

# COMMUNITY MENTAL HEALTH CENTERS (CMHC) IN IOWA

## DEFINITION OF CMHC

In Iowa, Chapter 230A defines a CMHC as a community mental health center designated in accordance with Chapter 230A. Iowa Administrative Code 441, Chapter 24 defines a CMHC as an organization providing mental health services that is established pursuant to Iowa Code Chapters 225C and 230A. There is no federal definition of a CMHC; however, Medicare has identified conditions of participation for CMHCs. No CMHCs are currently licensed by DIA (Department of Inspections and Appeals) as Medicare CMHC providers.

## IOWA CODE CHAPTER 230A REQUIREMENTS

- Iowa Health and Human Services (HHS) is to designate at least 1 CMHC per catchment area, with the agreement of the CMHC and with input from potential service providers, subject to approval by the Mental Health and Disability Services (MHDS) Commission
- A catchment area shall be limited to 1 CMHC unless there are exceptional circumstances for designating more than 1 CMHC in an area
  - Applicants must submit:
    - Evidence that the target population does not have access to the required core services with minimal or no service denials
    - Ability to staff core services within the capacity of the catchment area's workforce
    - MHDS region(s) letter of support that includes the catchment area's ability to financially support more than one CMHC
    - Notification to the existing CMHC of intention to apply for designation
    - Evidence of collaboration and coordination with existing CMHC
- CMHCs must serve the defined target populations with minimal or no service denials:
  - Individuals of any age who are experiencing a mental health crisis
  - Individuals of any age who have a mental health disorder
  - Adults who have a serious mental illness or a chronic mental illness
  - Children and youth who are experiencing a serious emotional disturbance
  - Any of the above who have a co-occurring disorder, including but not limited to substance use disorder, intellectual disability, a developmental disability, brain injury, autism spectrum disorder, or another disability or special health care need
- Defined core services a CMHC must provide to the target population
  - Outpatient services
  - Emergency service or 24 Hour Crisis Response (may contract)

- Day treatment, partial hospitalization, or psychosocial rehabilitation services (may contract)
- Screening for admission to state mental health institutes for voluntary patients
- Community support services
- Consultation services
- Education services
- Division III was added to IAC Chapter 24 effective July 1, 2022 to identify standards for CMHCs to reflect requirements outlined in 230A and to establish designation and ongoing oversight procedures.

## CMHC APPLICATION DESIGNATION PROCESS

1. Agency provides written notification of intention to apply for designation as a CMHC and supporting information to Behavioral Health and Disability Services Division (BHDS)
  - CMHC designation form
  - CMHC self-assessment
  - Regional letter of support
  - Chapter 24 application (if adding on services that the provider is not already accredited for)
  - Formal agreements if the provider is not directly providing one of the core services
2. BHDS reviews the information to determine if a recommendation will be made for designation including:
  - a. Input from the region
  - b. Input from other providers in the area
  - c. Compliance with standards outlined in 230A to include governing board structure
  - d. CMHC Self Assessment documentation
3. BHDS notifies the applicant that they have either met or not met the criteria for a recommendation for designation as a CMHC
  - a. Key factors in BHDS decision-making process on CMHC designation:
    - Is the applicant a waived mental health service provider, designated in lieu of a CMHC by a county prior to October 1, 2010 (per code 230A)
    - Is the catchment area already served by an accredited CMHC
    - Do exceptional circumstances exist that would allow designation of more than 1 CMHC in the catchment area
    - Does the applicant demonstrate capacity to provide the core services defined in Chapter 230A.106 to the target population as defined in Chapter 230A.105
    - MHDS Region's letter of support
4. If BHDS recommends designation:
  - a. The provider is present when BHDS presents the recommendation and supporting documentation to MHDS Commission
  - b. The MHDS Commission votes on whether the designation is approved
  - c. If designation is approved by the MHDS Commission, provider enters into an agreement with BHDS as described in Chapter 230A.103(3). If provider was not previously accredited as a CMHC, they will receive a new certificate to reflect

this provider type (with accreditation dates earned in their most recent accreditation review)

### CMHC ONGOING OVERSIGHT

- All CMHCs complete an annual CMHC self-assessment. The self-assessment is reviewed by BHDS and a plan of correction is required for areas of noncompliance
- The self-assessment is reviewed at the time of accreditation renewals and every January
- All existing CMHCs will be required to enter into an agreement at the time of accreditation renewals