



FY24 Summary of Changes to Management Plan

Organizational Structure

The Governing Board structure changed to comply with new legislation. This included the addition of one member representing the education system, one member who is a parent of a child who utilizes children's behavioral health services or who is an actively involved relative of such a child, one member representing law enforcement, and one member representing the judicial system.

Conflict of Interest changes

Financial decisions shall be made by the ECR staff and the Regional Governing Board, who shall have no personal or financial interest in the outcome of the decision.

Eligibility for Brain Injury Services

Regional support for Brain Injury services will be limited to those covered in the HCBS BI Waiver. A brain injury is classified as 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. The person must have a diagnosis from the list in the IAC.

Addressing Integrated Multi-Occurring Needs

IAC 441.25.1 "Multi-occurring conditions" means a diagnosis of a severe and persistent mental illness occurring along with one or more of the following: a physical health condition, a substance use disorder, an intellectual or developmental disability, or a brain injury. Because mental health and substance use disorders are so inextricably linked, the system structure should be blended for behavioral health and substance use services, and team-based care should be regulated to ensure services are delivered in the most integrated care models.

Utilization and Access to Services

ECR will embark on an effort to describe and improve service utilization through data analysis. The region will partner with other governmental agencies, the provider network, and third-party vendors, as necessary, to create a system for data input, processing and output. Outcomes will be identified that will be measured against this data gathering and analysis.

Financing and Delivery of Services and Support

For each fiscal year beginning on or after July 1, 4 2021, there is appropriated from the general fund of the state to the mental health and disability services regional service fund an amount necessary to make all regional service payments under this section for that fiscal year. The department shall distribute the moneys appropriated from the mental health and disability services regional service fund to mental health and disability services regions for funding of services in accordance with performance-based contracts with the regions and in the manner provided in this section.

The performance-based contracts between the department and each mental health and disability services region shall be in effect beginning January 1, 2022, and shall include all of the following:

- (1) Authority for the department to approve, deny, or revise each mental health and disability services region's annual service and budget plan under section 331.393.
- (2) A requirement for the mental health and disability services region to provide access to all core services under section 331.397.
- (3) A requirement that the mental health and disability services region utilize all federal government funding, including Medicaid funding, third-party payment sources, and other nongovernmental funding prior to using regional service payments received under this section.

For each fiscal year beginning on or after July 1, 2021, the moneys available in a fiscal year in the mental health and disability services regional service fund, except for moneys in the region incentive fund under subsection 8, are appropriated to the department and shall be distributed to each region on a per capita basis calculated under subsection 4 using each region's population, as defined in section 331.388, for that fiscal year.

The amount of each region's regional service payment shall be determined as follows:

- a. For the fiscal year beginning July 1, 2021, an amount equal to the product of fifteen dollars and eighty-six cents multiplied by the sum of the region's population for the fiscal year.
- b. For the fiscal year beginning July 1, 2022, an amount equal to the product of thirty-eight dollars multiplied by the sum of the region's population for the fiscal year.
- c. For the fiscal year beginning July 1, 2023, an amount equal to the product of forty dollars multiplied by the sum of the region's population for the fiscal year.
- d. For the fiscal year beginning July 1, 2024, an amount equal to the product of forty-two dollars multiplied by the sum of the region's population for the fiscal year.
- e. (1) For the fiscal year beginning July 1, 2025, and each succeeding fiscal year, an amount equal to the product of the sum of the region's population for the fiscal year multiplied by the sum of the dollar amount used to calculate the regional service payments under this subsection for the immediately preceding fiscal year plus the regional service growth factor for the fiscal year.
 - (2) For purposes of this paragraph, "regional service growth factor" for a fiscal year is an amount equal to the product of the dollar amount used to calculate the regional service payments under this subsection for the immediately preceding fiscal year multiplied by the percent increase, if any, in the amount of sales tax revenue deposited into the general fund of the state under section 423.2A, subsection 1, paragraph "a", less the transfers required under section 423.2A, subsection 2, between the

fiscal year beginning three years prior to the applicable fiscal year and the fiscal year beginning two years prior to the applicable year, but not to exceed one and one-half percent.

Regional service payments received by a region shall be deposited in the region's combined account under section 331.391 and used solely for providing mental health and disability services under the regional service system management plan.

Regional service payments from the mental health and disability services regional service fund shall be paid in quarterly installments to the appropriate regional administrator in July, October, January, and April of each fiscal year.

The financing of the regional mental health and disability services system is limited to a fixed budget amount. The fixed budget amount shall be the amount identified in a regional service system management plan and budget for the fiscal year.

Contracting/Provider Agreements

When a non-traditional provider arrangement is more appropriate than a fee-for-service approach with a contracted provider, the ECR will make efforts to recruit and approve non-traditional providers as part of the service provider network and will utilize the criteria and process for selecting and approving providers not currently subject to license, certification, or other state approval standards designated in the ECR Management Plan. A non-traditional provider may be an individual, organization and/or business who delivers services in a person's home and/or other community setting. Non-traditional providers typically are individuals, organizations, or businesses which do not provide MHDS services as a part of their normal business. These services are not to provide treatment but are supportive and may be rehabilitative in focus and are initiated when there is a reasonable likelihood that such services will benefit the person's functioning, assist them in maintaining community tenure, and act as an alternative way to achieve the person's stated goals or outcomes. A request for funding with a non-traditional service provider may be made according to the region's Management Plan for eligibility and service authorization.

Enrollment

The MH/DS of the East Central Region Application Form or its equivalent shall be used for all service requests except for crisis services. ECR ensures accessibility through the use of an online application that can be accessed anywhere. People can complete applications at providers or online at <https://www.iacsn.org/apply>.

General Eligibility

For services that require diagnostic eligibility, individuals are eligible for services designated in the Annual Service and Budget Plan if an assessment verifies or the appropriate team recommends the need for these services. All services authorized shall be related to the qualifying diagnosis or diagnoses.

Eligibility for intellectual disability services

“Intellectual disability” means a diagnosis of intellectual disability or intellectual developmental disorder, global developmental delay, or unspecified intellectual disability or intellectual developmental disorder which diagnosis shall be made only when the onset of the person’s condition was during the developmental period and based on an assessment of the person’s intellectual functioning and level of adaptive skills. A diagnosis of intellectual disability shall be made by a licensed psychologist or psychiatrist who is professionally trained to administer the tests required to assess intellectual functioning and to evaluate a person’s adaptive skills and shall be made in accordance with the criteria provided in the current version of the diagnostic and statistical manual of mental disorders published by the American psychiatric association.

Eligibility for brain injury services

Regional support for Brain Injury services will be limited to those covered in the HCBS BI Waiver. A brain injury is classified as 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. The person must have a diagnosis from the list in the IAC.

Resource requirements

If an individual expends funds after being determined over resources or immediately before applying for services, funds must be expended on products related to daily living or for documented debt. Expenditures for other purposes will render the individual ineligible for the time it would have taken to pay for requested services.

Revenue for adult applicants shall be verified utilizing information from the past two months. ECR intake staff will make every effort to verify resources prior to determining eligibility.

1. Two months of bank statements and proof of other resources are required.
2. For Social Security debit express cards, proof of the balance may be submitted in lieu of 2 months of statements if statements are not available.
3. For individuals with Social Security income, the bank account(s) resources will be determined using the date immediately preceding receipt of Social Security. If both SSDI and SSI are received, the date used will be prior to the larger of the two payments.

Cost-share standards

There will be a Sliding Fee Scale for outpatient mental health services including psychotherapeutic treatment and medication prescription/management, and for subacute and inpatient mental health services. Adults will be allowed to use the following Sliding Fee Scale up to 300% of the annually-adjusted Federal Poverty Level (FPL). For adults, all other services will have a spenddown utilizing the following formula: amount over 150% of poverty minus \$100 divided by two.

Provider Network Formation and Management

When applicable, staff at non-traditional provider agencies will be expected to have the following training:

- Dependent Adult Abuse
- HIPAA training
- Iowa Peer Workforce Collaborative (for Peer Run organizations and activities)

Service Provider Payment Provisions

The monthly invoices for services funded as a lump sum or for special projects or start-up costs shall include the following:

- provider name and address
- name of service
- amount billed for each service and total amount of invoice
- names and demographic information for individual utilizing the service during the month (if requested) must be attached
- a copy of all receipts must be attached for special projects or start-up funding

Waiting List Criteria

The ECR will only implement a waiting list if all dollars available to the region have been fully encumbered.