



Mental Health and Disability Services (MHDS) And Children's Behavioral Health (CBH) Management Plan - Policies and Procedures

Serving Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Mahaska, Monroe, Van Buren, Wapello, and Washington Counties

Mission:

Collaborate with people to provide welcoming integrated and individualized services that create opportunities to improve lives.

Vision:

The Vision of Mental Health Agency of Southeast Iowa is to facilitate open, quality and comprehensive services to adults, children, and families with multiple issues in their lives. We strive to be welcoming, hopeful and helpful to people who have complex MHDS/CBH challenges, including trauma.

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Introduction and Vision

Mental Health Agency of Southeast Iowa (hereinafter, MHASEI) was formed under Iowa Code Chapter 28E to create a mental health and disability services region in compliance with Iowa Code 225C. Within this region, MHASEI will create a regional management plan designed to improve health, hope, and successful outcomes for the adults in our region who have mental health disabilities and intellectual/developmental disabilities including those with multi-occurring substance use issues, health issues, physical disabilities, brain injuries, and the complex human services needs, and children with behavioral health concerns and/or serious emotional disturbance that results in a functional impairment.

In accordance with the principles enumerated in the legislative redesign, complex needs legislation, and children's behavioral health legislation, MHASEI will work in a quality improvement partnership with stakeholders in MHASEI (providers, families, individuals, and partner health and human service systems), other MHDS/CBH Regions, and Managed Care Organizations to develop an integrated system of care approach that is characterized by the following principles and values:

- Welcoming, individualized, and integrated services
- Provide access to comprehensive need-based services
- Person and family driven
- Being able to sustain a quality of life in the community of choice
- Recovery/resiliency oriented
- Trauma-informed
- Culturally competent
- Multi-occurring capable

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

MHASEI shall maintain local county offices as the foundation to the service delivery system. A current Mental Health and Disability Services Management Plan (hereinafter, Plan) will be available in each local MHASEI office, MHASEI website, and on the Iowa Health and Human Services (hereinafter, HHS) website.

Basic Framework of the Mental Health Agency of Southeast Iowa Plan

The Plan will describe both the framework for system design that MHASEI 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 MHASEI. MHASEI will comply with and operate as directed by all codes of law enacted and update the management plan as soon as practical to reflect the mandates. Nothing in this plan shall supersede MHASEI's responsibility to pay for services under Iowa Code.

This Plan defines standards for member counties of MHASEI. 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 & Budget Plan

- Local Access Points
- Services to be provided and cost of those services
- Service Coordination and targeted case management agencies
- Crisis Planning
- Intensive Mental Health Services
- Children’s Behavioral Health Services
- Scope of Services
- Budget and financing provision for the next year
- Financial forecasting measures
- Provider reimbursement provisions

Annual Report

- An analysis of data concerning services managed for the previous fiscal year (up to and including)
 - Description of Services
 - Cost of Services
 - Number of Individuals Served
 - Outcomes Achieved

Policies & Procedures Manual

- Description of policies and procedures developed to direct the management and administration of the Region’s service system
- Additional operations documents will supplement the policy and procedure manual

A. Organizational Structure

Governing Board IC 225C; IAC 441-25.12(1)

MHASEI organizational structure assigns the ultimate responsibility for the non-Medicaid funded MHDS/CBH services with the governing board. The composition of the Governing Board is as follows:

- a) Member counties shall have the discretion to appoint a total of six (6) Board of Supervisors pursuant to Iowa Code 225C.57(2)(c)(1). The Directors shall be appointed by the member county elected official advisory committee described below, with such appointment to become effective upon approval by the Governing Board of the Region.

- b) One individual who utilizes mental health and disability services or is an actively involved relative of such an individual shall be appointed pursuant to Iowa Code section 225C.57(2)(c)(2). This Director shall be appointed by the adult advisory committee described below, with such appointment to become effective upon approval by the Governing Board of the Mental Health Agency of Southeast Iowa. This Director shall serve an initial term of one year, which shall begin upon the Effective Date, with appointments thereafter to be for two-year terms. A Director can be reappointed for one or more additional terms.
- c) One individual representing adult service providers in the Region shall be appointed pursuant to Iowa Code section 225C.57(2)(c)(3). This Director shall be appointed by the adult advisory committee described below, with such appointment to become effective upon approval by the Governing Board of the Region. This Director shall serve an initial term of one year, which shall begin upon the Effective Date, with appointments thereafter to be for two-year terms. A Director can be reappointed for one or more additional terms.
- d) One individual representing children's behavioral health service providers in the Mental Health Agency of Southeast Iowa shall be appointed pursuant to Iowa Code section 225C.57(2)(c)(4). This Director shall be designated by the Mental Health Agency of Southeast Iowa's children's advisory committee described below, with such appointment effective upon approval by the Governing Board of the Mental Health Agency of Southeast Iowa. This Director shall serve an initial term of one year, which shall begin upon the Effective Date, with appointments thereafter to be for two-year terms. A Director can be reappointed for one or more additional terms.
- e) One individual representing the education system in the Region shall be appointed pursuant to Iowa Code section 225C.57(2)(c)(5). This Director shall be designated by the Region's children's advisory committee described below, with such appointment effective upon approval by the Governing Board of the Region. This Director shall serve an initial term of one year, which shall begin upon the Effective Date, with appointments thereafter to be for two-year terms. A Director can be reappointed for one or more additional terms.
- f) One individual who is a parent of a child who utilizes children's behavioral health services or actively involved relatives of such children shall be appointed pursuant to Iowa Code section 225C.57(2)(c)(6). This Director shall be designated by the Region's children's advisory committee described below, with such appointment effective upon approval by the Governing Board of the Region. This Director shall serve an initial term of one year, which shall begin upon the Effective Date, with appointments thereafter to be for two-year terms. A Director can be reappointed for one or more additional terms.
- g) Pursuant to Iowa Code 225C.57(2)(c)(8) one individual representing the judiciary in the Region shall be designated by the Chief Judge of the 8th Judicial District, with such appointment effective upon approval by the Governing Board of the Region. A Director can be reappointed for one or more additional terms.

h) Pursuant to Iowa Code 225C.57(2)(c)(7) one individual representing law enforcement in the Region shall be designated by the membership of the law enforcement agencies within the geography of the Region. The Region will solicit application for this representative from the leadership of each law enforcement agency. Once applications have been received within the identified 30-day timeframe, the adult, children's, and elected official committees will make recommendations to the Governing Board. The Governing Board will take action to designate the law enforcement application of choice, with such appointment to become effective immediately upon approval. A Director can be reappointed for one or more additional terms.

i) The Governing Board shall not include employees of HHS or non-elected employees of the County.

Any term limitations, appointments, and/or removal procedures will be governed by the MHASEI 28E Agreement found on the Iowa Secretary of State website.

MH/DS Regional Advisory Committee IC 225C; IAC 441-25.14. (1)i & j)

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

The Adult Advisory Committee, as appointed by the Governing Board, shall have a minimum of 5 members. The committee members shall be: adults who utilize services or actively involved relatives of such individuals, service providers, and others as identified by the Governing Board. The Governing Board will be represented at the Adult Advisory Committee meetings by the Chief Executive Officer or designate to act in a supportive role to the Adult Advisory Committee members via communicating procedural requirements, assisting in information finding, and advising on relevant matters pertaining to the work of the Region. The Adult Advisory Committee shall advise the Governing Board as requested by the Governing Board and shall make designations to the Governing Board as requested due to vacancy of an Adult Advisory Director position that requires Adult Advisory Committee designation.

The Children's Advisory Committee, as appointed by the Governing Board, shall have a minimum of 10 members. The committee members shall be: parents of children who utilize services or actively involved relatives of such children, a member of the education system, an early childhood advocate, a child welfare advocate, a children's behavioral health service provider, a member of the juvenile court, a pediatrician, a child care provider, a local law enforcement representative and a Board of Supervisor Member. The Governing Board will also be represented at the children's advisory committee meetings by the Chief Executive Officer or designate to act in a supportive role to the Children's Advisory Committee members via

communicating procedural requirements, assisting in information finding, and advising on relevant matters pertaining to the work of the Region. The Children's Advisory Committee shall advise the Governing Board as requested by the Governing Board and shall make designations to the Governing Board as requested due to vacancy of a Children' Advisory Director position that requires Children's Advisory Committee designation.

The Elected Official Advisory Committee, as appointed by the Governing Board, shall have one designated elected official from each member county. The Elected Official Committee shall advise the Governing Board as requested by the Governing Board and shall also make designations to the Governing Board to accommodate the six (6) Elected Official Directors allowable by Iowa Code 225C.57(2)(c)(1) and as per any prescribed processes thereof.

The Region Finance Committee, as appointed by the Governing Board, shall have at minimum two elected officials, two provider representatives, two individuals with lived experience or family representatives thereof, the CEO, and Region assigned financial/operational administrator(s). The role of the Finance Committee is to review budgetary financial matters of the Mental Health Agency of Southeast Iowa and advise the Region Governing Board of budget development and financial risk management strategies while adhering to the mandates of the Region and obligations as specified in the Department of Health and Human Services Performance Based Contract.

The Governing Board may take action to create additional committees for various other purposes, as it deems appropriate.

Chief Executive Officer IC 225C

The Chief Executive Officer (CEO), which is the single point of accountability for the Region, shall be recruited, selected, and appointed by the Region Governing Board with consideration of the existing Region designated staff recommendation. The Region Governing Board will make this appointment the first Region Governing Board meeting of each calendar year or as necessary to expeditiously fill the open CEO position. If the CEO is not a current employee of a member county the Region identified Fiscal Agent county/financial management entity, designated independent entity, or Region created business entity will be the employer of record with Region approved benefits and personnel rules. The CEO domicile for public facing office space will be as directed by the Region Governing Board. The CEO shall report directly to the Region Governing Board.

The CEO shall divide the Region's responsibilities and additionally assigned duties amongst the member county(s) and/or Region employees. In situations of which a county employee is designated to do region work; there will be a Memorandum of Understanding between the Region Governing Board and the individual county member Board of Supervisors that will identify the individual employee(s), position to be filled, and the portion of the employee's wages and benefits that will be the responsibility of the Region. The Region Governing Board shall establish the salary and percentage of time for each region designated staff as identified by the CEO under the advisement of the Region Finance Committee upon full analysis of Region employee function need and financial frameworks. Until such time that this analysis can occur,

currently established processes for member county employees performing Region designated work will be honored.

Management Team IAC 441-25.12(2)d

The Region Governing Board shall approve all employment or contracts/MOUs for Region employees. Staff shall include one or more coordinators of mental health and disability services and one or more children's behavioral health coordinators of mental health and disability services. A coordinator shall possess a bachelor's or higher level degree in a human services-related or administration-related field, including but not limited to social work, psychology, nursing, or public or business administration, from an accredited college or university. However, in lieu of a degree in public or business administration, a coordinator may provide documentation of relevant management experience.

All staff members performing services for the Region, including, but not limited to, the CEO, Management Team members, Coordinators of Adult Disability Services, Children's Behavioral Health Coordinators, Administrative Assistants/Clerks, etc., may remain employees of his or her respective county. In such case, there will be a Memorandum of Understanding between the Governing Board and the individual county Boards of Supervisors that will identify the individual employee, the position to be filled, and the portion of the employee's wages and benefits that will be the responsibility of the Region. All cost associated with office space (including equipment and furnishings) will also be addressed in the county member/Region MOU.

The Governing Board may, by action, cause all employees performing duties or services for the Region to be employed by a single employer of record in lieu of remaining employees of their respective counties. The single employer of record may be a member county, the Fiscal Agent County or financial management entity, a designated independent entity, or the Governing Board may create its own employing entity. If such action is taken by the Region Governing Board, member counties will work with the Region to transition staff who will continue to perform Region duties or services to a single employer of record. If the Governing Board takes action to cause all employees performing Region duties or services to be employed by a single employer of record, the CEO shall work with the member counties to determine the locations of the office space (including equipment and furnishings) that best meets the needs of the Region. The location of office space shall be in publicly accessible buildings that serve as Region points of access. If the member county identifies the requested space is not available, or the CEO determines an alternative location will better serve the Region and its clients, other space will be secured and shall be paid by the Region. When office space is provided in county-controlled buildings, the member county shall provide access to the internet and telephone as requested and as per the appropriated cost to the region as identified in the MOU.

The Region intends to employ or contract for staff for the following functions and responsibilities:

- a) Communications, Public Education, and Marketing
- b) Strategic Plan Development

- c) Budget Planning and Financial Reports
- d) Operations - personnel, benefits, space, training, etc.
- e) Risk Management and Liability
- f) Compliance and Reporting
- g) Intake and Eligibility
- h) Resource and Referral
- i) Service Management
- j) Service Processing, Authorization and Access
- k) Provider Network- development, contracting, quality and performance
- l) Payment of Claims
- m) Utilization Review and Management
- n) Appeals and Grievances
- o) Information Technology
- p) HIPAA and HITECH

The Region Governing Board reserves the right to amend this list on its own motion without member approval as a non-substantive amendment as provided for in Section 8.1 of the 28E.

B. Service System Management

MHASEI shall directly administer the Plan through the local member county offices and contract with service providers to meet the service needs of residents of MHASEI. Member counties shall provide adequate, qualified staff to carry out the administration of this Plan. The staff delegated to perform functions of a Coordinator of Disability Services (CDS) shall have the qualifications required by IC 225C and IAC 441-25.12(2)e/IAC 441.25.12(2)f. The local member county offices list is in Attachment A in the appendix section.

Risk Management and Fiscal Viability IC 225C; IAC 441-25.21(1)f

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

Conflict of Interest

Funding authorization and financial decisions shall be made by the MHASEI Governing Board/Management Team, whom shall have no financial interest in the services or supports to be provided. If such a situation occurs, that interest must be fully disclosed to the individuals, counties, and other stakeholders.

MHASEI's success depends on the hard work, dedication and integrity of the designated employees. Therefore, MHASEI expects those employees to avoid all activities or relationships that create either an actual conflict of interest or the potential for a conflict of interest. Although MHASEI cannot list every activity or relationship that could create either an actual or potential conflict of interest, examples of activities that violates this policy include the following:

- Working for a customer or vendor as a part-time employee, full-time employee, consultant, independent contractor or in any other capacity if the secondary employment

adversely affects the quality of an employee's work as determined by his/her Department Head in consultation with the CEO/Governing Board

- Owning an interest in a customer or vendor organization or anyone else who seeks to do business with MHASEI
- Using the resources of MHASEI for personal/family gain
- Using your position in MHASEI for personal/family gain
- Authorizing funding or requesting information for services received by relatives and/or friends

Employees and/or Governing Board members who violate this policy face disciplinary action, up to and including termination or removal. If you are unsure about whether an activity might violate this policy, or if you have any questions at all about this policy, please talk to your immediate supervisor and/or the CEO/Governing Board.

C. System Management

System of Care Approach IC 225C; IAC 441-25.21(1)h

MHASEI shall provide leadership and management at the local level for designing a regional system of care for Mental Health and Disability Services/Children's Behavioral Health 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, MHASEI 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 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 foster growth and change through informed choices that come with opportunity and responsibility
- Supportive of individuals through the processes of natural consequences and decision making
- Designed to leverage multiple financing strategies within MHASEI including increased use of Medicaid funded services and Iowa Health Link
- Supported by provision of training and technical assistance to individuals and families, as well as to providers and other partners

Additionally, MHASEI shall have service providers that will utilize best practices. First, MHASEI will make outcomes data available to decision makers, providers, referral sources and to purchasers of services. Second, MHASEI will promote timely access to services in the MHASEI system of care to be available to meet the needs of the population identified in the Plan. Third, MHASEI will provide resources to assist providers to improve their outcomes. Finally, there will be regional training and support offered utilizing available technology so that all providers have equitable access. MHASEI will also facilitate cooperation among providers and peers to share information and strategies so that the entire system increases service quality and improved fidelity standards.

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

MHASEI will coordinate access to all services that are included in the Annual Service and Budget Plan that are administered by MHASEI, the State and/or any other funding source.

Developing an Integrated, Co-Occurring Capable, Trauma Informed System of Care: Implementation of Interagency and Multi-system Collaboration and Care Coordination IC 225C; IAC 441-25.21(1)n; 441-25.21(1)m

MHASEI 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. MHASEI shall work to build the infrastructure needed to promote positive outcomes for individuals served. MHASEI shall fund individuals with multi-occurring conditions that meet the eligibility criteria in Section F of this Plan. Individuals with multi-occurring conditions commonly also have medical, legal, housing, financial, and parenting issues and conditions and other complex needs. Services and supports for all individuals served will be offered through the enrollment process, including the standardized functional assessment and/or other designated enrollment assessment.

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

In addition, MHASEI shall partner with the Courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. MHASEI shall collaborate

with the HHS, Department of Corrections, Iowa Medicaid Iowa Health Link and their contracted Managed Care Organizations (hereinafter, MCOs), Integrated Health Homes (hereinafter, IHHs), other regions, service providers, care coordination/case management, individuals, families and advocates to ensure the authorized services and supports are responsive to individuals' needs consistent with system principles and cost effectiveness. MHASEI will attend and collaborate with stakeholders including, but not limited to: agency specific Advisory Committees, MHASEI Adult Advisory Committee, MHASEI Children's Advisory Committee, Stakeholders Team, local NAMI organizations, jail diversion groups, Iowa Therapeutic Alternatives to Incarceration Committee, AEAs, school districts, primary care/pediatricians/family practice prescribers, hospital collaboratives, Iowa Hospital Association, Iowa Association of Community Providers (IACP), county interagency groups, court administration, mental health summit projects, child welfare, day care providers, and Management Team meetings. Input will be taken back to the MHASEI Governing Board in order to make determinations on programming and budgetary issues.

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

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

Decentralized Service Provisions IC 225C; IAC 441-25.21(1)i

MHASEI 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. MHASEI and providers will work cooperatively to ensure that various service options are geographically distributed through the counties. This is particularly true for various housing options, so individual consumers may live in the community of their choice.

MHASEI will conduct ongoing gap analysis of the service system and develop a plan of action to finance and facilitate development of the needed services and respond to legislated changes.

Utilization and Access to Services IC 225C; IAC 441-25.21(1)d

MHASEI will oversee access to and utilization of services, and population-based outcomes, for the MHDS/CBH involved population in MHASEI, to continuously improve system design and better meet the needs of people with complex challenges. To accomplish this, MHASEI will integrate planning, administration, financing, and service delivery using utilization reports from both MHASEI and the state including the following:

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

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

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

This information will be used for future planning in the Annual Service and Budget Plan, improving the system of care, collaboration with agencies, decentralizing service provisions and provider network development. In addition, the data elements, indicators, metrics and performance improvement evaluations for system management will be continuously improved over time as MHASEI develops increasing capability for managing the needs of its population.

MHASEI will coordinate access to all services that are included in the Annual Service and Budget Plan that are administered by MHASEI, the State and/or any other funding source. MHASEI will work continuously with the HHS to coordinate with multiple funding sources for maximum benefit across the spectrum of systems of care.

D. Financing and Delivery of Services and Support IC 225C; IAC 441-25.21(1)a

Non-Medicaid MHDS/CBH funding shall be under the control of the MHASEI Governing Board in accordance with Iowa Administrative Code 441-25.13 (225C). The MHASEI Governing Board shall retain full authority and financial risk for the Plan. The finances of MHASEI shall be maintained to limit administrative burden and provide public transparency.

The MHASEI CEO and Management Team shall prepare a proposed Annual Service and Budget Plan. The MHASEI Governing Board shall review the budget for final approval. The CEO and Management Team shall be responsible for managing and monitoring the adopted budget. Services funded by MHASEI are subject to change or termination with the development of the MHASEI budget each fiscal year for the period of July 1 to June 30.

The MHASEI Governing Board will designate a MHASEI member county to act as the MHASEI Fiscal Agent. The MHASEI Governing Board will determine an amount of projected MHDS/CBH funds to be held by the MHASEI Fiscal Agent. The Region Account shall be managed and administered by the Chief Executive Officer, or staff designated by the Chief Executive Officer, and in compliance with the law, direction from the Governing Board, and other written policies of the Region. All expenditures, including funds held by Regional Fiscal Agent, shall comply with the guidelines outlined in the Annual Service and Budget Plan.

It is the Governing Board's duty to ensure a fair, equitable and transparent budgeting process. The MHASEI budget will be submitted by the CEO based on the recommendations of the Region Finance Committee and Management Team to the Governing Board for review and approval.

Under the direction and guidance of the Governing Board, MHASEI will use a hybrid method of budgeting and planning to meet the needs of MHASEI residents. This method will include a

regionally managed account to maintain Core services for all counties of MHASEI and develop new programs/services. The regionally managed account will also be used to purchase county designated staff to perform Region assigned duties and responsibilities. Each fiscal year, the Region will execute an MOU reflective of the expenses associated with each Region designated staff and their respective employer county.

Accounting System and Financial Reporting IC 225C; IAC 441-25.13(1)&(2)

The accounting system and financial reporting to the HHS and the Department of Management conforms to Iowa Administrative Code 441- 25.13 (2) (225C) and includes all non-Medicaid MHDS/CBH expenditures by MHASEI. Information is separated and identified in the most recent Uniform Chart of Accounts approved by the State County Finance Committee, including but not limited to the following: expenses for administration; purchase of services; and enterprise costs for which MHASEI is a service provider or is directly billing and collecting payments.

Contracting

All Region contracts utilize a standard contract template approved by the MHASEI Governing Board. Contracts for Region services are based on a July 1st to June 30th fiscal year. Discretion for all contracting and rate setting issues rests with the MHASEI Governing Board and within the financial framework of the HHS approved Annual Service and Budget Plan.

MHASEI will contract with MHDS/CBH providers whose base of operation is in MHASEI. MHASEI may also honor contracts that other regions have with their local providers. MHASEI may also choose to contract with providers outside of MHASEI. MHASEI shall utilize established Medicaid reimbursement rates for services paid by MHASEI for individuals who are not eligible for Medicaid or are pending approval. A contract should be pursued with providers when MHASEI funds more than twelve (12) program participants or annual dollar amount of \$50,000 or more.

MHASEI contracted and non-contracted providers shall be bound by and provide covered services in compliance with the Region Management Plan. Failure to comply with the Region Management Plan may result in sanctions such as, but not limited to, the loss of reimbursement and/or termination of the Agreement.

- MHASEI is implementing strategies to move towards performance-based contracting and services. MHASEI works cooperatively with local provider networks to train and implement research/evidence-based practices.
- MHASEI supports outcome measurements that minimize the impact of the MHDS/CBH system complexities on the member. The goal is an approach to core services, access, and practice standards, with outcomes being reported by our providers through MHASEI requested outcome documents and/or measures.

Rate Setting Process

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

- The CEO and/or designee(s), shall meet with a current or prospective contracting party to negotiate contract terms and rates with the final recommendation being reviewed by the MHASEI Governing Board, or,
- Rates established and approved by Iowa Medicaid (such as HCBS Waiver, Hab Services, etc.) shall be acceptable rates for regionally funded comparable services. All MHASEI negotiated rates and rate changes shall be effective July 1st of each year or as otherwise specified. A rate established for a new service, or provider, shall be in effect until the following June 30th. MHASEI will honor and utilize rates established by other Regions for providers outside of MHASEI. Providers must not negotiate or accept rates or terms lower than those contracted with MHASEI from any other Region.

Funding

Funding shall be provided for appropriate, flexible, cost-effective community services and supports to meet individual needs in the least restrictive environment possible. MHASEI recognizes the importance of individualized and integrated 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 funding for services that would have been covered under regional funds unless MHASEI is mandated by state or federal law to pay for said services.

To facilitate continuity of care, transitional funding may be provided by MHASEI for up to thirty (30) calendar days, when individuals are moving from the MHASEI Region to another Region that will result in a change in residency to that Region. MHASEI will request other Regions to reciprocate funding when individuals are moving from that Region to MHASEI.

MHASEI shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the Plan, within the constraints of budgeted dollars. MHASEI shall be the funder of last resort and regional funds shall not replace other funding that is available. An applicant shall be required to provide proof of denial and/or exempt status from other funding sources before region funding can be authorized.

It is the intent of MHASEI that only MHASEI CDSs shall authorize funding for residents of MHASEI. Due to that end, if another County, Region, or the State, determines residency in error or approves funding for individuals who have residency in a MHASEI member county, MHASEI may not assume retroactive payment and will assist the other County, Region, or the State facilitate the transition of funding/service. When written notification is received by MHASEI of the error, MHASEI CDS shall authorize funding according to the policies and procedures set forth in this Plan.

E. Enrollment IAC441-25.21(1)b

Application and Enrollment

Individuals residing in MHASEI counties, or their legal representative, may apply for regional funding for services by contacting any MHASEI member county office, which is one of the designated access points (Attachment A), to complete an application (Forms Appendix). Upon initial contact MHASEI staff may do a brief screening for purpose of appropriate referral or determine need for completion of an application. The MHASEI MHDS/CBH application shall be used by all applicants requesting funding for an eligibility-based service. If language or other barriers exist, the access point shall follow their Region protocol for providing translator services to assist the applicant in the intake process. All applications shall be direct upload to CSN with applicant approval, forwarded by secure fax, secure email, or by regular mail. An application completed at an access point shall be forwarded to the MHASEI designated office by the end of the business day.

Additionally, individuals may apply online or through any community entry point such as community mental health centers, mental health providers, health care providers, hospitals, etc. Community entry points are required to send completed applications or referrals to MHASEI by the end of the working day that the application is completed.

MHASEI Intake CDS receiving an application shall review the application to determine if the applicant meets the general enrollment criteria of the Plan. MHASEI recognizes that there may be instances when individuals do not meet eligibility criteria and may access programs that are not eligibility-based.

Applications must be renewed on an annual basis to continue enrollment and for the Region to determine eligibility.

Residency IC 225C

If an applicant has complied with all information requests, their access to services shall not be delayed while awaiting a determination of legal residence. In these instances, MHASEI shall fund services as per the guidelines for service access in compliance with federal law, state law, and MHASEI Management Plan. Upon residency determination, a transfer of case will occur to the new resident region and the applicant will become subject to the stipulations of the corresponding resident region management plan.

“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.

It is the policy of MHASEI that if another Region determines residency in error or approves services for persons who do not have residency in their region, MHASEI will review and determine residency when written notification is received by MHASEI of the error. MHASEI CDS shall authorize services according to the policies and procedures set forth in this manual. If MHASEI determines residency in error, MHASEI will notify the other Region of the error. MHASEI will work with the other Regions to accept residency and to review and determine eligibility residency when written notification was received from MHASEI.

If parties cannot agree on residency determination, MHASEI shall follow the dispute resolution process outlined in IC 225C.

Confidentiality IC 228, IC 125, IC 141A, Federal Law 45 CFR § 164.502

MHASEI is committed to protecting individual privacy. To that end, all persons, including MHASEI staff, Governing Board, and others with legal access to protected health information and/or personally identifiable 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.

Under the HIPAA Privacy Rule, individuals may request access to the Protected Health Information (PHI), which may be found in the records MHASEI keeps. MHASEI, in most situations, is obligated to provide the individual with the requested information. This access may be in various forms, including allowing the individual to inspect and/or obtain a copy of the PHI held by MHASEI, including electronic copies if possible. In certain situations, individuals are not entitled to have access to the requested information. If the request for access is denied, an individual may be entitled to a review of that denial. It is anticipated that most requests for access to an individual's PHI will be accommodated. However, in some situations, the determination will be made to deny access.

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

Procedures to assure confidentiality shall include:

- Individual's, or their legal guardian's, written consent shall be obtained prior to release of any confidential information, except as stated above
- Information or records released shall be limited to only those documents needed for a specific purpose
- Individual, or legal guardian with proof of legal appointment and proof of identity 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 MHASEI staff and others shall be conducted in private settings

- All paper and computer files shall be maintained in a manner that prevents public access to them
- All confidential information disposed of shall be shredded
- Steps shall be taken to assure that all fax, email, and cellular phone transmissions are secure and private
- Staff shall receive initial and ongoing training concerning confidentiality and staff shall sign a statement agreeing to confidentiality terms
- Individual files will be maintained for seven years following termination of service to the individual.

To determine eligibility for regional funding, perform ongoing eligibility review, and to provide service coordination and monitoring, individuals or their authorized representatives shall be requested to sign release forms. Failure of individuals to sign or authorize a release of information shall not be an automatic reason for denial; however, MHASEI staff inability to obtain sufficient information to make an eligibility determination may result in denial of regional funding. All files will be maintained as outlined by the Iowa State Association of Counties (hereinafter, ISAC) Record Retention Schedule.

Privacy Practices: The United States Congress enacted the Health Insurance Portability and Accountability Act of 1996 which contains significant requirements for health care providers regarding billing, use and disclosure of individual information, and security measures to be utilized by entities covered by HIPAA. The MHASEI Notice of Privacy Practice is included Forms Appendix at the end of the Plan.

F. Eligibility IC 225C; IAC 441-25.21(1)c; Federal Law 8 U.S.C. 1621

1. General Eligibility IAC 441-25.15

MHASEI Intake CDS shall review the application within ten (10) calendar days from the received date stamped on the application to determine if all necessary information is present and complete on the application. If the application is incomplete a request for missing information shall be returned to the applicant giving them ten (10) calendar days to provide the missing information. Failure to respond with necessary information to provide a fully completed application, will result in non-eligibility.

A complete application will have all information filled out on the application form, a copy of identification, proof of all household income and resources, signed releases of information, and diagnosis verification. If applicable, verifications may also include insurance coverage, denial of eligibility for other funding sources, application for disability benefits, parole agreements, district court orders, and any other program requirements per the service request. The notice of eligibility will be issued within ten (10) calendar days of the submitted application being considered complete with all required verifications applicable to the requested service/program.

If applicant meets the general eligibility criteria (Residency, Diagnostic, and Financial) the MHASEI Intake CDS will refer the individual to the appropriate MHASEI CDS to facilitate access to service. A functional assessment may be required to determine eligibility for necessary

services. Funding availability is based on allocation of Region funds identified in the MHASEI Annual Service and Budget Plan.

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

ADULT

A. The individual is at least eighteen years of age

- 1) An individual who is seventeen years of age, is a lawful resident of this state, and is receiving publicly funded children's services may be considered eligible for services through the MHASEI service system during the three-month period preceding the individual's eighteenth birthday to provide a smooth transition from children's to adult services.

B. The individual is a lawful resident of this state

- 1) Region residence is established via county of residency as defined above in Section E- Enrollment/Residency.

CHILDREN

A. The individual is a child under eighteen years of age.

B. The child's custodial parent is a resident of the state of Iowa and the child is physically present in the state.

- 1) Region residence is established via county of residency as defined above in Section E- Enrollment/Residency.
- 2) If parents are undocumented and child has US Citizenship/legal resident MHASEI will consider proof of child's status with an original Birth Certificate for Child with seal or a verified Social Security number.

2. Financial Eligibility IC 225C; IAC 441-25.16

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

A. Income Guidelines IC 225C; IAC 441-25.16(1)

ADULT

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

Gross household income 150% or below current Federal Poverty Guidelines except for the below identified 200% Federal Poverty Guidelines services. MHASEI will follow the annual updated Health and Human Services Poverty guidelines the month following the release from the Federal Register.

Applicants with gross income up to 200% Federal Poverty Guidelines may be eligible for regional funding to access preventative outpatient mental health services when they have no other funding source.

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 MHASEI is mandated by state or federal law to pay for said services. 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.

Applicants are required to provide proof of income (including but not limited to pay stubs, income tax return, etc.) as requested by MHASEI. In determining income eligibility, the income for the last 30 days or the average of three (3) months' income may be considered by MHASEI in determining income eligibility. Self-employed applicants shall have their income prorated based on their previous year's Federal Income Tax Return. If an individual did not file a Federal Income Tax Return, the income for the last 30 days will be considered or the average of three (3) months' income.

CHILDREN

The child's family meets financial eligibility requirements in IAC 441-25.16

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.

An eligible child whose countable household income is at least 150% and not more than 500% of the federal poverty level shall be subject to a cost share as described in IAC 441-25.16(3)(b).

Verification of income. Income shall be verified using the best information available.

- Pay stubs, tip records and employers' statements are acceptable forms of verification of earned income.
- Self-employment income can be verified through business records from the previous year if they are representative of anticipated earnings. If business records from the previous year are not representative of anticipated earnings, an average of the business records or from the previous two or three years may be used if that average is representative of anticipated earnings.

Changes in income. Financial eligibility shall be reviewed on an annual basis and may be reviewed more often in response to increases or decrease in income.

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

Cost share amounts for children's behavioral health services are applicable to core services as defined in Iowa Code 225C.

a. The family of a child receiving regional funding for behavioral health services shall be responsible for a cost share amount based on their household income as follows:

Family Income as a % of FPL	Cost Share % Paid by Family
0 to 150%	0%
150 to 200%	10%

201 to 250%	15%
251% to 300%	20%
301 to 350%	35%
351 to 400%	50%
401% to 450%	65%
451% to 500%	80%
Over 500%	100%

B. Resource Guidelines IC 225C; IAC 441-25.16(2)

ADULT

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

- 1.) The countable value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this this policy.
- 2.) A transfer of property or other assets within five years of the time of application with the result of, or intent to, qualify for assistance may result in denial or discontinuation of funding.
- 3.) An individual receiving a lump sum reimbursement from Social Security shall have nine (9) months from the date of receipt to spend down to the resource limits of this plan.
- 4.) The following resources shall be exempt:
 - (a.) The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence. The homestead shall include all land that is contiguous to the home and the buildings located on the land.
 - (b.) One vehicle per employed person.
 - (c.) Tools of an actively pursued trade, per Internal Revenue Service rules
 - (d.) General household furnishings and personal items.
 - (e.) Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
 - (f.) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.
 - (g.) Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.

CHILDREN

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

3. Diagnostic Eligibility IC 225C; IAC 441-25.15

ADULT

The individual must have a diagnosis of Mental Illness or Intellectual Disability. MHASEI does not fund individuals having only a primary treatment need for substance use issues, health issues, physical disabilities, or brain injury. MHASEI shall fund multi-occurring services for individuals that meet the eligibility criteria as defined above. Service and supports will be offered through the eligibility process, which may include the standardized functional assessment and/or other designated assessments.

Mental Illness

Individuals who at any time during the preceding twelve-month period with 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 multi-occurring with another diagnosable mental illness.

*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.

*IAC 441-25.1 "Severe and persistent mental illness" or "SPMI" means a documented primary mental health disorder diagnosed by a mental health professional that causes symptoms and impairments in basic mental and behavioral processes that produce distress and major functional disability in adult role functioning inclusive of social, personal, family, educational or vocational roles. The individual has a degree of impairment arising from a psychiatric disorder such that: (1) the individual does not have the resources or skills necessary to maintain function in the home or community environment without assistance or support; (2) the individual's judgment, impulse control, or cognitive perceptual abilities are compromised; (3) the individual exhibits significant impairment in social, interpersonal, or familial functioning; and (4) the individual has a documented mental health diagnosis. For this purpose, a "mental health diagnosis" means a disorder, dysfunction, or dysphoria diagnosed pursuant to the current version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, excluding neurodevelopmental disorders, substance use disorders, personality disorders, medication-induced movement disorders and other adverse effects of medication, and other conditions that may be a focus of clinical attention as defined in the current version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

Intellectual Disability

Individuals who meet the following three conditions:

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

defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, American Psychiatric Association.

2. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.

3. The onset is before the age of 18.

(Criteria from "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Text Revision (DSM-5 TR)," published in 2022 American Psychiatric Association)

Assistance to Other than Core Populations IC 225C; IAC 441-25.21(1)q

Developmental Disability

Individuals with a severe, chronic disability who meet the following five conditions:

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.

*MHASEI shall fund services to individuals who have a diagnosis of SPMI and a physical health condition, a substance use disorder, an intellectual or developmental disability, or a brain injury; constituting a multi-occurring condition as defined by IAC 441.25.1.

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

CHILDREN

The child has been diagnosed with a serious emotional disturbance as defined by 225C.2

- A.) Serious Emotional Disturbance, (SED),** 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.

Acceptable verification for Diagnostic requirements

If a copy of a psychological or psychiatric evaluation or other acceptable verification of (SED) diagnosis does not accompany the application, MHASEI may refer and authorize funding for the applicant to an appropriate mental health professional for evaluation to verify and document a diagnosis.

Third-party Payers

Prior to authorizing region-financed services, treatment providers and MHASEI CDS must ensure that Medicaid (including Iowa Health Link), Medicare, or any other third-party payer for any service that is similar to the region-financed services being considered, has been requested/utilized and pursue all available levels of appeal in the event of denials by other funding sources. MHASEI does not supplant funding for other entities, nor does it pay for services provided to individuals who have been decertified based on the contractor's medical necessity criteria. Individuals who are on work release, the OWI Continuum, or remain under the jurisdiction of the Iowa Department of Corrections will not be the responsibility of MHASEI to fund, and that responsibility will remain under their designated state agency jurisdiction. MHASEI will partner with other state agencies to facilitate transitions in care back to community living as appropriate.

If a provider licensed or certified by the state loses that license or certification and, as a result, may no longer participate in the Medicaid or Medicare program or be eligible for reimbursement from third party payers, MHASEI will not assume financial responsibility for the portion of the service costs which could have been billed to Medicaid or Medicare or third-party payers. If a provider has responsibility for filing reports necessary to maintain Medicaid eligibility for an individual consumer and fails to do so, resulting in the consumer's loss of Medicaid, the Region will not assume financial responsibility for the share of service costs which could have been billed to Medicaid. The region will not issue retroactive authorization nor payment for the above stated situations.

Service Management and Functional Assessment IAC441-25.21(1)o; IAC 441-25.15(1)e Standardized functional assessment methodology designated by the Director of the Iowa HHS shall be completed within ninety (90) days of application and shall be completed with individuals requesting services more intensive than outpatient therapy and psychiatry. The results will determine if there is a need for services, including the type and frequency of service for the applicant's case plan. The MHASEI CDS will inform the individual what services/supports are available as identified in the standardized functional assessment. The standardized functional assessment shall be completed at least annually for ongoing services or as needed.

Notice of Decisions/Timeframes IAC 441-25.21(1)c(3&4)

Once an individual's service management and functional assessment (if applicable) has been completed, the individual will be referred for services to a provider of choice and issued a Notice of Decision within ten (10) calendar days. The Service Notice of Decision shall inform the individual of the action taken on the application, reason for the action, authorized service provider, authorized service(s), cost share as applicable, and units of service(s) approved based on results of the functional assessment, contingent on availability of funding. The Service Notice of Decision shall also include a notice of the right to appeal the decision and the appeal process. All individuals that receive ongoing MHASEI funded services more intensive than outpatient therapy and psychiatry may have an Individual Care Plan.

Appealable issue:

1. Claims for financial assistance or services from MHASEI have been denied.
2. Application for financial assistance or services from MHASEI has not been acted upon with reasonable promptness.
3. Notification that MHASEI will suspend, reduce, or discontinue services or financial assistance.
4. Failure to take into account the individual's choice in assignment to a lead agency or other similar MHASEI program.
5. Other situations as determined by the Region.

Non-appealable issues:

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

Service Management and Individual Care Plan IAC 441-25.21(1)(o)

Care planning includes the gathering and interpretation of comprehensive assessment information and creating strategies with the individual and any other persons that the individual wants involved in the care planning process. Care coordination is particularly important in facilitating appropriate care for individuals with multiple or complex needs. The Individual Care Plan shall identify the individual's needs and desires, and established goals with action steps to meet those goals.

The following may be components of an Individual Care Plan for individuals with multiple or complex needs to support partnering services and systems:

Substance Use Disorder Services

MHASEI will offer training and technical assistance to encourage all network providers to be capable of serving individuals with multi-occurring disorders, including substance use disorder. MHASEI will support mental health and intellectual/developmental disability services that fully integrate substance use disorder treatment and recovery.

Judicial and Criminal Justice System

MHASEI will partner with the courts to ensure alternatives to commitment and to coordinate services for individuals under commitment. To better coordinate services between the mental health system and the judicial system, MHASEI will facilitate the use of Sequential Intercept Model services to support the needs of individuals in relation to the criminal justice system.

Housing

MHASEI will continue to work with community partners to promote adequate access to public housing programs. MHASEI will continue to meet regularly with Public Housing Authorities(PHA) and property owners/managers to resolve client-related issues. MHASEI will also assist individuals in accessing rent subsidies through the Iowa Finance Authority and the Continuum of Care(CoC) Program.

Employment

MHASEI will continue working with local and regional Workforce Development and Iowa Vocational Rehabilitation Services(IVRS) initiatives that support integrating employment, training, education, and support services for all job seekers, workers, and employers, in accordance with the Workforce Investment Act.

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

Education

MHASEI will continue its involvement with the school systems, Area Education Agencies (AEA), and IVRS on transition plans for individuals in special education who will be leaving the school system.

Transitioning Youth to the Adult System

MHASEI will continue working with designated social workers in transitioning youth to the adult system and will continue being a resource to explore options for children with complex needs.

Primary Care Services

MHASEI will refer and coordinate primary care services to appropriate providers.

Other Regions

MHASEI has been and shall continue to be very active in activities involving training and coordination on a statewide basis with other regions and counties. MHASEI also attends CEO Collaborative, Data Analytics, Evidence Based Practices and other specified topic meetings with other regions and HHS as per the Region's Performance Based Contract with HHS or as systemically necessary.

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

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

MHASEI will honor, in agreement with other regions, the transition of residence when a person has been accepted into services that cross region boundaries. In this agreement, the sending Region will notify the receiving Region and allow funding for a 30-day transition period, at which time the person will become subject to the corresponding Management Plan/Service Matrix.

Re-enrollment

Applications must be renewed on an annual basis to continue enrollment and for the Region to determine eligibility. Re-enrollment shall be determined based on residency, financial income and resources, and diagnostic criteria. Individuals are responsible for informing MHASEI of changes in income, resources, household members, insurance, or any other factors that affect eligibility. Services may be re-evaluated at any time based on need but must be recertified annually.

Exception to Policy

An exception to policy may be considered in cases when current regional policy could have a significant adverse effect on an individual accessing service. Exceptions to policy may be considered when it is determined that special circumstances exist where policy, including but not limited to eligibility guidelines or priority service(s), may be temporarily waived to allow transitional access to individualized, integrated service(s) reflecting a "less restrictive" theme that is cost effective. Exceptions will be considered in circumstances where the individual would have to be placed in a higher level of care that is more expensive and/or where the

individual could more quickly go to a lower level of care that is less expensive. Exceptions to policy will be considered on a case-by-case basis.

To request an Exception to Policy, the individual, a MHASEI CDS, or designated care 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

A written justification documenting indicating necessity of an exception to policy need will be remitted to the MHASEI CEO for consideration. The MHASEI CDSs will review and make a decision on the request. A response will be given to the individual and, when appropriate, the designated care coordinator within 10 working days. Decisions on requests shall be used in the Annual Report to identify future changes in policy.

G. Appeals Processes IC 225C; IAC 441-25.21(1)

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

Individuals, family members and legal representatives (with the consent of the individual) may appeal the decisions of MHASEI or any of its contractors at any time. Such individuals may also file a grievance about the actions or behavior of a party associated with the MHASEI system of care at any time.

How to Appeal:

A written appeal must be submitted to the MHASEI CEO at PO Box 937 Keokuk, IA 52632 or via Fax at 319-526-8564 within ten (10) calendar days of receipt of the Notice of Decision. The written appeal should include a clear description of the reason for the appeal, a mailing address, a telephone number, and a copy of the Notice of Decision. Assistance in completing the appeal shall be provided upon request.

Reconsideration – The involved MHASEI CDS shall coordinate with the CEO regarding the information pertaining to the appeals and grievance. After reviewing an appeal, the CEO shall contact the appellant not more than five (5) business days after the written appeal is received. The CEO shall collect additional information from the appellant and other sources, if necessary and consent is given. Following a review of additional information and all relevant facts, a written decision shall be issued no later than five (5) business days following the contact with the appellant. A copy of the decision shall be sent to the appellant and/or representative by regular mail. This information will be used for quality management and improvement.

If a resolution is not agreed upon through Reconsideration, then the appellant can pursue a hearing through a state Administrative Law Judge (ALJ). The decision of the state ALJ shall be the final decision.

MHASEI shall not pay legal fees for an appellant. If an individual cannot afford legal representation, individuals will be referred to Legal Services of Iowa at 1-800-532-1275 or <http://www.iowalegalaid.org/>.

Expedited Appeals Process IC 225C; IAC 441-25.21(1) 1.2

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

The written appeal should include a clear description of the appeal, a mailing address, a telephone number and copy of the notice of decision. The appeal should then be submitted to HHS:

Iowa Department of Health and Human Services
Division of Behavioral Health
321 E 12th St,
Des Moines, IA 50319

1. The appeal shall be filed within 5 days of receiving the notice of decision by MHASEI. 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 IC 225C; IAC 441-25.21(1)j

MHASEI shall have a network of service providers to meet the continuum of service needs, the requirements of all core service domains, and the assessed treatment need(s) of individuals in compliance with legal obligation for access standards. A listing of contracted service providers is included in the Annual Service and Budget Plan, which will be updated annually. Providers must meet the MHASEI provider network criteria to receive MHASEI funding. (Payment for commitment related sheriff transportation, court-appointed attorneys, mental health advocate, and other incidental or temporary services, may be exempt from this policy.)

MHASEI shall manage the provider network to ensure individual needs are met. MHASEI shall ensure an adequate number of providers are available to avoid waiting lists by contracting with outpatient mental health providers, Community Mental Health Centers (CMHC), Certified Community Behavioral Health Clinics (CCBHC), at least one inpatient psychiatric hospital and other providers of core services. MHASEI will expand service availability by allowing access to contracted providers in other regional service systems.

To be included in the MHASEI provider network, a provider must participate in MHASEI initiatives with Stakeholders and Advisory Committees and meet at least one of the following criteria:

- Currently licensed, accredited or certified by the State of Iowa, or
 - 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 of a provider, MHASEI shall transfer individuals to another network provider.
- 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.), or
- Currently has a contract with MHASEI or another Iowa Region, and
- If MHASEI does not have a contract for a needed service with an established provider, a request from a non-traditional provider may be considered.

New providers, including non-traditional service providers, may be added to the provider network if it is determined either a particular individual will benefit from the service 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 case manager, care coordinator or social worker, or directly by a provider. All requests to become a member shall be directed to MHASEI CEO or the MHASEI member county office where the provider is located and forwarded to the CEO.
2. A provider shall complete a Provider Network Application. The provider applicant shall be screened by the Region. The provider may be asked to meet for an interview or provide additional information. Criteria for consideration includes:
 - Priority for Core and Additional Core services
 - Unmet need for the proposed services

- Experience in providing the services
 - Number and type of staff
 - Experience and training of staff
 - Continuing education of staff
 - Recruitment and training of volunteers
 - Quality of care, individual outcomes, family and individual satisfaction
 - Retention of individuals in other programs
 - Condition of facilities in other communities
 - Assurance of cooperation with other provider agencies
 - Assurance of individualized services
 - Unique aspects of the provider agency
 - Relationship with other regions the agency serves
 - Funding source for the service
 - Financial viability of the agency
3. The providers shall be screened by the MHASEI Management Team. The providers may be asked to meet for an interview or provide additional information, which may include, but not limited to, being subject to a check of the criminal registry, sexual predator registry and child abuse/dependent adult registry, provide a detailed description of the offered service, provide references from clients or other professionals and proof of liability insurance. This information will be kept with the contract information that is retained by the CEO and/or designee responsible for the contracting function.
 4. The Region shall inform the provider of acceptance or denial.
 5. New network providers shall receive appropriate orientation and training concerning the MHASEI Management Plan.

The contracting/rate setting process shall be initiated with the provider upon acceptance into the provider network. The MHASEI CEO makes a recommendation to the MHASEI Governing Board. Upon approval by the Governing Board the contracting/rate setting process is initiated with the new provider. All MHASEI contracted network providers are included in the Annual Service and Budget Plan.

In addition to the above, MHASEI is currently encouraging providers to participate in the quality improvement process for system development in the region, to become welcoming, person/family centered, trauma informed, and multi-occurring capable. MHASEI will ensure providers are trained to provide multi-occurring, trauma informed, evidence-based practices as outlined in (IAC-441-25.5).

Designation of Targeted Case Management Providers IC 225C; IAC 441-25.21(1)g
 Individuals eligible for Medicaid may qualify for Targeted Case Management, Community-Based Case Management, or Integrated Health Home services, which must be accredited by the Department of Health and Human Services. In order to offer services to individuals enrolled in Medicaid, the Region has designated these providers in the MHASEI Annual Service and Budget Plan.

MHASEI continues to provide Service Coordination to Region eligible individuals who are not eligible for Medicaid.

Appointment of Mental Health Advocate: IC 229-

Counties are responsible for the appointment of the mental health advocates (hereinafter, Advocate) in accordance with Iowa Code Chapter 229. The thirteen counties in MHASEI shall provide financial support to the employer of record for advocate position(s) and the Code responsibilities for support and facilitation for the provision of quality assurance. The employer of record accepts the responsibilities of employer and will work cooperatively with MHASEI.

I. Quality Management and Improvement IC 225C; (IAC 441-25.21(1)e

MHASEI 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 MHASEI Region strives to provide a comprehensive array of high quality, research-based, trauma-informed, culturally competent, and multi-occurring competent disability services and supports in the least restrictive and community-based settings. The MHASEI Governing Board and administrative staff will prepare annual reports of unduplicated client counts, expenditure data, and other relevant information as indicated in the Region/HHS Performance Based Contract.

The system evaluation will include:

- Evaluation of individual satisfaction, including empowerment and quality of life.
- Provider satisfaction, patterns of service utilization, responsiveness to individual needs and desires.
- Improvement of welcoming, person/family centered, hopeful, strength based, trauma informed, multi-occurring capable care.
- Improvement of the ability of providers to work in partnership with each other and with the MHASEI Management Team to share collective responsibility for the population in MHASEI.
- The number and disposition of individual appeals/grievances and the implementation of corrective action plans based on these appeals/grievances.
- Cost-effectiveness as evaluated thru comparison of program costs and outcomes. Reinvestment will in part be determined thru this comparison process.
- Benchmarks and performance indicators will be paralleled with the contractual agreements and policy and procedures of the Managed Care Organization(s) and Accountable Care Organization(s) of the State of Iowa when possible, in order to create unified fidelity scales and outcomes across multiple funding sources including but not limited to Medicaid, Medicare, Iowa Health Link, Private third party insurance, and cooperatives.
- Additional outcomes and performance measures outlined by the HHS.

- 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 MHDS/CBH system and providing reports to the HHS as requested for the following information for each individual served:
 - MHASEI 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 HHS established client identifier, demographic information, expenditure data concerning the services and other support provided to each individual, as specified by the department.
 - MHASEI will follow the process outlined in the Region/HHS Performance Based Contract.
 - MHASEI initial focus aligns with Code of Iowa 225.C.4 (1)u to develop a process to analyze data on the following when possible:
 - Access standards for required core services
 - Penetration rates for serving the number of persons expected to be served, particularly the proportion of individuals who receive services compared to the estimated number of adults needing services in MHASEI
 - Utilization rates for inpatient and residential treatment, including:
 - Percent of enrollees who have had fewer inpatient days following services
 - The percentage of enrollees who were admitted to the following:
 - State Mental Health Institutes
 - Medicaid funded private hospital in-patient psychiatric services programs
 - State resource centers
 - Private intermediate care facilities for persons with intellectual disabilities
 - Readmission rates for inpatient and residential treatment.
 - The percentage of enrollees who were discharged from the following and readmitted within 30 and 180 days:
 - State Mental Health Institutes
 - Medicaid funded private hospital in-patient psychiatric services programs
 - State resource centers
 - Private intermediate care facilities for persons with intellectual disabilities
 - Employment of the persons receiving services
 - Administrative costs

- Data reporting
- Timely and accurate claims payment

MHASEI will document the quality improvement data in the Annual Report and/or as requested by HHS.

Development of New Services and Enhancement of Current Services

A formal Request for Proposal process (hereinafter, RFP) will be utilized for the development of new or additional services within MHASEI. An RFP may be utilized to enhance current services as deemed necessary by the Management Team. This provides for full and open competition to allow all interested providers an opportunity to bid. The structure of the RFP will include a statement of purpose, provide background information, scope of work, outcome and performance standards, deliverables, contractual terms and conditions, payments, incentives, requirements for proposal preparation, evaluation and award process, process schedule and points of contact.

Quality of Provider Services

Provider evaluations shall ensure that services and supports are provided in accordance with provider contracts. The services and supports evaluation will be an ongoing process which will utilize the Change Agent Team to analyze outcomes and adherence to performance-based contracts. Evaluation components may include:

- 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/grievances of provider actions and the implementation of corrective action plans based on these appeals/grievances.
- Cost-effectiveness of the services and supports developed and provided by individual providers.
- Evaluation of providers' ability to provide services for multi-occurring/trauma informed care.
- MHASEI will partner with provider designated licensing entities to ensure all accreditation and licensing issues meet specifications.
- MHASEI will communicate with multiple authorization/funding sources, including but not limited to: HHS, Iowa Medicaid, Managed Care Organizations to inquire about functionality of provider services that are in common with MHASEI service provider array.

Methods Utilized for Quality Improvement

- MHASEI will engage in a statewide strategic planning process as directed and developed by the Iowa Community Services Affiliate and the statewide CEO Collaborative to identify system of care development needs for both short and long-term implementation frameworks
- Direct interaction and feedback from individuals, families, providers, case managers, service coordinators, and other stakeholders
- Needs assessments, satisfaction surveys, and other written questionnaires
- Establishment and maintenance of a data collection and management information system oriented to the needs of individuals, providers, and other programs or facilities

- MHASEI will invest in trainings and supports to providers in order to facilitate capacity to provide multi-occurring/trauma-informed care
- Tracking changes and trends in the MHDS system and providing reports to the HHS as requested for the following information for each individual served:
 - demographic information
 - expenditure data
 - data concerning the services and other support provided to each individual, as specified in administrative rule
 - the number and disposition of individual appeals and the implementation of corrective action plans based on these appeals

J. Service Provider Payment Provisions C 225C; IAC 441-25.21(1)k

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

- Name and unique identifier of each individual served during the reporting period
- Number of units of service delivered to each individual served
- When requested, attendance records
- Unit rate and total cost of the units provided to each individual, co-payment or other charges billed to other sources may result in Region funding denial or request for a corrected invoice
- Actual amount to be charged to MHASEI for each individual for the period
- The invoice must contain the provider’s name, address, invoice date, invoice number and signature

MHASEI shall review the billings and additional utilization information in comparison with the Notice of Decision in place. Services billed without a Notice of Decision shall be deducted from the billing.

All eligible bills shall be submitted no later than sixty (60) calendar days after the month the service was provided or as directed in the provider contract. Submitted invoices shall be paid according to the Fiscal Agent claim cycle. This should usually occur within sixty (60) calendar days of receipt of the bill unless unforeseen circumstances exist, or additional documentation is required. The fiscal year for MHASEI is July 1 – June 30.

K. Waiting List Criteria IC 225C; IAC 441-25.21(1)r

MHASEI will make every attempt to maintain eligibility guidelines and service availability as outlined in this plan. However, our ability to do so is contingent solely on the availability of sufficient funds to maintain current eligibility and service standards, as well as meeting projected increases in the number of individuals served in community-based settings. MHASEI may implement a waiting list if encumbered expenses for a given fiscal year exceed regional MHDS/CBH funds available. Core Services for target populations shall be considered mandated services; all other services may be placed on the waiting list and/or be subject to reduction in services. Core services will be maintained using Waiting Lists, if necessary. Additional Core Services (as identified in Iowa Code 225C and Non-Core Services, as well as

other designated populations, will be the first to be placed on the Waiting List when-funds are fully encumbered at the time of application for those services. The priority for-reduction of service if necessary due to encumbrance issues is as follows:

- Service reduction for other than target population non-core services
- Service reduction for other than target population core services
- Service reduction for target population non-core services

Regional Notifications

1. The MHASEI Advisory Committees will be notified.
2. The MHASEI Advisory Committee representative and CEO will formally notify the MHASEI Governing Board.
3. The MHASEI CEO will notify HHS of the implementation of the waitlist.

If placed on the Waiting List, the applicant shall be informed on the Notice of Decision. The Notice of Decision will identify the approximate time the service may be available to applicant. If unable to estimate such time, the CDS shall state such and will update the applicant at least every 90 days as to the status of their service request. The Waiting List shall be centrally maintained by MHASEI CEO or designee. Any Waiting List that may exist shall be reviewed annually when planning for the future budgeting needs and future development of services.

MHASEI requires the following strategies be utilized on an ongoing basis to prevent the need to implement a waiting list, prevent service reduction and to lessen the time an individual is on a waiting list should one exist:

1. Service Coordinators, Targeted Case Managers, and Integrated Health Home Care Coordinators will 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. Individual Care Plan Team(s) will meet to determine that services reflect the individual's needs as determined by clinical assessment and/or standardized functional assessment and/or designated enrollment assessment.

L. Amendments IAC 441-25.21(3)

This manual has been approved by the Mental Health Agency of Southeast Iowa Governing Board and is subject to approval by the Director of Health and Human Services.

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

Attachment A- Access Points

MHASEI 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/CBH funding applications for persons with a disability and forward them to the local MHASEI office.

Access Point	Location	Contact Information
Appanoose	209 E Jackson Street Centerville Iowa 52544	641-856-2085
Davis	712 S West Street, Suite 4 PO Box 425 Bloomfield Iowa 52537	641-664-1993
Des Moines	910 Cottonwood, Suite 1000, Burlington, IA 52601	319-754-8556
Henry	106 East Clay St., Suite 102 Mt Pleasant, IA 52641	319-385-4050
Jefferson	Courthouse, 51 E. Briggs Fairfield, IA 52556	641-472-8637
Keokuk	615 South Jefferson St. Sigourney, IA 52591	641-622-2383
Lee	307 Bank St. PO Box 937 Keokuk, IA 52632	319-524-1052
Louisa	503 Franklin St., Suite 1 Wapello, IA 52653	319-523-5125
Mahaska	301 1 st Ave. E. Oskaloosa, IA 52577	641-673-0410
Monroe	1801 South B St. Albia IA 52531	641-932-2427
Van Buren	Courthouse, 51 E. Briggs Fairfield, IA 52556	641-919-6776
Wapello	110 E. Main Ottumwa Iowa 52501	641-683-4576
Washington	2175 Lexington Blvd. Bldg. #2, PO Box 902, Washington, IA 52353	319-653-7751

Attachment B- Glossary

Access Center -- means the coordinated provision of intake assessment, screening for multi-occurring conditions, care coordination, crisis stabilization residential services, subacute mental health services, and substance abuse treatment for individuals experiencing a mental health or substance use crisis who do not need inpatient psychiatric hospital treatment, but who do need significant amounts of supports and services not available in other home- and community-based settings. IAC 441-25.1

Access Point -- is a MHASEI county service office where applications are received and reviewed for eligibility determination.

Additional Core Domains – includes services defined in IC 225C

Applicant -- an individual who applies to receive funding for services and supports from the service system.

Appellant -- a person who applies to a higher administrative level or court for a reversal of a decision.

Assessment and Evaluation -- means 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. IAC 441-25.1

Assertive Community Treatment (ACT) -- a 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 and persistent mental disorders and individuals with complex symptomology who require multiple mental health and supportive services to live in the community consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration. IAC 441-25.1

Authorized Representative -- a person designated by the individual or by Iowa law to act on the individual's behalf in specified affairs to the extent prescribed by law.

Brain Injury (BI) -- 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. IAC 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.
10/2/13 Human Services [441] Ch. 83, p.27
Intracranial injury of other and unspecified nature.
Poisoning by drugs, medicinal and biological substances.
Toxic effects of substances.
Effects of external causes.
Drowning and nonfatal submersion.
Asphyxiation and strangulation.
Child maltreatment syndrome.
Adult maltreatment syndrome.

Case Management -- service provided by case manager who assists individuals in gaining access to needed medical, social, educational, and other services thru assessment, development of a care plan, referral, monitoring and follow-up using a strength-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community. IAC-441.25.1

Case Manager -- a person who has completed specified and required training to provide case management thru the Medical Assistance Program. IAC-441.25.1

Certified Community Behavioral Health Clinic (CCBHC) – means a specially designated clinic that provides a comprehensive range of mental health and substance use services. CCBHCs serve anyone who walks through the door, regardless of their diagnosis and insurance status.

Chief Executive Officer (CEO) -- the individual chosen and supervised by the governing board who serves as the single point of accountability for the mental health and disability services region.

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

Children’s Behavioral Health Services -- means behavioral health services for children who have a diagnosis of serious emotional disturbance.

Children’s Behavioral Health System or Children’s System -- means the behavioral health system for children implemented pursuant to Iowa Code Chapter 225C.

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

Clear lines of Accountability -- the structure of the governing board’s organization makes it evident that the ultimate responsibility for the administration of the non-Medicaid funded mental

health and disability services lies with the governing board and that the governing board directly and solely supervises the organization's chief executive officer.

Commitment Related Services – Services including evaluations, legal representation, and sheriff transport when provided under a mental health commitment as per Iowa Code 229.

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

Community Services Network (CSN) -- the MHASEI Management Information System (MIS).

Consultation (Client Related) – planning means advisory activities directed to a service provider to assist the provider in delivering services to a specific person. Note: Mental Health Center Consultation services can normally be coded here. Uniform Chart of Accounts Revised 2022

Consultation (Non-client Related) – planning means advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems; or addressing other concerns in the providers own organization. Note: Mental Health Center Consultation services can normally be coded here. Uniform Chart of Accounts Revised 2022

Co-occurring Disorders – Co-occurring disorders may include any combination of two or more substance use disorders and mental disorders identified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5-TR).

Coordination Services -- are activities designed to help individuals and families develop, locate, access and coordinate a network of supports and services that will allow them to live a full life in the community. Uniform Chart of Accounts Revised 2022

Coordinator of Children's Behavioral Health Services -- means a member of the regional administrative entity staff who meets the requirements described in Iowa Code 225C and is responsible for coordinating behavioral health services for children.

225C The regional administrator staff shall include one or more coordinators of mental health and disability services and one or more coordinators of children's behavioral health services. A coordinator shall possess a bachelor's or higher level degree in a human services-related or administration-related field, including but not limited to social work, psychology, nursing, or public or business administration, from an accredited college or university. However, in lieu of a degree in public or business administration, a coordinator may provide documentation of relevant management experience. An action of a coordinator involving a clinical decision shall be made in conjunction with a professional who is trained in the delivery of the mental health or disability service or children's behavioral health service addressed by the clinical decision. The regional administrator shall determine whether referral to a coordinator of mental health and disability services or children's behavioral health services is required for a person or child seeking to access a service through a local access point of the regional service system or the children's behavioral health system.

Coordinator of Disability Services (CDS) -- as defined in Iowa Code 225C.b a coordinator shall possess a bachelor's or higher-level degree in a human services-related or administration-related field, including but not limited to social work, psychology, nursing or public or business administration, from an accredited college or university. However, in lieu of a degree in public or business administration, a coordinator may provide documentation of relevant management experience.

Core Domains – includes services defined in IC 225C

Countable Household Income -- shall mean 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/Region of Residence -- means the county/region in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county 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.

Crisis Care Coordination -- means a service provided during an acute crisis episode that facilitates working together to organize a plan and service transition programing, including working agreements with inpatient behavioral health units and other community programs. The service shall include referrals to mental health services and other supports necessary to maintain community-based living capacity, including case management as defined herein. IAC 441-25.1

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. IAC 441-25.1

Crisis Prevention Training -- Educational and Training Services Safety training for law enforcement, first responders, etc., regarding mental health awareness such as Crisis Intervention Training (CIT) Uniform Chart of Accounts Revised 2022

Crisis Stabilization Community-Based Services (CSCBS) -- means short-term services designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and provided where the individual lives, works or recreates. IAC-441.24.20(225C)

Crisis Stabilization Residential Services(CSRS) -- means a short-term alternative living arrangement designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and is provided in organization-arranged settings of no more than 16 beds. IAC-441.24.20(225C)

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. IAC 441-25.1

Designated Collaborating Organization (DCO) -- CCBHCs can establish formal relationships with designated collaborating organizations (DCOs) to provide certain services.

Developmental Disability (DD) -- Persons with developmental disabilities means a person with a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments.
2. Is manifested before the person attains the age of 22.
3. Is likely to continue indefinitely.

4. Results in substantial functional limitations in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

5. Reflects the person's need for a combination and sequence of services which are of lifelong or extended duration.

Direct Administration -- expenses necessary to manage the service system. Is used if county employees perform the administrative duties. Uniform Chart of Accounts Revised 2022

Early Identification -- means the process of detecting developmental delays or untreated conditions that may indicate the need for further evaluation. IAC 441-25.1

Early Intervention -- means services designed to address the social, emotional, and developmental needs of children at their earliest stages to decrease long-term effects and provide support in meeting developmental milestones. IAC 441-25.1

Education Services -- means activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning. IAC 441-25.1

Emergency Service -- any healthcare service provided to evaluate and/or treat any medical condition such that a prudent lay-person possessing an average knowledge of medicine and health, believes that immediate unscheduled medical care is required. IAC 441.24.15

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.

Evidence-based Practices/Services (EBP) -- using interventions that have been rigorously tested, have yielded consistent, replicable results, and have proven safe, beneficial, and effective and have established standards for fidelity of the practice.

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

Family Psychoeducation -- services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration. IAC 441-25.1

Family Support -- Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family home or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response. IAC 441-25.1

Federal Poverty Level -- means the most recently revised annual poverty income guidelines published in the Federal Register by the United States Department of Health and Human Services.

Fidelity Scales -- a tool to enable evaluators to examine/measure how closely a specific program adheres to the essential components of a model for evidence-based practice.

Functional Assessment -- means the analysis of daily living skills. The functional assessment takes into account the strengths, the stated needs and level and kind of disability of the individual using the service. IAC 441-24.1

Gross 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, unemployment compensation, alimony, child support, investment income, rental income, and income from trust funds.

Group Supported Employment -- means the job and training activities in business and industry

settings for groups of no more than eight workers with disabilities. Group settings include enclaves, mobile crews, and other business-based workgroups employing small groups of workers with disabilities in integrated, sustained, paid employment. IAC 441-25.1

Habilitation (HAB) – Habilitation Services is a program to provide Home- and Community-Based Services (HCBS) for Iowans with the functional impairments typically associated with chronic mental illnesses. The federal Deficit Reduction Act of 2005 permitted states to offer HCBS as a state plan option effective January 1, 2007. Using this option, the Department worked with the Centers for Medicare and Medicaid Services (CMS) to design a program to meet the service needs of Iowans with the functional limitations typically associated with chronic mental illness. Habilitation Services are designed to assist participants in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home- and community-based settings.

Health Home -- 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. IAC 441-25.1

Health Maintenance Organization (HMO) -- means any person who: *a.* Provides either directly or through arrangements with others, health care services to enrollees on a fixed prepayment basis; *b.* Provides either directly or through arrangements with other persons for basic health care services; and, *c.* Is responsible for the availability, accessibility and quality of the health care services provided or arranged.

Home and Community-Based Waiver Programs (HCBS) -- are programs that allow the state to access Medicaid funding (through a waiver) to develop and implement an array of community-based services. The services offered through each waiver program must meet the public standards of the health, safety, and welfare of the consumers. These services are directed to Medicaid Eligible persons who require a level of care previously provided only in a hospital or nursing facility. The waiver programs offer services beyond what are available through the regular Medicaid Program. Currently there are seven (7) Waiver programs in the state of Iowa, they are:

HCBS AIDS/HIV Waiver

HCBS Brain Injury Waiver

HCBS Elderly Waiver

HCBS Physical Disability Waiver

HCBS Intellectual Disability Waiver

HCBS Health and Disability Waiver

HCBS Children's Mental Health Waiver

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. IAC 441-25.1

Home Health Aid -- 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. IAC 441-25.1

Homeless Person -- a person who lacks a fixed, regular, and adequate nighttime residence and who has a primary nighttime residence that is one of the following: a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations. b. An institution that provides a temporary residence for persons intended to be institutionalized. c. A public or private place not designed for, ordinarily used as, a regular sleeping accommodation for human beings. IC 48A.2.

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

Illness Management and Recovery (IMR) -- a broad set of strategies designed to help individuals with serious mental illness collaborate with professionals, reduce the individuals' susceptibility to the illness, and cope effectively with the individuals' symptoms consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration. IAC 441-25.1

Indicator -- means conditions that will exist when the activity is done competently and benchmarks.

are achieved. Indicators also provide a means to assess the activity's effect on outcomes of services.

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

Individual Placement and Supports (IPS) -- Is an Evidence Based Practice that helps people with mental health conditions get and keep competitive jobs matching their preferences. (See Supported Employment)

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

Information and Referral -- activities designed to provide facts about resources that are available and help to access those resources. Uniform Chart of Accounts Revised 2022

Integrated Health Home (IHH) -- means a provider enrolled to integrate medical, social, and behavioral health care needs for adults with a serious mental illness and children with a serious emotional disturbance. IAC-441.77.47(1)

Integrated Health Home (IHH) Care Coordinator -- a member of the health home provider responsible for assisting members with medication adherence, appointments, referral scheduling, tracking follow-up results from referrals, understanding health insurance coverage, reminders, transition of care, wellness education, health support and/or lifestyle modification, and behavior changes.

Integrated Treatment for Co-occurring Substance Abuse and Mental Health -- effective dual diagnosis programs that combine mental health and substance abuse interventions tailored for the complex needs of individuals with co-morbid disorders. Critical components of effective programs include a comprehensive long-term, staged approach to recovery; assertive outreach; motivational interviews; provision of help to individuals in acquiring skills and supports to manage both illnesses and pursue functional goals with cultural sensitivity and competence

consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration. IAC 441-25.1

Intellectual Disability (ID) -- Individuals who meet the following three conditions:

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

Intensive Residential Service Homes (IRSH) or Intensive Residential Services-- means intensive, community-based services provided 24 hours a day, 7 days a week, 365 days a year to individuals with a severe and persistent mental illness who have functional impairments and may also have multi-occurring conditions. Providers of intensive residential service homes are enrolled with Medicaid as providers of HCBS habilitation or HCBS intellectual disability waiver supported community living and meet additional criteria specified in subrule 25.6(8). IAC-441.24.20(225C)

Iowa State Association of Counties (ISAC) -- is a private, nonprofit corporation. ISAC members are elected and appointed county officials from all 99 counties.

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. IAC 441-25.1

Justice System Involved Coordination Services (JIS) -- Service coordination provided to individuals in the justice system. Uniform Chart of Accounts Revised 2022

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 Care Coordinators -- facilitate communications between medical facilities, insurance companies and patients. They are responsible for ensuring that medical services are authorized and the regulatory guidelines are followed.

Managed Care Organization (MCO) -- an entity that (1) is under contract with the department to provide services to Medicaid recipients and (2) meets the definition of "Health Maintenance Organization" in Iowa Code section 514B.1.

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.

Management Team -- The Coordinators of Disability Services representing each member county

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. IAC 441-25.1

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. IAC 441-25.1

Mental Health Advocates -- in each county the board of supervisors shall appoint an individual who has demonstrated by prior activities an informed concern for the welfare and rehabilitation of persons with mental illness, and who is not an officer or employee of Iowa HHS, an officer or employee of a region, an officer or employee of a county performing duties for a region, or an officer or employee of any agency or facility providing care or treatment to persons with mental illness, to act as an advocate representing the interests of patients involuntarily hospitalized by the court, in any matter relating to the patients' hospitalization or treatment under section 229.14 or 229.15. IC 229.19

Mental Health/Behavioral 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. IC 230A.106(2) "a."

Mental Health/Behavioral Health Inpatient Treatment (Therapy) -- means inpatient psychiatric services to treat an acute psychiatric condition provided in a licensed hospital with a psychiatric unit or a licensed freestanding psychiatric hospital. IAC-441.25.1

Mental Health Inpatient Therapy-MHI -- means inpatient psychiatric services provided in a licensed state hospital for persons with mental illness. IC 226

Mental Health Institute (MHI) -- Licensed state hospital for persons with mental illness. IC 226

Mental Health Professional (MHP) -- means an individual who has either of the following qualifications: a. The individual meets all of the following requirements: (1) The individual holds at least a master's degree in a mental health field, including but not limited to psychology, counseling and guidance, nursing, and social work, or is an advanced registered nurse practitioner, a physician assistant, or a physician and surgeon or an osteopathic physician and surgeon. (2) The individual holds a current Iowa license if practicing in a field covered by an Iowa licensure law. (3) The individual has at least two years of post-degree clinical experience, supervised by another mental health professional, in assessing mental health needs and problems and in providing appropriate mental health services. b. The individual holds a current Iowa license if practicing in a field covered by an Iowa licensure law and is a psychiatrist, an advanced registered nurse practitioner who holds a national certification in psychiatric mental health care and is licensed by the board of nursing, a physician assistant practicing under the supervision of

a psychiatrist, or an individual who holds a doctorate degree in psychology and is licensed by the board of psychology. IC 228.1

Mental Health Services in Jails -- Outpatient mental health services provided to individuals in criminal justice settings including psychiatric evaluation, medication management and individual, family, and group therapy. Uniform Chart of Accounts Revised 2022

Mental Illness (MI) -- 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, or antisocial personality, unless co-occurring with another diagnosable mental illness.

Mobile Response/Mobile Crisis Response (MCR) -- means a mental health service which provides on-site, face-to-face mental health crisis services for an individual experiencing a mental health crisis. Crisis response staff providing mobile response have the capacity to intervene wherever the crisis is occurring, including but not limited to the individual's place of residence, an emergency room, police station, outpatient mental health setting, school, recovery center or any other location where the individual lives, works, attends school, or socializes. IAC-441.24.20 (225C)

Modified Adjusted Gross Income (MAGI) -- means the methodology prescribed in 42 U.S.C. Section 1396a(e)(14) and 42 CFR 435.603.

Multi-occurring -- Persons with multi-occurring conditions is defined as any person of any age with any combination of any MH condition (including trauma) and/or developmental or cognitive disability (including Brain Injury) and/or any Substance abuse condition, including gambling and nicotine dependence, whether or not they have already been diagnosed. Individuals with multi-occurring conditions commonly also have medical, legal, housing, financial, and parenting issues and conditions and other complex needs.

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.

Oakdale -- Iowa Medical Classification Center (IMCC): Region funded Competency Evaluation only IC 812.3

Ongoing Rent Subsidy -- is for on-going rent (and utility) support provided through an organized program to allow the individual to maintain an affordable home in the community or any payment of rental assistance including General Assistance.

Other Basic Needs -- is used for other basic needs. Includes, payment for room and board homes, personal needs allowances. EXAMPLE: utilities, personal hygiene, cleaning supplies. Universal Chart of Accounts Revised 2022

Outcomes -- means the result of the performance or nonperformance of a function or process or activity.

Outpatient Competency Restoration (OCR) -- Program that provides community-based restoration services, which include mental health and substance use treatment services, as well as, competency education, for individuals found Incompetent to Stand Trial (IST) In general, OCR programs are designed to:

- 1) Reduce the number of individuals determined to be IST with intellectual disabilities, mental illness or co-occurring psychiatric and substance use disorders on the waiting list for inpatient competency restoration services;
- 2) Increase prompt access to clinically appropriate OCR services for individuals determined to be IST who do not require the restrictiveness of a hospital setting; and
- 3) Reduce the number of bed days used by forensic patients.

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. IAC-441.25.1

Peer Support Specialist (PSS) -- an individual who has experienced a severe and persistent mental illness and who has successfully completed standardized training to provide peer support services thru the Medical Assistance Program. IAC-441.25.1

Peer Wellness/Wellness and Recovery Centers – Consumer operated peer support services provided consistent with EBP standards published by SAMHSA. HHS Quarterly Report Definition 2022

Permanent Supportive Housing (Also referred to as Supported Housing in the service matrix) (PSH) -- voluntary, flexible supports to help individuals with psychiatric disabilities choose, get, and keep housing that is decent, safe, affordable, and integrated into the community. Tenants have access to an array of services that help them keep their housing, such as case management, assistance with daily activities, conflict resolution, and crisis response consistent with evidence-based standards published by the Substance Abuse and Mental Health Services Administration. IAC-441.25.1

Personal Emergency Response System (PERS) -- an electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency. IAC-441.25.1

Planning, Consultation, and/or Early Intervention – [See Consultation (client related) and Early Intervention separately in Glossary]

Planning and Management Consultants – [See Consultation (non-client related) in Glossary]

Population -- as defined in Iowa Code 225C.

Prescription Medications -- is used for all costs for prescription medication, including medication prescribed for psychiatric conditions. Note: This does include psychotropic medications. Universal Chart of Accounts Revised 2022

Prevention -- means 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. IAC-441.25.1

Prevocational Services (Pre-voc) -- 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. IAC-441.25.1

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 a national insurance panel, or holds other national accreditation or certification.

Psychiatric Medications in Jail -- psychiatric medication funded for individuals in jail.

Psychiatric Rehabilitation (IPR) --services designed to restore, improve, or maximize level of functioning, self-care, responsibility, independence, and quality of life; to minimize impairments, disabilities, and disadvantages of people who have a disabling mental illness; and to prevent or reduce the need for services in a hospital or residential setting. Services focus on improving personal capabilities while reducing the harmful effects of psychiatric disability, resulting in an individual's recovering the ability to perform a valued role in society. IAC-441.24.4(11)

Public Education -- means activities provided to increase awareness and understanding of the causes and nature of conditions or situations which affect a person's functioning in society. Services focus on (1) prevention activities, which are designed to convey information about the cause of conditions, situations, or problems that interfere with a person's functioning or convey ways in which the knowledge acquired can be used to prevent their occurrence or reduce their effect and (2) public awareness activities, which convey information about the abilities and contributions to society of all people; the causes and nature of conditions or situations which interfere with a person's ability to function; and the benefits that providing services and supports have for the community and for the individual. Activities should include educational and informational techniques that promote the person as an integral part of society and eliminate social and legal barriers to that acceptance. Uniform Chart of Accounts Revised 2022

Public Education, Prevention, and Education -- [See Public Education, Prevention, and Education separately in Glossary]

Purchased Administration -- expenses necessary to manage the service system. Is used if the county purchases the administrative functions from another entity. Uniform Chart of Accounts Revised 2022

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 MHASEI service system plan developed pursuant to Iowa Code 225C 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 MHASEI will coordinate with Iowa HHS in the provision of mental health and disability services funded under the Medical Assistance Program.

Rent Payment (time limited) -- Initial rent (and utility) payments with defined time limits. Uniform Chart of Accounts Revised 2022

Requisite Qualifications -- A mental health professional with the requisite qualifications shall meet all of the following qualifications is a mental health professional as defined in section 228.1, is an alcohol and drug counselor certified by the nongovernmental Iowa board of substance abuse certification, and is employed by or providing services for a facility, as defined in section 125.2.

Residential Care Facility (RCF) -- A facility providing care licensed by the Department of Inspections and Appeals (DIA) as a Residential Care Facility (RCF) or a Residential Care Facility for Persons with Mental Illness (RCF/PMI). IAC-481.57 and IAC-481.62

Resources -- all liquid and non-liquid assets owned in part or in whole by the individual and/or 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.

Respite -- 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. IAC-441.25.1

Rural -- any area that is not defined as urban.

Severe and Persistent Mental Illness (SPMI) -- means a documented primary mental health disorder diagnosed by a mental health professional that causes symptoms and impairments in basic mental and behavioral processes that produce distress and major functional disability in adult role functioning inclusive of social, personal, family, educational or vocational roles. The individual has a degree of impairment arising from a psychiatric disorder such that: (1) the individual does not have the resources or skills necessary to maintain function in the home or community environment without assistance or support; (2) the individual's judgment, impulse control, or cognitive perceptual abilities are compromised; (3) the individual exhibits significant impairment in social, interpersonal, or familial functioning; and (4) the individual has a documented mental health diagnosis. For this purpose, a "mental health diagnosis" means a disorder, dysfunction, or dysphoria diagnosed pursuant to the current version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, excluding neurodevelopmental disorders, substance use disorders, personality disorders, medication-induced movement disorders and other adverse effects of medication, and other conditions that may be a focus of clinical attention as defined in the current version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

Serious Emotional Disturbance (SED) -- means the same as defined in Iowa code section 225C.2. "*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 Management -- is used for activities designed to help individuals and families identify service needs and coordinate service delivery but which do not constitute case management as defined by the Mental Health and Intellectual Disability Commission.

EXAMPLE: If not following all Targeted Case Management (TCM) regulations: Jail case management, County case managers, Case monitoring programs. Uniform Chart of Accounts Revised 2022

Service System -- refers to the mental health and disability services and supports administered and paid from the MHASEI services fund.

State Board - means 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.

State Resource Center (SRC) -- means the Glenwood state resource center and the Woodward state resource center IC 222

Strategic Plan -- is a document that uses goals, performance objectives and measures to set priorities, focus resources and ensure stakeholders are working toward common goals.

Strength Based Case Management (SBCM) -- a service that focuses on possibilities rather than problems and strives to identify and develop strengths to assist individuals reach their goals

leading to a healthy self-reliance and interdependence with their community. Identifiable strengths and resources include family, cultural, spiritual, and other types of social and community-based assets and networks.

Subacute Mental Health Services -- means the same as defined in Iowa Code section 225C.6(4) “c” and includes both subacute facility-based services and subacute community-based services. As used in this subsection, “subacute mental health services” means all of the following: (1) A comprehensive set of wraparound services for persons who have had or are at imminent risk of having acute or crisis mental health symptoms that do not permit the persons to remain in or threatens removal of the persons from their home and community, but who have been determined by a mental health professional and a licensed health care professional, subject to the professional’s scope of practice, not to need inpatient acute hospital services. For the purposes of this subparagraph, “mental health professional” means the same as defined in section 228.1 and “licensed health care professional” means a person licensed under chapter 148 to practice medicine and surgery or osteopathic medicine and surgery, an advanced registered nurse practitioner licensed under chapter 152 or 152E, or a physician assistant licensed to practice under the supervision of a physician as authorized in chapters 147 and 148C. (2) Intensive, recovery-oriented treatment and monitoring of the person with direct or remote access to a psychiatrist or advanced registered nurse practitioner. (3) An outcome-focused, interdisciplinary approach designed to return the person to living successfully in the community. (4) Services that may be provided in a wide array of settings ranging from the person’s home to a facility providing subacute mental health services. (5) Services that are time limited to not more than ten days or another time period determined in accordance with rules adopted for this purpose.

IC 225C.6(c)

Supported Community Living Services (SCL) -- 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. IC 225C.21(1)

Supported Employment (SE) -- 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. IAC-441.25.1

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.

Transportation (non-sheriff) – is for cab, bus, and/or general transportation services for individuals to receive or discharge from mental health crisis, mental health emergency, and/or mental health medical services, not reimbursed through Medicaid or other funding sources.

Trauma Focused Services -- services provided by care givers and professionals that recognize when an individual who has been exposed to violence is in need of help to recover from adverse impacts; recognize and understand the impact that exposure to violence has on victims’ physical,

psychological, and psychosocial development and well-being; and respond by helping in ways that reflect awareness of adverse impacts and consistently support the individual's recovery.

Trauma Informed Care (TIC) -- services that are based on an understanding of the vulnerabilities or triggers of those that have experienced violence, that recognize the role violence has played in the lives of those individuals, that are supportive of recovery, and that avoid re-traumatization including trauma-focused services and trauma-specific treatment.

Trauma-Specific Treatment -- services provided by a mental health professional using therapies that are free from the use of coercion, restraints, seclusion, and isolation; and designed specifically to promote recovery from the adverse impacts of violence exposure on physical, psychological, psychosocial development, health and well-being.

Twenty-Four-Hour Crisis Line -- means a crisis line providing information and referral, counseling, crisis service coordination, and linkages to crisis screening and mental health services 24 hours a day. IAC-441.24.20(225C)

Twenty-Four-Hour Access to Crisis Response -- means services are available 24 hours a day, 365 days a year, providing access to crisis screening and assessment and linkage to mental health services IAC-441.24.20(225C)

Twenty-Three-Hour Observation and Holding (23 Hour Obs) -- means a level of care provided for up to 23 hours in a secure and protected, medically staffed, psychiatrically supervised treatment environment. IAC-441.24.20(225C)

Urban -- a county that has a total population of 50,000 or more residents or includes a city with a population of 20,000 or more.

Urgent Services -- category of walk-in clinic focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional emergency room.

Warm Line -- means a telephone line staffed by individuals with lived experience who provide nonjudgmental, nondirective support to an individual who is experiencing a personal crisis. IAC-441.24.20(225C)