Southwest Iowa MHDS Region

Mental Health and Disability Services
Management Plan

Policies and Procedures

Geographic Area: The Counties of Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie, and Shelby in the State of Iowa.

Effective July 1, 2020

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Introduction and Vision

The Southwest Iowa MHDS Region (SWIA MHDS) 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, SWIA MHDS will create a regional management plan designed to improve health, hope, and successful outcomes for adults in our region who have mental health disabilities and intellectual/developmental disabilities, including those with multi-occurring substance use issues, health issues, physical disabilities, brain injuries, and other complex human service needs, and for children who have a diagnosis of serious emotional disturbance as defined in Iowa Code section 225C.2.

In accordance with the principles enumerated in the legislative redesign, SWIA MHDS 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 SWIA MHDS to mindfully, creatively and responsibly serve the residents of our region. With respect and dignity for all people being the center of our approach to providing and funding services, we will strive to offer choice based on individual need. As funding is available, we will develop services for unmet needs working closely with stakeholders to enhance people's options within the region.

Basic Framework of the Regional MHDS Services Management Plan

This regional Mental Health and Disability Services (MHDS) Management Plan will describe the framework for system design. SWIA MHDS 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 SWIA MHDS.

This Mental Health and Disability Services Management Plan (hereafter referred to as Plan) defines standards for member counties of SWIA MHDS. The 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 includes three parts: Annual Service and Budget Plan, Annual Report, and Policies & Procedures Manual.

The *Annual Service and Budget Plan* includes:

- local access points
- service coordination and targeted case management agencies
- crisis planning
- Intensive mental health services
- a description of the scope of services
- projection of need and cost to meet the need
- financial forecasting measures

- provider reimbursement provisions.

The *Annual Report* provides an analysis of data concerning services provided for the previous fiscal year including:

- cost of services
- status of service development
- actual number of children and adults served
- Documentation that each regionally designated service has met the service standards requirements

The *Policies & Procedures Manual* includes:

- policies and procedures concerning management of the MHDS service
- MHDS plan administration.

All current management plans are available in each local SWIA MHDS office and on the Regional https://swiamhds.com/ and Department of Human Services http://dhs.iowa.gov websites.

A. Organizational Structure

Governing Board (IC 331.390)

The SWIA MHDS Region organizational structure assigns the responsibility for the non-Medicaid funded MHDS services with the Governing Board. Each member county shall appoint one of its supervisors to serve as a director on the Governing Board. The Board of Supervisors of each member county shall annually select its Director, although there shall not be term limits and the same supervisor may be appointed as many years in a row as the Board of Supervisors so chooses. Any Director appointed may be removed for any reason by the county appointing the Director, upon written notice to the Region's Board of Directors. The notice shall designate a successor Director to fill the vacancy. The supervisor serving on the Governing Board may designate another supervisor in his or her county to serve in his or her place in the event of absence or unavailability.

The Adult Advisory Committee will appoint one member representing individuals who utilize mental health and disability services or an actively involved relative of such an individual as a voting member and one member from service providers in the region as a non-voting member. The Children's advisory committee will appoint one individual representing the education system in the region as a voting member, one individual who is a parent of a child who utilizes children's behavioral health services or an actively involved relative of such children as a voting member and one individual representing children's behavioral health services providers in the Region as a non-voting member.

MHDS Adult Advisory Committee and Children's Behavioral Health Services Advisory Committee (IC 331.390(2)h&l; 331.392.(2)l; IAC 441-25.14.(1)l&j)

The SWIA MHDS shall encourage stakeholder involvement by having a Regional Advisory Committee assist in developing and monitoring the plan, goals and objectives identified for the adult and children's service system, and to serve as a public forum for other related MHDS issues. Applications for the advisory committees will be reviewed to ensure representation is fairly distributed between all SWIA MHDS member counties and to ensure it meets the following representation guidelines.

The advisory committees for both adult mental health and disability services and children's behavioral health shall be appointed by the Governing Board. The committee members representing the adult system shall be: individuals who utilize services or actively involved relatives of such individuals; providers of adult mental health and disability services; and a Governing Board member.

The committee members representing the children's system shall be: a parent of a child who utilizes services or the actively involved relatives of such child; 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 a Governing Board member.

The SWIA MHDS will hold public meetings to share information and gather input from constituents at various locations throughout the region. This information will be used to help guide the advisory committees.

Chief Executive Officer (IC 331.392(3))

The Governing Board will appoint the Chief Executive Officer (CEO). The CEO functions are supervised and evaluated by the Governing Board. The CEO is the single point of accountability in the Region.

Administrative Structure and Team (IC 331.390(3)b and IAC 441-25.12(2)e&f)

The SWIA MHDS Executive staff work together to create, support and administer SWIA MHDS Region's system of care. Executive staff include a CEO and Disability Services Directors.." Additional staff will be utilized to carryout management of the system including administrative support and direct service coordination activities.

The Governing Board will assign a Disability Services Director team to serve as the executive staff of the Region, which among other duties, shall assist the CEO in supervision of staff, identifying staffing needs and candidates for staff positions. The executive staff will also assure the following functions and responsibilities are carried out by the region: Communication; Strategic Plan Development; Budget Planning and Financial Reports; Operations-personnel; Risk Management; Compliance and Reporting; Service Processing, Authorization and Access; Provider Network-development, Contracting, Quality Assurance and Performance; Payment of Claims; Appeals and Grievances; Information Technology; Service Authorization; Eligibility Determination; Provider Payment; Contracting; Marketing; and HIPAA oversight.

The CEO may employ or contract with persons or entities (including contracting with member counties for member county employees to provide services to the Region) to staff the needs of the Region; however, the terms of all employment or contracts for staff shall be approved by the Governing Board. . The Staff designated to perform the functions of Coordinators of Mental Health and Disability Services and/or Coordinators of Children's Behavioral Health Services shall have the qualifications required by IC 331.390(3). These staff shall include the Disability Services Directors, Intake and Referral Coordinators and the Service Coordinators.

B . Service System Management

The SWIA MHDS shall directly administer the Region MHDS Plan through the offices located throughout the Region 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 as referenced above in Administrative Structure and Team.

Offices	Address	Phone
Montgomery County Community Services	105 Coolbaugh Street, P.O. Box 469 Red Oak, Iowa 51566	712-623-6541
Pottawattamie County Community Services (Central Office)	227 S. 6th St. Council Bluffs, Iowa 51503	712-328-5645
Shelby County Community Services	719 Market Street Harlan, Iowa 51537	712-755-2843

Risk Management and Fiscal Viability (IAC 441.25.21(1)f)

The SWIA MHDS does not intend to contract management responsibility for any aspect of the regional system of care to any agency or entity. SWIA MHDS 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 SWIA MHDS staff, whom 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)

The SWIA MHDS shall provide leadership and management at the local level for designing a regional system of care for the mental health and disability services system. 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, SWIA MHDS 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.

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)

The SWIA MHDS 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. SWIA MHDS shall work to build the infrastructure needed to result in positive outcomes for individuals served.

An individual with multi-occurring conditions is defined as any person of any age with any combination of any Mental Health condition (including trauma) and/or developmental or cognitive disability (including Brain Injury) and/or any Substance Use 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 other complex needs. SWIA MHDS shall funding individuals with multi-occurring conditions that meet the eligibility criteria. Services and supports will be offered through the enrollment and assessment process guided by a Service Coordinator.

In addition, SWIA MHDS shall partner with courts and others to ensure alternatives to civil commitment and to coordinate funding for services for individuals under commitment. SWIA MHDS shall collaborate with others to exchange information and link existing activities for mutual benefit. Examples of such entities to include are the Iowa Department of Human Services, Area Agencies on Aging, Iowa Department of Public Health, Department of Corrections, Iowa Medicaid Enterprise, Area Education Agencies, schools, other regions, service providers, case management, integrated health homes, individuals, families and advocates. The goal is to ensure the authorized services and supports are responsive to individuals' needs consistent with system principles while also being cost effective.

The SWIA MHDS Executive team is assigned to coordinate processes within the region. SWIA MHDS will utilize experts within the region including region staff and local agencies for sustaining a system of care network. Whenever possible, the SWIA MHDS will include provider and stakeholder input and expertise in designing its system of care.

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

SWIA MHDS 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. Measures will be used to ensure services are available in all parts of the region.

SWIA MHDS has a broad network of service providers within the region. The Governing Board will review the providers, the services provided, and their locations/accessibility on an annual basis. Based on input from consumer/family surveys, stakeholder meetings, and the Advisory Committee, the Governing Board will determine levels of access to services, strengths of services and any gaps in services in order to measure accessibility of services throughout the region.

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

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

order to accomplish this, SWIA MHDS will integrate planning, administration, financing, and service delivery using utilization reports from both the region and the state including an inventory of available services and providers along with utilization data on the services. Results will be analyzed to determine if there are gaps in services or if barriers exist due to things such as the type of services being offered, having an adequate provider network, restrictions on eligibility or availability and location for access to services. Data will be gathered regularly and as new services are added in order to measure efficiency and effectiveness of the services offered as well as utilization and outcome of services.

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

The region shall work closely with other funding sources to help meet the needs of individuals. Individuals will be assigned a SWIA MHDS Service Coordinator if they do not have another coordinating agency such as a Case Manager or Integrated Health Home already working with them. Linkages to funding and services will be managed through one of these coordination agencies who may refer to the Annual Service and Budget Plan for disability service availability. The SWIA MHDS Disability Services Directors and CEO will work closely with the state and others who fund disability services to make individual funding needs appear seamless so as to not put the burden of determining the funding stream on the individual being served or their family.

D. Financing and Delivery of Services and Support (IC 331.393(4)a and IAC 441-25.21(1)a)

Non-Medicaid mental health and disability services funding shall be under the control of the SWIA MHDS Governing Board in accordance with IAC 441-25.13 (331.391). SWIA MHDS 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 SWIA MHDS CEO shall prepare a proposed annual budget. The proposed budget shall be reviewed by the SWIA MHDS Governing Board for final approval. The CEO shall be responsible for managing and monitoring the adopted budget. Priority is given to the Core Service Domains for disability groups as outlined in the Annual Service and Budget Plan. Funding for these Core Services will be the first category to calculate during the budgeting process. The CEO will continue the process by budgeting for all other services found to be essential and beneficial for people served in the SWIA MHDS Region.

Services funded by SWIA MHDS are subject to change or termination with the development of the regional MHDS budget each fiscal year for the period of July 1 to June 30.

The SWIA MHDS Governing Board has designated Pottawattamie County to act as the Regional Fiscal Agent. SWIA MHDS pools member county MHDS funds to be paid to the Region account. Funds will be held in the local county mental health fund to cover payroll and other expenses as established by the Governing Board. All expenditures, including funds held by the Regional Fiscal Agent and funds held in the local county mental health funds, shall comply with the guidelines outlined in the Annual Service and Budget plan.

Accounting System and Financial Reporting

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

Contracting

The SWIA MHDS will contract with MHDS providers whose base of operation is in the region. The region may also honor contracts that other regions have with their local providers. SWIA MHDS 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 contracts must be approved by the Governing Board and signed by the Regional CEO.

The SWIA MHDS 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. SWIA MHDS 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.

The SWIA MHDS shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the MHDS Plan, within the constraints of budgeted dollars. SWIA MHDS 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 SWIA MHDS counties, or their legal representative, may apply for regional funding for services by contacting any SWIA MHDS regional office or may contact one of the designated access points (see *Attachment A)* to complete an application or visit the region's website at https://swiamhds.com/how-to-apply/. All applications shall be forwarded to the Region's Central Office. The designated executive staff shall determine eligibility for funding.

The SWIA MHDS 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 a Regional office to make such arrangements. The completed application shall be forwarded by access points to the designated regional office.

The SWIA MHDS employee(s) 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 with the request for 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 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). For children, the custodial parent must be a resident of the state of Iowa (as defined above), and the child must be physically present in the state.

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

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

If parties cannot agree on residency determination, SWIA MHDS 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 SWIA MHDS designated executive staff will receive the Exception to Policy request to review with the CEO for a decision. 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

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

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

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

Procedures to assure confidentiality shall include:

- Individual's (or their parents for children/legal guardian'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 SWIA MHDS employees, service coordinators 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.
- Employees shall receive initial and ongoing training concerning confidentiality and employees shall sign a statement agreeing to confidentiality terms.

In order to determine eligibility for region 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, SWIA MHDS staff's inability to obtain sufficient information to make an eligibility determination may result in denial of region funding.

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

General Eligibility

All residents of counties in the SWIA MHDS are eligible for Information & Referral and Crisis Services regardless of eligibility criteria.

The SWIA MHDS designated executive staff shall review the application to determine if the applicant meets the general eligibility criteria of the Regional Plan:

1. The individual is a child under 18 years of age if applying for Children's Behavioral Health

services, or the individual is at least 18 years of age if applying for adult mental health/disability services. An individual who is seventeen years of age and is receiving publicly funded children's services may be considered eligible for adult 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 if an adult, and if a child, the custodial parent is a resident of the state of Iowa, and the child is physically present in the state.

Financial Eligibility

Children:
The child's family meets the financial eligibility requirements in IAC 441-25.16.

1. Income Guidelines:
    a. 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.
    b. An eligible child whose family's 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 IAC 25.16(3)

Adults:
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 SWIA MHDS, 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 SWIA MHDS in determining income eligibility. Applicants are expected to provide proof of income (including pay stubs, income tax return, etc.) as requested by SWIA MHDS Region.

2. Resources Guidelines (IC 331.395)

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

a. The countable value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this subrule.
b. 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.
c. 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. (T19)
(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:

(1) A retirement account that is in the accumulation stage.
(2) A medical savings account.
(3) An assistive technology account.
(4) A burial account or trust limited in value as to that allowed in the Medical Assistance Program. (T19)

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

Co-payment for services

Any co-payments or other client participation required by any federal, state, region, or municipal program in which the child or adult individual participates shall be required to be paid by the child's family or adult individual.

Children (IC 331.397A):
Co-payments in this section are related to children's core services to target populations.

The family of a child receiving regional funding for behavioral health services shall be responsible for a co-payment amount based on the family's household income between 150%-500%. The co-payment will be collected by the service agency. The sliding fee scale indicating co-payment amounts is in Attachment D of this manual.

Adults (IC 331.397):
Co-payments in this section are related to adult core services to target populations. Co-payments include, but are not limited to:

- Client participation for maintenance in a residential care facility through the state supplementary assistance program. These payments are administered through the RCF's standard processing of supplemental assistance calculated by the Department of Human Services and are not considered as a co-payment fee under Attachment C.
- 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.

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. See Attachment B for current poverty guidelines.

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 adult individuals with incomes between 150%-250% of poverty.

Diagnostic Eligibility

Children:
A child must be diagnosed with a serious emotional disturbance (IC 225C.2).

A serious emotional disturbance means a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current diagnostic and statistical manual of mental disorders published by the American psychiatric association that results in a functional impairment. Serious emotion disturbance does not include substance use and developmental disorders unless such disorders co-occur with such a diagnosable mental, behavioral, or emotional disorder.

A serious emotional disturbance diagnosis is not required to access comprehensive facility and community-based crisis services as referenced in IC 331.397A(4)b.

Adults:
The individual must have a diagnosis of Mental Illness or Intellectual Disability.

Mental Illness
Individuals who at any time during the preceding twelve-month period had 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)
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 defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, text revised, published by the American Psychiatric Association) or the most recent approved by the State of Iowa.

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

Assistance to Other than Core Populations **(IAC 441-25.21(1)q)**

Funding for Developmental Disabilities will be provided based on the past provision of services for member counties in SWIA MHDS that previously funded individuals in this disability category. Services were provided based on an assessed need that was similar to a person diagnosed with an Intellectual Disability. Therefore, SWIA MHDS will consider a full scale IQ between 70-78, along with significant adaptive functioning needs when considering eligibility for a person with a developmental disability.

"Persons with developmental disabilities" (IAC441-24.1) 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" (IAC 83.81) 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. This disability group was not previously funded by SWIA MHDS member counties.

Notice of Decisions/Timeframes

Once an application is received in any SWIA MHDS Region office, it will be forwarded to the region staff assigned to process applications for the Region. If an application is not complete, additional information will be sought from the applicant in order to determine eligibility. Once an application is complete, the Region will determine if the applicant meets the general eligibility criteria.
A Notice of Decision (NOD) regarding general eligibility, including the right to appeal, will be sent to the applicant within ten (10) working days.

Individuals who are in immediate need and are awaiting approval and receipt of assistance for ongoing MHDS programs may be considered eligible if all other criteria are met. If there is a need for Service Coordination, the intake process will be initiated. The applicant or relevant referral source will be contacted within two (2) working days of the referral.

Service and Functional Assessment **(IAC441-25.21(1)o)**

Individualized services are determined in accordance with a standardized functional assessment. The results will support the need for services including the type and frequency of service in the individual's care plan. For persons in need of Outpatient Services only this will be based on the mental health provider's intake assessment and treatment plan. No further assessment is needed for these individuals.

Individuals who receive ongoing MHDS services may have an individualized plan which shall identify the individual's needs and desires and set goals with action steps to meet those goals. These individuals will have a service coordinator through the region, a managed care organization, integrated health home

provider, or targeted case management agency.

Together with the individual's guardians, family members, and providers, service coordinators develop and implement individualized plans for services and supports. Individualized planning supports the individual to identify goals and implement strategies, actions, and services to achieve those goals. This may involve linking the individual 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.

Service Funding Authorization

If the assessment indicates a need for region funding, the service coordinator will submit a Service Authorization request which will be processed within 5 working days of receipt. Decisions for funding will be based on the general eligibility criteria as outlined above, and according to the guidelines outlined in Attachment D Service Matrix of this manual. Consideration will also be made to assure that the service being requested is:

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

When deemed appropriate, the region may contract with a qualified professional to review the plan for requested services.

A Notice of Decision, including the right to appeal, shall inform the individual of the action taken on the funding request, reason for the action, service provider, services and units of services**.**

Re-enrollment

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

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

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

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

How to Appeal

A written appeal shall be submitted to the region's central office at the following address:
SWIA MHDS Region
Attention, CEO
515 5th Ave. Room 113
Council Bluffs, IA 51503

Appeals must be sent to the office within ten (10) working days of receipt of the Notice of Decision. Written appeals can be submitted in any format, and shall include the following information:

1) Name of individual the appeal is regarding (appellant)
2) Name of representative appealing the decision (if not the individual)
3) Contact information regarding the appeal including phone number and address
4) A clear description of the reason for the appeal

If assistance is required in completing an appeal, an individual may contact any region office requesting assistance in completing a written appeal as described above. Region phone numbers for staff assistance include the following locations:

Council Bluffs	712-328-5645
Red Oak	712-623-6541
Harlan	712-755-2843

Reconsideration – The region's executive staff, including a Disability Services Director and the Chief Executive Officer, shall review appeals. The appellant will be contacted by an executive staff member within five (5) working days of the receipt of the appeal. The staff, upon consent, shall collect additional information from the appellant and other sources, if necessary. A meeting with the appellant may be scheduled to discuss the facts, consider additional information the appellant submits relevant to the appeal, and work toward a resolution. Following a review of additional information and all relevant facts, a written decision shall be issued no later than five (5) working days following contact with the appellant. A copy of the decision shall be sent to the appellant and/or representative by regular mail.

Administrative Law Judge- If a resolution is not agreed upon through the Reconsideration step, the appellant can pursue a hearing through a state Administrative Law Judge (ALJ). The decision of the state ALJ shall be the final decision. The SWIA MHDS Region shall not pay legal fees for an appellant. If an individual cannot afford legal representation, they 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 SWIA MHDS concerning an individual varies from the type and amount of service identified to be necessary for the individual in a clinical determination made by a mental health professional and the mental health professional believes that the failure to provide the type and amount of service identified could cause an immediate danger to the individual's health and safety.

How to Appeal

Using the same information necessary for the written appeal described in the non-expedited appeal process above, the mental health professional shall send this information to:

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

1. The appeal shall be filed within 5 days of receiving the Notice of Decision by the SWIA MHDS 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)

The SWIA MHDS shall have a network of service providers to meet the continuum of service needs of individuals across the lifespan. The Region retains the right to select service providers to be a part of the SWIA MHDS provider network. Providers must be approved SWIA MHDS network providers in order to be eligible for region funding. (Payment for commitment related sheriff transportation and court-appointed attorneys, and other incidental or temporary services, may be exempt from this policy.)

In order to contract with SWIA MHDS, 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 SWIA MHDS or another Iowa region. If SWIA MHDS does not have a contract for a needed service with an established provider, a request for a non-traditional provider may be considered.

All providers included in the SWIA MHDS 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.

The current SWIA MHDS network is published and available in all Region offices as well as in electronic format on the website. New providers may be added to the provider network if it is determined either a particular individual will benefit from the service (as determined by the individual's inter-disciplinary team), or, that the provider will provide service(s) that will enhance the service system. New network providers shall be approved through the following process:

1. A referral or request for a new network provider may be made by an individual (or authorized representative), individual's service coordinator or directly by a provider. All requests to become a member shall be directed to the Region.
2. Provider shall provide information as requested to at least one member of the region's Executive team as established in an interview process.. Criteria for consideration to become a network provider includes:
    - Priority for core and other services
    - Unmet need for the proposed services
    - Unmet access standard for proposed services
    - Provider experience in providing the services
    - Documented individual outcomes, and family/ individual satisfaction

- Retention of individuals in other programs
- Coordination with other provider agencies
- Evidence of individualized services
- Relationship with other regions the agency serves
- Funding source for the service
- Financial viability of the agency

3. The Region shall inform the provider of acceptance or denial and begin contracting and rate setting processes.
4. New network providers shall receive appropriate orientation and training concerning SWIA MHDS and its management plan.

SWIA MHDS shall manage the provider network to ensure individual needs are met. SWIA MHDS shall ensure an adequate number of providers are available to avoid waiting lists and has contracted with outpatient mental health providers, Community Mental Health Centers, and at least one inpatient psychiatric hospital located within the SWIA MHDS Region.

All SWIA MHDS contracts utilize a standard contract template approved by its Governing Board. Typical contracting for MHDS services are annual contracts based on a July 1 to June 30 fiscal year. The CEO, with assistance from the Executive team as needed, is responsible for the contracting process.

Rates established and approved by the State (such as HCBS Waiver, Hab Services, etc.) may be acceptable rates for regionally funded comparable services. Rates for other services that are set by the SWIA MHDS region shall be substantiated by written financial documentation; such documentation may be required to be submitted for review in determining rates. Contracts and rate changes shall be approved by the Governing Board and signed by the region's CEO.

Provider Competencies (IC 331.397(6); IAC 441-25.5)

The SWIA MHDS is encouraging all providers in the region to participate in the quality improvement partnership for system development, to become welcoming, person/family centered, trauma informed, and multi-occurring capable. SWIA MHDS will ensure providers are trained to provide multi-occurring, trauma informed, evidenced based practices as outlined in (IAC-441-25.4) through sharing training opportunity information and bringing training to the region as needed.

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

The SWIA MHDS shall offer access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g. Further, designated Case Management agencies serving SWIA MHDS must be accredited according to the rules of the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in IAC 441.

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, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-25.21 g, which may include the use of electronic recording keeping and remote or internet based training.

Prior to the implementation of MCOs in Iowa, the Governing Board of the SWIA MHDS designated certain Case Management programs to work within the region. The MCOs now provide the Community Based Case Management programs. The region continues to provide Service Coordination to people who are not eligible for a Community Based Case Manager or an Integrated Health Home.

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

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

System Evaluation

The system evaluation shall include, but not be limited to 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 region's staff 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:
    - SWIA MHDS 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.

  - The region's Data Analyst manages all region crisis services data. The Data Analyst tracks usage, trends, demographics of crisis service users, and assists in other data tracking projects as needed. Other analysis may focus on access standards for required core services, penetration rates, overall utilization rates for services, readmission rates for inpatient and residential treatment, employment of persons receiving services, administrative costs, and timely and accurate claims payment.
  - SWIA MHDS will use the statistical data from CSN to develop reports that will help to establish measures. 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. Information may come from provider and region statistical data as well as from surveys to service recipients and their families. SWIA MHDS 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.
- For children's services, Performance and Outcome measures related to education will be synchronized with the standardized performance and outcome measures identified by region education partners in conjunction with region funded children's behavioral health services. Statewide aggregate school attendance information and region involved individual school attendance measures will be collected accordingly.
- SWIA MHDS will incorporate additional outcome measures as they are developed by the State Board as required in Iowa Code Chapter 225C.

Annually, the SWIA MHDS Region 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
- 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.

SWIA MHDS will provide information, including the Evidenced Based Practice Toolkits to the service providers in the region. The Executive Team will be responsible for collaborating and planning with providers to ensure that Evidenced Based Practices are planned for during service development and implementation. At minimum, the following Evidenced Based Practices will be supported and independently verified as required (IAC 441-25.5):

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

Providers of Evidenced Based Practices may be required to document and report to the region on at least an annual basis.

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

In order to incorporate a systems of care approach in funding and payment provisions, SWIA MHDS will consider providing assistance for implementation of core and other 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 and grant funds for specified services.

Fee for Service payment

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

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

The SWIA MHDS 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 SWIA MHDS unless there is a statutory obligation or unforeseen circumstances exist as approved by the CEO. Fiscal year for the SWIA MHDS is July 1 – June 30.

It is the intent of SWIA MHDS that only SWIA MHDS staff shall authorize services for residents of SWIA MHDS.

Request for Proposal

SWIA MHDS will consider the use of competitive Requests for Proposals (RFP) to expand core services. A review team of SWIA MHDS staff or a committee appointed by the Governing Board will evaluate each proposal according to the established protocol specified in the RFP. SWIA MHDS reserves the right to decline any and all proposals.

Grant Funds

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

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

The SWIA MHDS may implement a waiting list if encumbered expenses for a given fiscal year exceed available regional MHDS funds. Core Services for target populations shall be considered priority services. Waiting lists and service reductions may take place for all other populations and services. Core population funding will be funded and will not be subject to service reductions.

The Region requires the following strategies be utilized on an ongoing basis to prevent the need to implement a waiting list, prevent service reduction or shorten the length of time an individual is on a waiting list should one exist.

1. Region Service Coordinators continuously and actively seek ways to move individuals to the least restrictive environments. Individuals will utilize or learn to utilize natural supports, whenever possible. Any service in the best interest of the individual that is cost neutral or of lesser cost will be sought and utilized.
2. Each individual's Inter-Disciplinary Team will meet to determine that services reflect the individual's needs and not their wants.
3. All individuals applying for 100% Region Funding must first be denied for all federal, state, and insurance funding that might pay for all or part of the service, unless this is not cost effective.

Waiting lists may also be utilized if other than core services or other than 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, SWIA MHDS 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 region's executive team. Any waiting list that may exist shall be reviewed annually when planning for the future budgeting needs and future development of services.

L. Amendments (IAC 441-25.21(3)

This plan has been approved by the SWIA MHDS Governing Board and is subject to approval by the Iowa Director of Human Services.

Amendments to this Policy and Procedures Plan shall be approved by the Regional Governing Board. Amendments shall be submitted to the Iowa Department of Human Services for approval at least 45 days before the planned date of implementation.

Attachment A

Access Points

The SWIA MHDS 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 MHDS funding applications for persons with a disability and forward them to the local SWIA MHDS Office.

Access Point	Address	Phone number
CHI Missouri Valley Psychiatric Associates	704 North 8th Street Missouri Valley, IA 51555	712-642-2045
CHI Mercy Hospital	800 Mercy Drive Council Bluffs, IA 51503	712-382-5000
CHI Psychiatric Associates	801 Harmony Street, Suite 302 Council Bluffs, IA 51503	712-328-2609
Burgess Mental Health	1600 Diamond Street Onawa, IA 51040	712-423-9160
Cass County Health Systems	1501 E. 10th St. Atlantic, IA 50022	712-243-3250
Heartland Family Service	515 East Broadway Council Bluffs, IA 51503	712-322-1407
Methodist Jennie Edmundson Hospital	933 East Pierce Street Council Bluffs, IA 51501	712-396-6000
Southwest Iowa Mental Health Center	2307 Olive Street Atlantic, IA 50022	712-243-2606
Myrtue Medical Center-Behavioral Services	1303 Garfield Ave Harlan, IA 51537	712-755-5056
Waubonsie Mental Health Center	216 W. Division Clarinda, IA 51632	712-542-2388

Attachment B

2020 Federal Poverty Guidelines

SWIA MHDS shall update the Guidelines as they are made available from the Federal Government.

2020 Federal Poverty Guidelines

Family Size	100%		150%		250%		500%	
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	$1,063	$12,760	$1,595	$19,140	$2,658	$31,900	$5,317	$63,800
2	$1,437	$17,240	$2,155	$25,860	$3,592	$43,100	$7,183	$86,200
3	$1,810	$21,720	$2,715	$32,580	$4,525	$54,300	$9,050	$108,600
4	$2,183	$26,200	$3,275	$39,300	$5,458	$65,500	$10,917	$131,000
5	$2,557	$30,680	$3,835	$46,020	$6,392	$76,700	$12,783	$153,400
6	$2,930	$35,160	$4,395	$52,740	$7,325	$87,900	$14,650	$175,800
7	$3,303	$39,640	$4,955	$59,460	$8,258	$99,100	$16,517	$198,200
8	$3,677	$44,120	$5,515	$66,180	$9,192	$110,300	$18,383	$220,600
9	$4,050	$48,600	$6,075	$72,900	$10,125	$121,500	$20,250	$243,000
10	$4,423	$53,080	$6,635	$79,620	$11,058	$132,700	$22,117	$265,400
Each add. Mbr	$373	$4,480	$560	$6,720	$933	$11,200	$1,867	$22,400

Based on Gross Income

Attachment C

Sliding Fee Schedule for Adults

Percentage of poverty	150%	151% to 175%	176% to 200%	201% to 225%	226% to 250%
Portion of service cost paid by individual	0%	20%	40%	60%	80%

Based on Gross Income

Attachment D

Sliding Fee Schedule for Children

Percentage of poverty	0% to 150%	151% to 200%	201% to 250%	251% to 300%	301% to 350%	351% to 400%	401% to 450%	451% to 500%	Over 500%
Portion of service cost paid by family	0%	10%	15%	20%	35%	50%	65%	80%	100%

Attachment E

SERVICE MATRIX							
Service	Description	Eligible Diagnostic Groups					Access Standards
		MI	ID	DD	BI	Children	
Assertive Community Treatment	Program of comprehensive outpatient services provided in the community directed toward the amelioration of symptoms and the rehabilitation of behavioral, functional, and social deficits of individuals with severe persistent mental disorders and individuals with complex symptomatology who require multiple mental health and supportive services to live in the community consistent with EBP standards published by SAMHSA.	X					Each region must designate at least one ACT provider and ensure that ACT services are available to the residents of the region consistent with subrule 25.4(9).
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	X	X		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.
Basic Needs (Rent Assistance)	Short term or one time rent assistance to prevent homelessness after treatment or residential care.	X					Not meant to be ongoing. Requires region service coordinator.
Case Management (Targeted Case Management and Service Coordination)	Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.	X	X	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
Civil Commitment	Court ordered services related to mental health commitments including evaluations, sheriff transportation, legal representation, and mental health advocates.	X					Court Order

Civil Commitment Pre-Screening	Program that provides assessment of individuals for whom family members are considering filing an application for involuntary commitment to determine if another course of treatment is appropriate.	X					Assessment shall be provided within 4 hours of an emergency detention, shall be performed by a licensed physician or mental health professional.
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	X		X	Within 24 hours
Crisis Stabilization Community Based	Short term services designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis in the setting where the individual lives, works, or recreates.	X				X	Client shall receive face to face contact from the CSCBS provider within 120 minutes from the time of referral.
Crisis Stabilization Residential Services	Short-term alternative living arrangement in a setting of no more than 16 beds that is designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis.	X				X	Client shall receive CSRS service within 120 minutes of the referral. Service shall be located within 120 miles from the residence of the individual.
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	X			
Early Identification	Process of detecting developmental delays, mental illness, or untreated conditions that may include the need for further evaluation.					X	Child shall receive early identification services within 4 weeks of the time a request for such services is made.
Early Intervention	Services designed to address the social, emotional, and developmental needs of children at their earliest stages to decrease long-term effects and provide support in meeting developmental milestones.					X	Child shall receive early intervention services within 4 weeks of the time the request for such services is made.

Education Services	Activities provided to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society.	X	X	X		X	Activities shall be carried out at least 4 times per year.
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	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					

Homemaker Services	Homemaking and personal care services.	X	X	X			Standardized functional assessment must support need for services of the type and frequency identified in the individual's case plan.
Information; Referral Services	Service that informs individuals of available services and programs	X	X	X		X	
Intensive Psychiatric Rehabilitation (IPR)	Designed to increase the functioning of persons with psychiatric disabilities so they can be successful and satisfied in their environments of choice with the least amount of professional intervention. The primary focus is on improving performance competencies in specific settings while simultaneously focusing on personal choice, satisfaction, and self-determination.	X					Requires region Service Coordinator
Intensive Residential Service Home	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.	X					Individual shall have the service available within 2 hours of the individual's residence. Individual shall be admitted within 4 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	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				X	
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				X	Standardized Assessment support the need for this service
Mental Health Court	Problem solving court to coordinate services and direct low-level offenders to appropriate treatment in order to avoid future legal problems and acute hospitalization due to mental health symptoms and behaviors.	X					
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				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, CICS 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				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 Crisis Response Team	Crisis evaluation and treatment services provided by a team of professionals deployed into the community.	X	X	X		X	Shall have face-to-face contact with mobile crisis staff within 60 minutes of dispatch.
Payee	Activities provided to manage an individual's finances.	X					
Peer Recovery Drop In Center	Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.	X					
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	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					
Prescription Medicine	Prescription psychiatric medications for persons having a mental health diagnosis	X					3 Month Limit All other means of payment must be considered
Prevention	Efforts to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society.					X	Activities to be carried out at least 4 times per year.
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	X			

Residential Care Facilities	Community facility providing care and treatment.	X	X	X			
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	X			
Subacute Mental Health Services	Step-down from hospital program providing treatment and care 24-hours per day with a licensed nurse on staff.	X					Individual shall receive services within 24 hours of referral. 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	X			Initial referral shall take place within 60 days of the individual's request.
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	X			First appointment shall occur within four weeks of the individual's request.
Transportation		X	X	X			

Twenty four hour crisis response	Program that operates a crisis hotline to relieve distress, reduce the risk of escalation, and refer callers to appropriate services	X				X	24 hours a day, 365 days a year provided through community mental health centers.
Twenty Three Hour Crisis Observation and Holding		X					Shall receive 23-hour observation and holding within 120 minutes of referral with service location within 120 miles from residence of individual.

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

Glossary

DEFINITIONS

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

Child or children --a person or persons under eighteen years of age.

Children's behavioral health services--behavioral health services for children who have a diagnosis of serious emotional disturbance.

Children's behavioral health system or children's system--the behavioral health system for children implemented pursuant to Iowa Code Chapter 225C.

Choice -- the individual or authorized representative chooses the services, supports, and goods needed to best meet the individual's goals and accepts the responsibility and consequences of those choices.
Clear lines of Accountability -- the structure of the governing board's organization makes it evident that the ultimate responsibility for the administration of the non-Medicaid funded mental health and disability services lies with the governing board and that the governing board directly and solely supervises the organization's chief executive officer.
Conflict Free Case Management -- there is no real or seeming incompatibility between the case manager's other interests and the case manager's 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--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. An action of a coordinator involving a clinical decision shall be made in conjunction with a professional who is trained in the delivery of the mental health or disability service or children's behavioral health service addressed by the clinical decision. The regional administrator shall determine whether referral to a coordinator of mental health and disability services or children's behavioral health services is required for a person or child seeking to access a service through a local access point of the regional service system or the children's behavioral health system.

Coordinator of disability services -- as defined in Iowa Code 331.390.3.b.
Countable household income—means earned and unearned income of the family of a child according to the modified adjusted gross income methodology.

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

Countable resource – means all liquid and non-liquid assets owned in part or in whole by the individual household that could be converted to cash to use for support and maintenance and that the individual household is not legally restricted from using for support and maintenance.
County of residence -- means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention, of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.
Early identification--the process of detecting developmental delays or untreated conditions that may indicate the need for further evaluation.

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

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

Empowerment -- that the service system ensures the rights, dignity, and ability of individuals and their families to exercise choices, take risks, provide input, and accept responsibility.
Exempt resource -- a resource that is disregarded in the determination of eligibility for public funding assistance and in the calculation of client participation amounts.
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, 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.
Modified adjusted gross income—means the methodology prescribed in 42 U.S.C. Section 1396a€(14) and 42 CFR 435.603.
Non-liquid assets -- assets that cannot be converted to cash in 20 days. Non-liquid assets include, but are not limited to, real estate, motor vehicles, motor vessels, livestock, tools, machinery, and personal property.
Population -- as defined in Iowa Code 331.388.
Prevention-- efforts to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society. Prevention activities are designed to convey information about the cause of conditions, situation, or problems that interfere with an individual's functioning or ways in which that knowledge can be used to prevent their occurrence or reduce their effect, and may include, but are not limited to, training events, webinars, presentations, and public meetings.
Provider -- an individual, firm, corporation, association, or institution which is providing or has been approved to provide medical assistance, is accredited under Chapter 24, holds a professional license to provide the services, is accredited by an national insurance panel, or holds other national accreditation or certification.
Regional administrator or Regional administrative entity -- the administrative office, or organization formed by agreement of the counties participating in a mental health and disability services region to function on behalf of those counties.
Regional services fund -- the mental health and disability regional services fund created in Iowa Code section 225C.7A.
Regional service system management plan -- the regional service system plan developed pursuant to Iowa Code 331.393 for the funding and administration of non-Medicaid funded mental health and disability services including an annual service and budget plan, a policy and procedure manual, and an annual report and how the region will coordinate with the Department in the provision of mental health and disability services funded under the medical assistance program.
Resources -- all liquid and non-liquid assets owned in part or in whole by the individual household that could be converted to cash to use for support and maintenance and that the individual household is not legally restricted from using for support and maintenance.
Retirement account -- any retirement or pension fund or account listed in Iowa Code section 627.6(8)f.
Retirement account in the accumulation stage -- a retirement account into which a deposit was made in the previous tax year. Any withdrawal from a retirement account becomes a countable resource.
Serious emotional disturbance—means a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current diagnostic and statistical manual of mental disorders published by the American psychiatric association that results in a functional impairment. "Serious emotional disturbance" does not include substance use and developmental disorders unless such disorders co-occur with such a diagnosable mental, behavioral, or emotional disorder.
Service system -- refers to the mental health and disability services and supports administered and paid from the regional services fund.
State board-- the children's behavioral health system state board created in code section 225C.51.

State commission – MHDS Commission as defined in Iowa Code 225C.5.
System of Care -- the coordination of a system of services and supports to individuals and their families that ensures they optimally live, work and recreate in integrated communities of their choice.
System principles -- practices that include individual choice, community and empowerment.