	52,740	61,530	65,046	70,320	87,900	105,480	140,640
7	19,820	$39,640	49,550	51,532	52,721	53,514	54,703	59,460	69,370	73,334	79,280	99,100	118,920	158,560
8	22,060	$44,120	55,150	57,356	58,680	59,562	60,886	66,180	77,210	81,622	88,240	110,300	132,360	176,480
9	24,300	$48,600	60,750	63,180	64,638	65,610	67,068	72,900	85,050	89,910	97,200	121,500	145,800	194,400
10	26,540	$53,080	66,350	69,004	70,596	71,658	73,250	79,620	92,890	98,198	106,160	132,700	159,240	212,320

Poverty Guidelines, all states (except Alaska and Hawaii) **2020 Monthly**

Household /Family Size	50%	*100%*	125%	130%	133%	135%	138%	150%	175%	185%	200%	250%	300%	400%
1	532	$1,063	1,329	1,382	1,414	1,436	1,467	1,595	1,861	1,967	2,127	2,658	3,190	4,253
2	718	$1,437	1,796	1,868	1,911	1,940	1,983	2,155	2,514	2,658	2,873	3,592	4,310	5,747
3	905	$1,810	2,263	2,353	2,407	2,444	2,498	2,715	3,168	3,349	3,620	4,525	5,430	7,240
4	1,092	$2,183	2,729	2,838	2,904	2,948	3,013	3,275	3,821	4,039	4,367	5,458	6,550	8,733
5	1,278	$2,557	3,196	3,324	3,400	3,452	3,528	3,835	4,474	4,730	5,113	6,392	7,670	10,227
6	1,465	$2,930	3,663	3,809	3,897	3,956	4,043	4,395	5,128	5,421	5,860	7,325	8,790	11,720
7	1,652	$3,303	4,129	4,294	4,393	4,460	4,559	4,955	5,781	6,111	6,607	8,258	9,910	13,213
8	1,838	$3,677	4,596	4,780	4,890	4,964	5,074	5,515	6,434	6,802	7,353	9,192	11,030	14,707
9	2,025	$4,050	5,063	5,265	5,387	5,468	5,589	6,075	7,088	7,493	8,100	10,125	12,150	16,200
10	2,212	$4,423	5,529	5,750	5,883	5,972	6,104	6,635	7,741	8,183	8,847	11,058	13,270	17,693

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Attachment B

Core Adult Priority Services (IC331.397(4))	Description	Target Populations	Additional Population	Access Standards
Access Center	The coordinated provision of intake assessment, screening for multi-occurring conditions, care coordination, crisis stabilization residential services, subacute mental health services, and substance abuse treatment for individuals experiencing a mental health or substance use crisis who do not need inpatient psychiatric hospital treatment, but who do need significant amounts of supports and services not available in other home and community based settings.	X		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.
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.	X		Assessment is part of the outpatient (Emergency, Urgent or Routine)
Assertive Community Treatment Team	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	X		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. Each region shall verify that all ACT programs operating in the region have a periodic fidelity review according to the schedule identified in 441.25.6(2) subsection a. (2)

Case Management (Target Case Management0	Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.	X	X	Service Coordination: Individuals shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area. Individuals shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility
Crisis 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.	X	X	Within 24 hours
Crisis Stabilization Community Based Services	CSCBS means short-term services designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and provided where the individual lives, works or recreates			Available 24 hours per day, 7 days a week, 365 days per year.

Crisis Stabilization Residential Based	CSRS means a short-term alternative living arrangement designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and is provided in organization-arranged settings of no more than 16 beds	X		Available 24 hours per day, 7 days a week, 365 days per year.
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.	X	X	Within one week of functional assessment/care planning meeting determination.
Family support	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	X	X	

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.	X		
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.	X		Lifetime limit equal to that established for the HCBS waiver for individuals with intellectual disabilities. Provider payment will be no lower than that provided through the HCBS waiver.
Home health aide services	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	X	X	Standardized Assessment supports need for this service

Intensive Residential Service Homes	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 supportive community living and meet additional criteria specified in subrule 25.6(8).	X		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.
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.	X	X	Referral shall be within 60 days of request for such service.

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.	X		Standardized Assessment support the need for this service
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.	X		Standardized Assessment support the need for this service
Mental health inpatient treatment	Acute inpatient mental health services are 24-hour settings that provide services to individuals With Acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms, address health and safety needs and develop a comprehensive discharge plan to appropriate level of care.	X		Shall receive treatment within 24 hours. Available at inpatient mental health services at any state or private mental health unit in Iowa at host region contractual rate. In the absence of a contract, SCBHR shall reimburse at the current Medicaid rate.

Mental health outpatient therapy	Services shall consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management and individual, family, and group therapy.	X		Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment.
Mobile Response	A mental health service which provides on-site, face to face mental health crisis services for an individual experiencing a mental health crisis. Crisis response staff providing mobile response have the capacity to intervene wherever the crisis is occurring, including but not limited to the individual's place of residence, an emergency room, police station, outpatient health setting, school, recovery center or any other location where the individual lives, works attends schools or socializes.	X		An individual in need of mobile response services shall have face-to-face contact with mobile crisis staff within 60 minutes of dispatch.
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.	X	X	Individuals receiving recovery services shall not have to travel more than 30 miles if residing in urban area or 45 miles is residing in rural area.
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.	X		Standardized Assessment support the need for this service
Prevocational services	Services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	X	X	Standardized Assessment support the need for this service

Respite Services	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	X	X	Standardized Assessment support the need for this service
Service Coordination	Activities designed to help individuals and families identify service needs and coordinate service delivery but which do not constitute case management as defined by the MH and ID commission	X	X	Service Coordination: Individuals shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area. Individuals shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility

Subacute Mental health services provide in facility and community-based settings	Means the same as defined in Iowa Code section 225C.6(4)"c" and includes both subacute facility based services and subacute community-based services.	X		An adult 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
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.	X	X	Standardized Assessment support the need for this service

Supported Community Living Services	Services provided in a non-institutional setting to adult persons with mental illness, mental retardation, or developmental disabilities to meet the persons' daily living needs.	X	X	First appointment shall occur within 4 weeks of the request.
Twenty Four Hour Crisis Response	Means services are available 24 hours a day, 365 days a year providing access to crisis screening and assessment and linkage to mental health services.	X		An individual shall have immediate access to crisis response services by means of telephone, electronic, or face-to-face communication.
Twenty-Three-hour Crisis Observation and Holding	Means a level of care provided for up to 23 hours in a secure and protected, medically staffed, psychiatrically supervised treatment environment.	X		
Commitment Related (Evaluations, Sheriff Transport, MH Advocates	Court ordered services related to mental health commitments	X		Court order

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CORE CHILDREN Priority Services (IC331.25.3)	Description	Access Standards
Assessment and evaluation relating to eligibility for services.	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.	Assessment is part of the outpatient (Emergency, Urgent or Routine)
Behavioral Health Inpatient Treatment	Means inpatient psychiatric services to treat an acute psychiatric condition provided in a licensed hospital with a psychiatric unit or a licensed freestanding psychiatric hospital.	Shall receive treatment within 24 hours.
Behavioral Health Outpatient Therapy	Means the same as "outpatient services" described in Iowa Code section 230A.106(2)"a".	Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment.
Crisis Stabilization Community Based Services	CSCBS means short-term services designed to de-escalate a crisis situation and stabilize and individual following a mental health crisis and provided where the individual lives, works or recreates.	Available 24 hours per day, 7 days a week, 365 days per year.
Crisis Stabilization Residential Services	CSRS means a short-term alternative living arrangement designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and is provided in organization-arranged settings of no more than 16 beds	Available 24 hours per day, 7 days a week, 365 days per year.
Early Identification	Means the process of detecting developmental delays, mental illness, or untreated conditions that may indicate the need for further evaluation.	A child shall receive early identification services within four weeks of the time the request for such services is made.
Early Intervention	Means services designed to address the social, emotional, and developmental needs of children at their earliest stages to decrease long-term effects and provide support in meeting developmental milestones.	A child shall receive early intervention services within four weeks of the time the request for such services is made.
Education	Means activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning.	Education activities shall be carried out at least four times a year.
Medication Prescribing and Management	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. Management: means services provided directly to	Standardized Assessment support the need for this service.

	or on behalf of the individual by 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 united psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.	
Mobile Response	A mental health service which provides on-site, face to face mental health crisis services for an individual experiencing a mental health crisis. Crisis response staff providing mobile response have the capacity to intervene wherever the crisis is occurring, including but not limited to the individual's place of residence, an emergency room, police station, outpatient health setting, school, recovery center or any other location where the individual lives, works attends schools or socializes.	An individual in need of mobile response services shall have face-to-face contact with mobile crisis staff within 60 minutes of dispatch.
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, situations, or problems that interfere with an individual's functioning or ways in which that information can be used to prevent their occurrence or reduce their effect and may include, but not be limited to, training events, webinars, presentations, and public meetings.	Prevention activities shall be carried out at least four times a year.

Priority 2 Services/Additional Core Services (IC331.397(6))	Description	Target Populations	Additional Population	Access Standards
Community Based Crisis Intervention Services	Program designed to stabilize an acute crisis episode and to restore an individual and family to their pre-crisis level of functioning. Crisis services are available 24 hours a day, 365 a year, including telephone and walk in crisis service and crisis care coordination	X		
Evidence-Base Treatment	Training to encourage Positive behavior support, assertive community treatment, and peer self-help drop in centers.	X	X	
Justice System	Program designed to work with person through jail diversion. Services to provide crisis intervention training and civil commitment prescreening	X	X	

Beyond Core/Priority Services Adult	Description	Target Populations	Additional Population	Access Standards
A. Basic Needs Rent/Utilities B. Basic Needs Rent/Utilities (ongoing) Permanent Supportive House Evidence Based Practice	Assistance to rent, utilities, etc.	X	X	**A**. Follow General Assistance Guidelines per Wapello County Ordinance **B**. In order to receive ongoing assistance an applicant will need to have Standardized Functional Assessment to support the need for this service within the framework of individual treatment need. Must have applied for Social Security Benefits, signed an Interim Assistance Reimbursement Agreement with a county or the region and submitted a medical exemption for Medicaid, and be involved in an IHH. G.A Guidelines will apply.
Consultation	Advisory activities directed to a service provider to assist the provider in delivering services to a specific person, or advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems; or addressing other concerns in the provider's own organization.	X	Consultation	Advisory activities directed to a service provider to assist the provider in delivering services to a specific person, or advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems; or addressing other concerns in the provider's own organization.

Evaluation Outpatient (Non- Crisis)	Is for screening, diagnosis, and assessment of individual and recommendations for services, and information as appropriate and necessary. Examples: IQ	X	X	
Family Psych education	Services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration	X		
Group Supported Employment	The job and training activities in business and industry settings for groups of no more than eight workers with disabilities. Group settings include enclaves, mobile crews, and other business-based workgroups employing small groups of workers with disabilities in integrated, sustained, paid employment.	X	X	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.
Psychiatric Rehabilitation	Is for individualized services designed to increase the consumer's ability to function independently to prevent or reduce the need for services in a hospital or residential setting, and to promote the consumer's ability to perform a valued role in society. Intensive Psychiatric Rehabilitation (IPR), Assertive Community Treatment Teams (ACT)			Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan
Physiological Treatment	Is used for activities designed to prevent, halt, control, relieve or reverse symptoms or conditions which interfere with the normal physiological funding of the human body. Example: Dental, Doctor, X-ray, labs, (not psychiatrist)		X	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan

Prescription Medicine	Prescription psychiatric medications for persons having a mental health diagnosis	X	X	Unable to pay co-payments on Medicaid
Public Education Services	To educate the general public about the realities of mental health and mental illness.	X	X	Functional assessment must support the need for services of the type and frequency identified in the individual's case plan funding is limited to 90 days to allow for individualized and integrated service eligibility to be established
Peer Drop In	Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.	X	X	
Sheltered Workshop Services	For services provided by a facility carrying out a recognized program of rehabilitation, habilitation, or education for persons with disabilities, designed to lead to competitive employment, or provision of long-term, remunerative employment.	X	X	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan
Transportation	Transportation to day habilitation and vocational programs	X	X	
Residential Care Facilities	Community facility providing care and treatment	X	X	Functional assessment must support the need for services of the type and frequency identified in the individual's case plan funding is limited to 365 days to allow for individualized and integrated service eligibility to be established

Voluntary Dual Diagnosis treatment (Mount Pleasant)	Treatment services for severe mental illness (mainly psychotic disorders) and problematic drug and/or alcohol use.	X		Voluntary Dual Diagnosis treatment at Mt Pleasant MHI, must have prior approval from SCBHR, two inpatient MH acute stay, two inpatient substance abuse treatment stays and be voluntary and willing to participate in programing. A prescreening must be completed by the designated Community Mental Health Center

Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.

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Attachment C:

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty:

2016 Poverty Level	100%	125%	150%	175%	200%	>200%
Family Size	Minimum Fee	20% Pay	40% Pay	60% Pay	80% Pay	100% Pay
1	$11,880	$14,256	$16,632	$19,008	$21,384	$23,760
2	$16,020	$19,224	$22,428	$25,632	$28,836	$32,040
3	$20,160	$24,192	$28,224	$32,256	$36,288	$40,320
4	$24,300	$29,160	$34,020	$38,880	$43,740	$48,600
5	$28,440	$34,128	$39,816	$45,504	$51,192	$56,880
6	$32,580	$39,096	$45,612	$52,128	$58,644	$65,160
7	$36,730	$44,076	$51,422	$58,768	$66,114	$73,460
8	$40,890	$49,068	$57,246	$65,424	$73,602	$81,780
For each additional person, add:	$4,160.00	$4,992.00	$5,824.00	$6,656.00	$7,488.00	$8,320.00

Minimum Fee Is: $_____

Glossary

DEFINITIONS

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

Draft

Other and unspecified intracranial hemorrhage.
Occlusion and stenosis of precerebral arteries.
Occlusion of cerebral arteries.
Transient cerebral ischemia.
Acute, but ill-defined, cerebrovascular disease.
Other and ill-defined cerebrovascular diseases.
Fracture of vault of skull.
Fracture of base of skull.
Other and unqualified skull fractures.
Multiple fractures involving skull or face with other bones.
Concussion.
Cerebral laceration and contusion.
Subarachnoid, subdural, and extradural hemorrhage following injury.
Other and unspecified intracranial hemorrhage following injury.
10/2/13 Human Services [441] Ch. 83, p.27
Intracranial injury of other and unspecified nature.
Poisoning by drugs, medicinal and biological substances.
Toxic effects of substances.
Effects of external causes.
Drowning and nonfatal submersion.
Asphyxiation and strangulation.
Child maltreatment syndrome.
Adult maltreatment syndrome.
Chief Executive Officer -- the individual chosen and supervised by the governing board who serves as the single point of accountability for 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.
the Iowa Administrative Code 441-25.11 (331)
Child or "children"- means a person or persons under eighteen years of age.
Children's behavioral health services- means behavioral health services for children who have a diagnosis of serious emotional disturbance.
Children's behavioral health system or "children's system"- means the behavioral health system for children implemented pursuant to Iowa Code Chapter 225C.
Choice -- the individual or authorized representative chooses the services, supports, and goods needed to best meet the individual's goals and accepts the responsibility and consequences of those choices.
Clear lines of Accountability -- the structure of the governing board's organization makes it evident that the ultimate responsibility for the administration of the non-Medicaid funded mental health and disability services lies with the governing board and that the governing board directly and solely supervises the organization's chief executive officer.
Conflict Free Case Management -- there is no real or seeming incompatibility between the case managers other interests and the case managers duties to the person served determination for services; establishing funding levels for the individual's services; and include requirements that do not allow the case manager from performing evaluations, assessments, and plans of care if the case manager is related by blood or marriage to the individual or any of the individual's paid caregivers, financially responsible for the individual, or empowered to make financial or health-related decisions on behalf of the individual.
Community -- an integrated setting of an individual's choice".
Coordinator of children's behavioral health services -means 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.

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 of residence -- means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.
Early identification- means the process of detecting developmental delays or untreated conditions that may indicate the need for further evaluation.
Early intervention- means services designed to address the social, emotional, and developmental needs of children at their earliest stages to decrease long-term effects and provide support in meeting developmental milestones.
Education services- means activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning.
Empowerment -- that the service system ensures the rights, dignity, and ability of individuals and their families to exercise choices, take risks, provide input, and accept responsibility.
Exempt resource -- a resource that is disregarded in the determination of eligibility for public funding assistance and in the calculation of client participation amounts
Household --, for an individual who is 18 years of age or over, the individual, the individual's spouse or domestic partner, and any children, step-children, or wards under the age of 18 who reside with the individual. For an individual under the age of 18, household -- the individual, the individual's parents (or parent and domestic partner), step-parents or guardians, and any children, step-children, or wards under the age of 18 of the individual's parents (or parent and domestic partner), step-parents, or guardians who reside with the individual.
Income -- all gross income received by the individual's household, including but not limited to wages, income from self-employment, retirement benefits, disability benefits, dividends, annuities, public assistance, unemployment compensation, alimony, child support, investment income, rental income, and income from trust funds.
Individual -- any person seeking or receiving services in a regional service system.
Individualized services -- services and supports that are tailored to meet the personalized needs of the individual.
Liquid assets -- assets that can be converted to cash in 20 days. These include but are not limited to cash on hand, checking accounts, savings accounts, stocks, bonds, cash value of life insurance, individual retirement accounts, certificates of deposit, and other investments.
Managed care -- a system that provides the coordinated delivery of services and supports that are necessary and appropriate, delivered in the least restrictive settings and in the least intrusive manner. Managed care seeks to balance three factors: achieving high-quality outcomes for participants, coordinating access, and containing costs.
Managed system -- a system that integrates planning, administration, financing, and service delivery. The system consists of the financing or governing organization, the entity responsible for care management, and the network of service providers.
Medical savings account -- an account that is exempt from federal income taxation pursuant to Section 220 of the United States Internal Revenue Code (26 U.S.C. §220) as supported by documentation

provided by the bank or other financial institution. Any withdrawal from a medical savings account other than for the designated purpose becomes a countable resource.
Mental health professional -- the same as defined in Iowa code section 228.1.
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 administrator or Regional administrative entity -- the administrative office, or organization formed by agreement of the counties participating in a mental health and disability services region to function on behalf of those counties.
Regional services fund -- the mental health and disability regional services fund created in Iowa code section 225C.7A.
Regional service system management plan -- the regional service system plan developed pursuant to Iowa Code 331.393 for the funding and administration of non-Medicaid funded mental health and disability services including an annual service and budget plan, a policy and procedure manual, and an annual report and how the region will coordinate with the Department in the provision of mental health and disability services funded under the medical assistance program.
Resources -- all liquid and non-liquid assets owned in part or in whole by the individual household that could be converted to cash to use for support and maintenance and that the individual household is not legally restricted from using for support and maintenance.
Retirement account -- any retirement or pension fund or account listed in Iowa Code section 627.6(8)"f".
Retirement account in the accumulation stage -- a retirement account into which a deposit was made in the previous tax year. Any withdrawal from a **retirement account becomes a countable resource.**
Service system refers to the mental health and disability services and supports administered and paid from the regional services fund.
Serious emotional disturbance- means a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current diagnostic and statistical manual of mental disorders published by the American psychiatric association that results in a functional impairment. "Serious emotional disturbance" does not include substance use and developmental disorders unless such disorders co-occur with such a diagnosable mental, behavioral, or emotional disorder.
State case status -- the standing of an individual who has no county of residence.
State commission – MH/DS Commission as defined in Iowa Code 225C.5.
System of Care -- the coordination of a system of services and supports to individuals and their families that ensures they optimally live, work, and recreate in integrated communities of their choice.
System principles -- practices that include individual choice, community and empowerment.

South Central Behavioral Health Region
Mental Health and Disability Services

Management Plan
Policies and Procedures

Forms Appendix

Application	
Release of Information	
Notice of Service Authorization	
Exemption to Policy	
Appeals Form	

Final

SOUTH CENTRAL BEHAVIORAL HEALTH REGION
MENTAL HEALTH DISABILITY SERVICES
Application Form

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

Name of agency/contact person completing this form, including contact information: _____

Prefix: ☐Dr. ☐Miss ☐Mr. ☐Mrs. ☐Ms. ☐Prof.

First Name: _____ **Middle Name:**_____ **Last Name:** _____ **Maiden/Nickname:** _____

Suffix: ☐D.D. ☐Esq. ☐I ☐II ☐III ☐Jr. ☐MD ☐PhD ☐Sr. **Start Date:** _____ **End Date:** _____

Date of Birth: _____ **Sex:** ☐Female ☐Male

Race: ☐White ☐Black or African American ☐American Indian or Alaska Native ☐Asian or Pacific Islander
☐Other (biracial; Sudanese; etc.) _____ ☐Unknown

US Citizen: ☐Yes ☐No **SSN#:**_____

Marital Status: ☐Single ☐Married(includes common law) ☐Divorced ☐Separated ☐Widowed

Ethnicity: ☐Hispanic or Latino ☐Non Hispanic or Latino

Primary Language: ☐English ☐Spanish ☐French ☐German ☐Vietnamese ☐Other: _____

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

State ID #: _____ **Legal Issues:** ☐Yes ☐No If yes, please specify: _____

Blind Determination: ☐Yes ☐No **Determination Date:** _____

Home Phone:_____ **Work/Other Phone:** _____ **Cell Phone:** _____ **Email:** _____

Current Address: _____
Street City State Zip County

Dates of Residency at this address: _____**to** _____

Current Residential Arrangement: (Check applicable arrangement)

☐ **Private Residence/Household – Alone** ☐ **Private Residence/Household – With Relatives**
☐ **Private Residence/Household – With Unrelated Persons** ☐ **Foster Care/Family Life Home**
☐**Correctional Facility** ☐ **Substance-Related Treatment Facility** ☐ **24-Hour Habilitation Home**
☐ **24-Hour Supported Community Living Home** ☐ **Residential Care Facility(RCF)** ☐ **RCF/ID** ☐ **RCF/PMI**
☐ **Intermediate Care Facility(ICF)/Nursing Home** ☐ **ICF/ID** ☐ **State MHI** ☐ **State Resource Center**
☐ **Homeless/Shelter/Street** ☐ **Other: Explain**_____

Mailing Address: ☐ Same ☐ Other: _____
Street City State Zip County

Veteran Status: ☐Yes ☐No **Military Branch and Type of Discharge:** _____ **Dates:** _____

Current Employment: (Check applicable employment)

Final

☐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 ☐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.				
4.				

Education:

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

Interested Persons:

Name:_____ Relationship: _____
Phone: _____

Name:_____ Relationship: _____
Phone: _____

Guardian/Payee/Conservator: ☐Yes ☐No

☐Legal Guardian ☐Protective Payee ☐Conservator
(Check any that are appointed and write in name etc.)

Name: _____

Address: _____

Phone: _____

☐Legal Guardian ☐Protective Payee ☐Conservator
(Check any that are appointed and write in name etc.)

Name: _____

Address: _____

Phone: _____

Others in Household:

First Name and Last Name	Date of Birth	Relationship
1.		
2.		
3.		
4.		

Gross Monthly Income (before taxes): (Check type & fill in amount)	**Applicant Amount:**	**Others in Household Amount:**
☐Veterans Benefits	_____	_____
☐Social Security/SSDI	_____	_____
☐SSI	_____	_____
☐Employment Wages	_____	_____
☐Workers Comp	_____	_____
☐Public or General Assistance	_____	_____
☐Private Relief Agency	_____	_____
☐Food Assistance	_____	_____
☐Family and Friends	_____	_____
☐Child Support	_____	_____

Final

☐FIP _____ _____
☐R/R Pension _____ _____
☐Other (Unemployment, etc) _____ _____
Total Monthly Income: _____ _____

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

_____
_____
_____

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

Type	Amount	Bank, Trustee, or Company
☐Cash on Hand	_____	_____
☐Checking Account	_____	_____
☐Savings	_____	_____
☐Time Certificates	_____	_____
☐Burial Fund/Plot/Life Ins(cash value)	_____	_____
☐CDs (cash value)	_____	_____
☐Stocks/Bonds(cash value)	_____	_____
☐Dividend Interest(cash value)	_____	_____
☐Trust Funds	_____	_____
☐Retirement Funds(cash value)	_____	_____
☐Other_____	_____	_____
Total Resources:	_____	

Motor Vehicles: ☐Yes ☐No Make, Model & Year: _____ Value: _____
(include car, truck, motorcycle, etc.) Make, Model & Year: _____ 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: _____
_____

Health Insurance Information: (Check all that apply)

Primary Carrier (pays 1st)

☐Applicant Pays ☐Medicaid
☐Medicare ☐Private Insurance
☐No Insurance ☐Marketplace Choice

Company Name _____
Address _____
Policy Number: _____
(or Medicaid/Title 19 or Medicare Claim Number)

Secondary Carrier (pays 2nd)

☐Applicant Pays ☐Medicaid
☐Medicare ☐Private Insurance
☐No Insurance ☐Marketplace Choice

Company Name _____
Address _____
Policy Number_____
(or Medicaid/Title 19 or Medicare Claim Number)

Have you applied for all other public programs? (Please indicate dates applied and decision if applicable):

☐**Social Security**_____ ☐**SSI**_____ ☐**Medicaid** _____
☐**Veterans** _____ ☐**Unemployment**_____ ☐**Food Assistance**_____
☐**FIP** _____ ☐**Other**_____ ☐**Other**_____

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Disability Group/Primary Diagnosis:

☐40-Mental Illness ☐42-Intellectual Disability ☐43-Developmental Disability ☐47-Brain Injury ☐35-Substance Abuse

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

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

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

Axis III: _____**Dx Code:** _____

Axis IV: _____**Dx Code:** _____

Axis V: (GAF Score & date given): _____

Do you receive any current mental health or substance abuse services (include provider name, location, & dates):

_____

_____

_____

Do you take any psychotropic medications? Who prescribed them and what was the date? _____

_____

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

Service Requested	Provider (if known)	Rate/Unit	Effective Date
Service Requested	Provider (if known)	Rate/Unit	Effective Date
Service Requested	Provider (if known)	Rate/Unit	Effective Date
Service Requested	Provider (if known)	Rate/Unit	Effective Date
Service Requested	Provider (if known)	Rate/Unit	Effective Date

Referral Source:

☐Self ☐Community Corrections ☐Family/Friend(s) ☐Social Service Agency ☐Targeted Case Management
☐ IHH Care Coordinator ☐Hospital ☐Physician ☐RCF/ICF ☐Other _____

The above listed services have been discussed with me and are requested with my knowledge and consent. 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 County MHDS staff to check for verification of the information provided including, but not limited to, verification with local and/or state Iowa Dept. of Human Services (DHS) staff. I understand that the information gathered in this document is for the use of the County 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**

HIPAA Notice of Privacy Practice Provided: ☐Yes ☐No **Signature:** _____

Final

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

Unique ID#:_____ Date Contacted: _____

Disability Group-DX Type: ☐MI ☐ID ☐DD ☐BI ☐SA
Residency: _____ (Attach Residency Checklist if needed)

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/resource guidelines
☐Does not meet diagnostic criteria
☐Does not meet plan criteria
☐Assessment does not meet criteria
☐Other county of residence _____
☐Applicant desires to stop process
☐Other_____

Other referrals given (DHS, TCM, IHH, etc.): _____
County Co-payment amount/terms (if applicable): _____
MHDS staff making determination & date: _____

Comments: _____
_____
_____
_____

Final

SOUTH CENTRAL BEHAVIORAL HEALTH REGION
MENTAL HEALTH DISABILITY SERVICES
County of Residence Determination Worksheet

"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.

First Name: _____ Middle Name:_____ Last Name: _____ Maiden/Nickname: _____

Date of Birth: _____ **SSN#:**_____

*_____

Current Address City State County

☐ **Private Residence/Household – Alone** ☐ **Private Residence/Household – With Relatives**
☐ **Private Residence/Household – With Unrelated Persons** ☐ **Foster Care/Family Life Home**
☐**Correctional Facility** ☐ **Substance-related Treatment Facility** ☐ **24-Hour Habilitation Home**
☐ **24-Hour Supported Community Living Home** ☐ **Residential Care Facility (RCF)** ☐ **RCF/ID** ☐ **RCF/PMI**
☐ **Intermediate Care Facility (ICF)/Nursing Home** ☐ **ICF/ID** ☐ **State MHI** ☐ **State Resource Center**
☐ **Homeless/Shelter/Street** ☐ **Other: Explain**_____

Dates of Residency at this address: _____to _____

If you are NOT homeless, skip this section. If you are homeless, please indicate where you slept the last five nights:
1) _____ 2) _____ 3) _____
4)_____5)_____

Do you intend to live in this county permanently or for an indefinite period of time? ☐ **Yes** ☐ **No**
Explain: _____

Residency Determined? ☐**Yes, County of Residence: _____**
☐**No, Please Continue.**

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 County MHDS staff to check for verification of the information provided. I understand that the information gathered in this document is for the use of the County in confirming residency. I understand that the 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

Final

Continue on next page if residency is not determined.

*
Previous Address **City** **State** **County**

☐ **Private Residence/Household – Alone** ☐ **Private Residence/Household – With Relatives**
☐ **Private Residence/Household – With Unrelated Persons** ☐ **Foster Care/Family Life Home**
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☐ **Intermediate Care Facility (ICF)/Nursing Home** ☐ **ICF/ID** ☐ **State MHI** ☐ **State Resource Center**
☐ **Homeless/Shelter/Street** ☐ **Other: Explain**_____

Dates of Residency at this address: _____**to** _____

Residency Determined? ☐**Yes, County of Residence:** _____
☐**No, Please Continue.**

*
Previous Address **City** **State** **County**

☐ **Private Residence/Household – Alone** ☐ **Private Residence/Household – With Relatives**
☐ **Private Residence/Household – With Unrelated Persons** ☐ **Foster Care/Family Life Home**
☐ **Correctional Facility** ☐ **Substance-related Treatment Facility** ☐ **24-Hour Habilitation Home**
☐ **24-Hour Supported Community Living Home** ☐ **Residential Care Facility (RCF)** ☐ **RCF/ID** ☐ **RCF/PMI**
☐ **Intermediate Care Facility (ICF)/Nursing Home** ☐ **ICF/ID** ☐ **State MHI** ☐ **State Resource Center**
☐ **Homeless/Shelter/Street** ☐ **Other: Explain**_____

Dates of Residency at this address: _____**to** _____

Residency Determined? ☐**Yes, County of Residence:** _____
☐**No, Please Continue.**

*
Previous Address **City** **State** **County**

☐ **Private Residence/Household – Alone** ☐ **Private Residence/Household – With Relatives**
☐ **Private Residence/Household – With Unrelated Persons** ☐ **Foster Care/Family Life Home**
☐ **Correctional Facility** ☐ **Substance-related Treatment Facility** ☐ **24-Hour Habilitation Home**
☐ **24-Hour Supported Community Living Home** ☐ **Residential Care Facility (RCF)** ☐ **RCF/ID** ☐ **RCF/PMI**
☐ **Intermediate Care Facility (ICF)/Nursing Home** ☐ **ICF/ID** ☐ **State MHI** ☐ **State Resource Center**
☐ **Homeless/Shelter/Street** ☐ **Other: Explain**_____

Dates of Residency at this address: _____**to** _____

Residency Determined? ☐**Yes, County of Residence:** _____
☐**No, Please Continue.**

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 County MHDS staff to check for verification of the information provided. I understand that the information gathered in this document is for the use of the County in confirming residency. I understand that the information in this document will remain confidential.

Final

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

Signature of other completing form if not Applicant or legal Guardian

SOUTH CENTRAL BEHAVIORAL HEALTH REGION
Release of Information

For individuals living in: Appanoose, Davis, Mahaska and Wapello

CLIENT:_____
ADDRESS:_____DATE OF BIRTH:_____

I, the undersigned, hereby authorize the staff of Central Iowa Community Services to release and / or obtain the information indicated below, regarding the above named consumer, with:

Name of Person or Agency

Complete Mailing Address

The information being released will be used for the following purpose:
[ ] Planning and implementation of Services
[ ] Coordination of services
[ ] Monitoring of services
[ ] Referral for new or other services
[ ] Other (Specify)_____
_____

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

INFORMATION TO BE RELEASED FROM
COMMUNITY SERVICES:

Yes No
[ ] [ ] SOCIAL HISTORY
[ ] [ ] PROGRESS SUMMARY REPORT
[ ] [ ] INDIVIDUAL COMPREHENSIVE PLAN
[ ] [ ] ANNUAL REVIEW
[ ] [ ] DISCHARGE SUMMARY
[ ] [ ] RE-RELEASE OF 3RD PARTY INFO (Specify)
(Your information will not be re-released without a signed authorization)
_____
[ ] [ ] OTHER (Specify)_____

INFORMATION TO BE OBTAINED FROM
THE AGENCY INDICATED ABOVE:

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

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

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

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

Signature of Client or Legal Guardian: _____ _____
Date

_____
Relationship if NOT The Client

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAWS:
I specifically authorize the release of data and information relating to:
[ ] Substance Abuse (must be signed by the consumer) [ ] HIV-Related Information

Final

_____ _____ _____ _____

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

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

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

SOUTH CENTRAL BEHAVIORAL HEALTH REGION
Local Office Address

NOTICE OF DECISION

I. --APPLICANT INFORMATION--

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

II. --SERVICES--

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

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

Notes:

III. --CONTACT INFORMATION--

Name:	County Director	
Phone:		

IV. --AUTHORIZATION--

Administrator (Printed): --Authorizing County--		Phone:	
Administrator (Printed): --County of Legal Residence--		Date:	
Administrator Signature:			
CPC Administrator Signature:			

V……BILLING ADDRESS

Region to be billed for payment of the approved services:	Central Iowa Community Services		
Address:			
Phone:		Fax:	

SOUTH CENTRAL BEHAVIORAL HEALTH REGION
Local Office Address

EXCEPTION TO POLICY

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

II. –Current SERVICES--

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

Provider Information	Service	Number of Units	Units Per	Unit Rate	Service Start Date	Service End Date	Authorized Service Decision
1							
	Details:						
2							
	Details:						
3							
	Details:						
4							
	Details:						

III. –Policy and service for which Exception is requested

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

IV. –Reason for Exception

Name:	Address:	
Phone:		Fax:

SOUTH CENTRAL BEHAVIORAL HEALTH REGION
Local Office Address

APPEAL

TO: South Central Behavioral Health Region
The reason for this appeal is:

_____

_____

_____

_____

_____

_____

I, therefore, respectfully make application for a review by South Central Behavioral Health Region of the grievance as stated above.

DATE: _____

SIGNATURE OF APPELLANT: _____

ADDRESS: _____

TELEPHONE (if applicable):_____

Applicant or Legal Guardian _____ **Date** _____

Final