

# Disability Access Point District Transition Plan

## District 4

July – December 2025



**Western Iowa Services  
Collaborative**

Table of Contents

Contents

Provider Network.....2

Continuity of Services.....20

Engagement and Outreach .....33

Operations .....42

# Provider Network

## Payment of Services

### Short-term Services and Supports (STSS) Invoicing Procedure

#### Current Framework

- WISC will build upon existing invoicing processes utilizing CSN. The current STSS process includes:
  - All claims are submitted to the central office in paper format, via fax, or securely emailed spreadsheet.
  - All correctly submitted billings are processed within 60 working days of receipt of the bill in the central office.
  - Upon receipt of the claim, it is scanned into a shared file through a secure server.
  - Designated staff enter claims in the CSN system. Invoices are uploaded into CSN and attached to the claim. WISC will retain the CSN system for invoicing moving forward.
  - Designated staff review the claims. Billings containing non-authorized service(s) will be reviewed for payment or final denial. If denied, explanation of the reason for denial and appeal process are sent with the remittance advice upon provider payment billing. Staff may contact the provider, service coordinator, etc. and troubleshoot the claim when necessary. If the claim is found to be invalid, the Designated Staff will notify the provider in writing within 30 working days in addition to providing the appeal policy.
  - No billings received more than 60 days after the close of the fiscal year in which the service was provided shall be considered for payment unless there is a statutory obligation.
  - Designated staff send the approved claims on to the Director for final decision, filing with the auditor, reimbursement mailing and claim reconciliation.
  - Disputed claims processes for denied or partial payments will be provided in a written policy to all billing providers. This will include:
    - Thirty (30) calendar days from receipt of written notice from WISC to complete a written dispute including a description, supporting documentation and proposed resolution.
    - WISC will acknowledge the written notice within five (5) business days of receipt.
    - WISC Executive Director will respond within fifteen (15) business days of receiving all necessary information notifying provider of the final decision.
  - All parties will be expected to engage in a professional manner of cooperation and good faith throughout the dispute resolution process.

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- First Disability Access Points (DAP)-specific invoices anticipated early August 2025 for July services.

#### **Action Steps for DAP-Paid STSS Services**

- Continue use of existing invoice templates with minor updates as needed.
- DAP billing contracts will provide policy to all program billing staff to assist in proper procedure for billing as well as policy for resolving disputed invoices (see attachment E).
- Submit STSS policies, guidance, and instructions for review and approval by June 1.
- Require providers to:
  - Submit invoices to the DAP-designated billing contact.
  - Use secure email or submission method, based on local DAP preference.
- Internally:
  - Assign staff to verify service eligibility, individual approval, and invoice accuracy.
  - Return incomplete or incorrect invoices within 10 business days.
  - Process payment within 30 days of invoice approval.

#### **Transition to HHS-LTSS Paid Services**

- DAPs will send a representative to attend HHS sessions on LTSS.
  - Assist in the distribution of HHS claiming toolkit and education opportunities to all affected providers.
  - Direct LTSS providers to Iowa HHS resources, office hours and key contacts for claiming technical assistance.
  - Inform Iowa HHS DAP Program Manager of technical issues brought forward by provider network.
  - Coordination Across DAPs.
- Work with other DAPs to:
  - Standardize invoice templates for STSS where possible.

- DAPs will know and share individual District policies to support providers spanning multiple Districts.
- If there are topics that are identified relevant to statewide DAP providers and provide a platform for statewide communication around these issues. If initiated this platform will occur at a uniform day and time to allow for provider planning purposes.

### STSS Contracting Strategy

#### District STSS Contracting Transition

- Each agency who is contracted to be a DAP will maintain its own provider contracting process. Western Iowa Services Collaborative (WISC) does not expect to contract with providers on July 1, 2025, however, WISC will have all contracting processes established should the need arise to contract for services during the initial six months of operations while evaluating for ongoing contracting needs. WISC will verify credentials and quality using attachment D Quality Assurance (QA) policy.
- Each DAP will determine appropriate providers for the provision of STSS in their individual DAP. This process will be a priority of the district assessment to determine the type and number of providers needed. The process/policy for ensuring qualified providers is attached.
- Each DAP will honor the contract of other Districts if utilizing service providers located within these Districts. DAPs will inform other DAPs of contracts with STSS providers by uploading contracts in a centralized location. DAPs will develop District STSS non-Medicaid provider policy.
- DAPs will assist non-enrolled Medicaid Long-Term Services and Supports (LTSS) providers to become Medicaid-enrolled if claiming for non-Medicaid LTSS Disability Services.

#### Contracting Process

- The DAP will establish a standard contracting process for STSS Disability Service providers for claims not payable through the Iowa HHS claiming system. See attachments F and D.
- This will include:
  - Collaboration with current Mental Health and Disability Services (MHDS) Region staff to identify opportunities, strengths, and concerns for individual providers for ongoing service provision.
  - Verification of appropriate licensure or certification.
  - Review of service type, staffing, accessibility, and service area.

- Inclusion of contract provisions aligned with statewide expectations, as defined collaboratively by DAPs and HHS.
- Feedback loop with teams and individuals to support future planning and gap analysis to inform the District planning process.

### **Service Quality and Oversight**

- Contracts will include minimum service delivery and quality expectations.
- Quality assurance activities will include:
  - Invoice and utilization review.
  - Regular provider check-ins and follow-up on concerns.
  - Targeted monitoring where service gaps or complaints emerge.

### **STSS Rates and Funding System Alignment**

- Respite providers with existing Medicaid contracts will bill the Iowa Department of Health and Human Services (HHS) through the Safety Net Management Information System (SNMIS).
- DAPs will not duplicate payment for services and will explore all resources for individuals and caregivers, as the payors of last resort.
- A procedure will be established for setting rates for STSS services across all Districts.
- The DAP will encourage non-Medicaid providers to pursue Medicaid enrollment.

### **Contractor Training**

- The DAP will work with other districts to:
  - Identify essential STSS provider training needs (e.g., grievance rights, documentation, accessibility).
  - Provide or coordinate onboarding guidance for new STSS providers as needed.
  - Collaborate with the Iowa Aging & Disability Resource Center (ADRC) Training and Technical Assistance Call Center to identify training needs, in opportunities identified by and in collaboration with Iowa HHS.

### **Grievance and Complaint Process**

- All DAP contracts will reference a formal grievance and complaint process, which will be detailed later in the plan.
- Providers will be required to inform individuals of their rights and display grievance procedures clearly.
- The DAP will monitor complaints and track resolution steps as part of contract oversight.

#### Access Monitoring

- Collaborate with HHS to assess need for access standards for STSS services.
  - Monitor access across the district (e.g., by region, population group, or wait time).
  - Identify gaps and support provider recruitment or service development as needed.
  - Collaborate with other DAPs to coordinate efforts in shared border areas or under-resourced communities.
  - Identify opportunities for statewide solutions and systemic efficiencies with the support of Iowa HHS.

Objective What is the measurable step(s) you must take to achieve the goal?	Description of Task/Duties What are the activities you must complete to achieve the objective?	Role(s) Responsible Internal and External Stakeholders	Timeframe for Completion Dates or timeframes (within X days)
<b>Objective 1: Finalize DAP STSS invoice submission and review process</b>	Task 1: Finalize invoice template and secure submission method.	DAP Executive Director, DAP Operations Supervisor	By July 15, 2025
	Task 2: Communicate invoicing process to providers.	DAP Executive Director, DAP Operations Supervisor	By July 22, 2025
	Task 3: Implement invoice review and payment process.	DAP Executive Director, DAP Operations Supervisor	Beginning August 1, 2025
	Task 4: Host provider office hours or Q&A sessions.	DAP Executive Director, DAP Operations Supervisor	Start June 2025, Complete by July
<b>Objective 2: Develop and implement STSS contracting process</b>	Task 1: Create a provider application or participation form.	DAP Executive Director	By June 1, 2025

	Task 2: Draft contract template including QA and grievance expectations.	DAP Executive Director	By June 30, 2025
	Task 3: Review and determine provider application for STSS services.	DAP Executive Director	June 30, 2025
	Task 4: Establish contracts for STSS services.	DAP Executive Director	June 30, 2025
<b>Objective 3: Establish STSS quality monitoring and complaint oversight</b>	Task 1: Outline internal QA process for reviewing service delivery.	DAP Operations Supervisor	August–September 2025
	Task 2: Coordinate across DAPs for consistent expectations.	DAP Operations Supervisor	Q1 FY26
	Task 3: Ensure provider grievance policy is included in contracts.	DAP Executive Director	June 2025
<b>Objective 4: Prepare for potential contractor training expectations</b>	Task 1: Seek clarification from HHS on training expectations.	DAP Leadership	July 2025
	Task 2: Coordinate cross-DAP strategy for essential training topics.	DAP Executive Director	August 2025
	Task 3: Integrate basic training into provider onboarding as needed.	DAP Executive Director	Ongoing, beginning Q1 FY26
	Task 4: Collaborate with ADRC TACC for training assessments and development in opportunities identified by and with Iowa HHS.	ADRC TACC, DAP Leadership, DAP DSNs, and Iowa HHS	Ongoing, beginning May 2025



## Provider and Stakeholder Inventory

Provider Type/ Service Provision	Key District Organizations	Gap Inventory
<b>LTSS</b>		
<b>Supported Community Living (SCL)</b>	<ul style="list-style-type: none"> <li>• Ameriserve International</li> <li>• Anchor Homes</li> <li>• Choice, Inc.</li> <li>• Community Options, Inc.</li> <li>• Community Supports Network</li> <li>• Concerned, Inc.</li> <li>• Crest Services</li> <li>• Embrace Iowa in Hope Supportive Care</li> <li>• Family Resource Center</li> <li>• Imagine the Possibilities</li> <li>• Iowa Focus</li> <li>• Mosaic</li> <li>• New Horizons</li> <li>• Nishna Productions, Inc.</li> <li>• Partnership for Progress</li> <li>• Priority Care, LLC</li> <li>• REM Iowa</li> <li>• Southern Iowa Resources for Family (SIRF)</li> </ul>	<p>Barrier currently in lack of hourly <b>SCL</b> providers; WISC will explore of expansion of hourly services as assessed for need throughout the district; WISC will identify providers we have not worked with in the past and develop a plan to establish contacts/relationships during the transition period.</p>

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	<ul style="list-style-type: none"> <li>• Support Services of South-Central Iowa</li> <li>• Trivium Life Services</li> <li>• Vodec</li> <li>• Waubonsie Mental Health Center</li> </ul>	
<b>Employment Services</b>	<ul style="list-style-type: none"> <li>• Community Options, Inc.</li> <li>• Concerned, Inc.</li> <li>• Innovative Industries</li> <li>• New Hope Village</li> <li>• Nishna Productions, Inc.</li> </ul>	Currently employment services are offered in eleven district counties. Gaps are seen in Audubon, Cass, and Mills for individuals choosing to work in those counties; WISC will identify providers we have not worked with in the past and develop a plan to establish contacts/relationships during the transition period.
<b>Facility-Based Residential Programs</b> <ul style="list-style-type: none"> <li>• Residential Care Facilities (RCF)</li> <li>• Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID)</li> <li>• Nursing Facilities (NF)</li> <li>• Skilled Nursing Facilities (SNF)</li> </ul>	<u>RCF</u> <ul style="list-style-type: none"> <li>• Anchor Homes</li> <li>• <i>Community Adult Residential Environment</i></li> <li>• Country Care Center</li> <li>• Nishna Productions, Inc.</li> <li>• Park Place</li> <li>• <i>Ringgold Specialized Support Services</i></li> </ul> <u>ICF/ID</u>	No initially identified service gaps in this area; WISC will identify providers we have not worked with in the past (see italicized provider names) and develop a plan to establish contacts/relationships during the transition period. We will identify NF/SNF providers that accept individuals with

	<ul style="list-style-type: none"> <li>• REM Iowa Community Services <u>NF/SNF</u></li> <li>• <i>Community Care Center</i> (Adair)</li> <li>• <i>Greenfield Rehabilitation &amp; Health Care Center</i> (Adair)</li> <li>• <i>Corning Specialty Care</i> (Adams)</li> <li>• <i>Bedford Specialty Care</i> (Taylor)</li> <li>• <i>Lenox Care Center</i> (Taylor)</li> <li>• <i>Accura Healthcare of Creston</i> (Union)</li> <li>• <i>Creston Specialty Care</i> (Union)</li> <li>• <i>Exira Care Center</i> (Adair/Audubon)</li> <li>• <i>Friendship Home Association</i> (Adair/Audubon)</li> <li>• <i>Panora Specialty Care</i> (Guthrie)</li> <li>• <i>The New Homestead Care Center</i> (Guthrie)</li> <li>• <i>Elm Crest Retirement Community</i> (Shelby)</li> <li>• <i>Salem Lutheran Home</i> (Shelby)</li> </ul>	<p>disabilities who have complex needs, including developmental disabilities, physical disabilities, and chronic mental health conditions.</p>
<b>Medical Services and Supplies</b>	<ul style="list-style-type: none"> <li>• Able Up Iowa</li> <li>• NuCare Home Medical</li> <li>• Mobilis Inc</li> </ul>	<p>No gaps initially identified in this area.</p>

	<ul style="list-style-type: none"> <li>• Apria Healthcare</li> <li>• HELP Medical Equipment Rental and Long-Term Planning</li> <li>• League of Human Dignity</li> </ul>	
<b>Personal Emergency Response Services (PERS)</b>	<ul style="list-style-type: none"> <li>• Lifestation</li> <li>• Medical Care Alert</li> <li>• Senior Safety Medical Alert Systems</li> </ul>	No gaps initially identified in this area, timeliness currently unknown and will assess during transition period.
<b>Respite</b>	<ul style="list-style-type: none"> <li>• Concerned, Inc.</li> <li>• Embrace Iowa, Inc.</li> <li>• Family Resource Center</li> <li>• Lutheran Services in Iowa</li> </ul>	There are several available providers of service however there are access issues due to wait lists and capacity; WISC will establish contacts/relationship with Family Resource Center. WISC will also explore the capacity of LTSS service providers to expand upon or initiate provision of respite services to fill gaps as well as identify natural supports as we assess and develop the district plan.
<b>STSS</b>		
<b>Individual Assessment and Evaluation</b>	<ul style="list-style-type: none"> <li>• Greenhills AEA</li> <li>• Heartland AEA</li> </ul>	Current gaps seen in limited number of

	<ul style="list-style-type: none"> <li>Center for Disabilities and Development (CDD)</li> <li>Child Health Specialty Clinics</li> <li>Community Mental Health Centers</li> <li>Adair County Health System (Mercy One)</li> </ul>	providers who will complete psychological evaluations; wait lists for evaluations; WISC will identify providers we have not worked with in the past and develop a plan to establish contacts/relationships during the transition period.
<b>Transportation</b>	<ul style="list-style-type: none"> <li>ARC</li> <li>Faith in Action</li> <li>Southwest Iowa Transit Agency (SWITA)</li> <li>Southern Iowa Trolley (SIT)</li> <li>Western Iowa Transit</li> <li>Medicaid Nonemergency medical transportation</li> <li>Uber Health (Metro area)</li> </ul>	Providers available, however, access issues exist due to limited scheduling and availability of rides for employment transportation or other non-emergent needs in rural areas. WISC will identify providers we have not worked with in the past and develop a plan to establish contacts/relationships during the transition period.
<b>Peer and Parent Support</b>	<ul style="list-style-type: none"> <li>Southwest Iowa Families (Page)</li> <li>Heartland Family Services</li> <li>Southwest Iowa NAMI</li> <li>Autism Society of Iowa</li> </ul>	No gaps initially identified in this area; WISC will identify providers we have not worked with in the past and develop a plan to establish

	<ul style="list-style-type: none"> <li>• Family and Educator Partnership</li> <li>• Family Navigators (Child Health Specialty Clinics)</li> <li>• Hands and Voices of Iowa</li> <li>• Hawkeye Area Down Syndrome Association</li> <li>• Iowa Epilepsy Foundation</li> <li>• Regional Autism Assistance Program (RAP)</li> <li>• Iowa Foster and Adoptive Parent Association</li> <li>• Arc of Iowa</li> <li>• Office of Consumer Affairs</li> <li>• League of Human Dignity (CIL)</li> <li>• Prader-Willi Syndrome Association of Iowa</li> </ul>	<p>contacts/relationships during the transition period. We'll specifically focus on entities assisting individuals with physical, intellectual, and developmental disabilities as well as their caregivers.</p>
<b>Time-Limited Rental Assistance</b>	<ul style="list-style-type: none"> <li>• Connections Area Agency on Aging (60+)</li> <li>• County General Assistance programs</li> <li>• Family Housing Advisory</li> <li>• Heartland Family Service</li> <li>• Homeless Link</li> <li>• InterFaith Response</li> </ul>	<p>There are a larger variety of options in more populated areas. Barriers seen due to varying criteria and available funds amounts; WISC will learn of requirements for County General</p>

	<ul style="list-style-type: none"> <li>• New Visions</li> <li>• Project Everlast (ages 19-25)</li> <li>• Salvation Army</li> <li>• Together Inc.</li> <li>• Waypoint</li> </ul>	Assistance programs in new district counties.
<b>Home and Vehicle Modifications</b>	<ul style="list-style-type: none"> <li>• NuCare Home Medical</li> <li>• Mobilis Inc</li> <li>• Able Up Iowa</li> </ul>	No initially identified gaps in this area; WISC will work with its CIL partner for referrals.
<b>Adaptive Equipment</b>	<ul style="list-style-type: none"> <li>• Able Up Iowa</li> <li>• Easterseals Iowa Assistive Technology Program</li> <li>• ChildServe</li> <li>• Iowa Compass</li> <li>• Mobilis Inc (Pottawattamie)</li> <li>• NuCare Home Medical (Union)</li> <li>• Disability Resource Library</li> <li>• Iowa Able Foundation</li> <li>• Iowa Braille School</li> <li>• Iowa Statewide Vision Services</li> <li>• Occupational Therapy Assistive Technology Lab and Services</li> <li>• Hands and Voices Iowa</li> <li>• Iowa Office of Deaf Services</li> </ul>	No gaps initially identified in this area; WISC will identify providers we have not worked with in the past and develop a plan to establish contacts/relationships during the transition period.

	<ul style="list-style-type: none"> <li>• Iowa Department for the Blind</li> </ul>	
<b>Other Basic Needs</b>	<ul style="list-style-type: none"> <li>• County General Assistance Programs</li> <li>• Local Food Pantries</li> <li>• Food Bank of Iowa</li> <li>• Non-food pantries</li> <li>• West Central Development</li> <li>• Clothing Closets</li> <li>• New Vision Shelter</li> <li>• Micah House Shelter</li> <li>• American Red Cross</li> </ul>	There are numerous providers across communities of the district; will inventory as part of our district assessment to address any gaps.
<b>Community Stakeholders</b>		
<b>Schools</b>	<ul style="list-style-type: none"> <li>• School Districts in Green Hills AEA</li> <li>• School Districts in Heartland AEA</li> </ul>	Will develop contacts and relationship with Heartland AEA, whom we haven't worked with before, to begin work with local school districts in new coverage area.
<b>Health care</b>	<ul style="list-style-type: none"> <li>• Angels Care Home Health</li> <li>• CHI Mercy Hospital and Clinic</li> <li>• Jennie Edmunson Hospital and Clinic</li> <li>• Myrtue Medical Hospital</li> <li>• Cass Health</li> <li>• All Care Health Center</li> <li>• Anita Medical Center</li> </ul>	Will determine through district assessment a process to engage/outreach with the numerous health care providers in the district.



	<ul style="list-style-type: none"> <li>• Atlantic Medical Center</li> <li>• Massena Medical Center</li> <li>• Audubon Family Health Care</li> <li>• Exira Medical Clinic</li> <li>• Malvern Medical Clinic, RHC</li> <li>• Medical Clinic P.C.</li> <li>• Methodist Physicians Clinic</li> <li>• Monroe Meyer Institute</li> <li>• Mount Ayr Medical Clinic</li> <li>• Shenandoah Physicians Clinic</li> <li>• Villisca Medical Clinic, RHC</li> <li>• GCH Clinic</li> <li>• Adair County Medical Clinic</li> <li>• Corning Medical Clinic</li> <li>• DCH Family Medicine</li> <li>• Mosaic Family Care</li> <li>• Lenox Medical Clinic</li> <li>• Mount Ayr Medical Clinic</li> </ul>	
<b>Public Health</b>	<ul style="list-style-type: none"> <li>• County Public Health Departments in all 14 counties</li> <li>• Firefly-I-Smile program</li> <li>• Adair County Health system (also provides</li> </ul>	Currently have a close relationship with Pottawattamie County Public Health; will network with existing public health providers

	medical and mental health care)	to facilitate coordination of care and referrals.
<b>Businesses</b>	<ul style="list-style-type: none"> <li>• Iowa West</li> <li>• Western Iowa Community Foundation</li> <li>• Chambers of Commerce</li> </ul>	WISC will explore further business stakeholders during our assessment; WISC will work with city Chambers of Commerce on promotional materials for the DAP.
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• Southwest Iowa Transit Agency (SWITA)</li> <li>• Southern Iowa Trolley (SIT)</li> <li>• Western Iowa Transit</li> </ul>	Will develop contacts and relationships with new transit providers (SIT and Western Iowa Transit); will inventory rural taxi/transportation services as part of district assessment and develop relationships.
<b>Housing</b>	<ul style="list-style-type: none"> <li>• Institute for Community Alliance-Coordinated Entry</li> <li>• Waypoint-Coordinated Entry</li> <li>• Crisis Intervention and Advocacy Center</li> <li>• Municipal Housing Agency of Council Bluffs</li> <li>• Southern Iowa Regional Housing Authority (SIRHA)</li> </ul>	WISC will develop contacts and relationships with <b>SIRHA</b> .

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<b>Community Health Centers</b>	<ul style="list-style-type: none"> <li>• All Care Health Center</li> <li>• Infinity Health (Taylor, Ringgold)</li> </ul>	Will develop contacts and relationships with Infinity Health; will explore transportation options for individuals in rural areas needing access to the health centers.
<b>Community-based and Faith-based Organizations</b>	<ul style="list-style-type: none"> <li>• Best Buddies of Iowa</li> <li>• Special Olympics of Iowa</li> <li>• Southwest Iowa NAMI</li> <li>• Iowa Association of Community Providers</li> <li>• H-M-S HUB</li> <li>• Iowa West Foundation</li> <li>• Charles E Lakin Human Service Campus</li> <li>• Firefly</li> <li>• Homeless Shelters- Joshua House, Micah House</li> <li>• West Central Community Action</li> <li>• Thriving Families</li> <li>• Crisis Intervention and Advocacy Center</li> </ul>	Will develop plan through district assessment of engagement of community-based and faith-based organizations.
<b>Certified Community Behavioral Health Centers (CCBHCs)</b>	<ul style="list-style-type: none"> <li>• Heartland Family Service</li> </ul>	CCBHC coverage is currently not available in all district counties. Will collaborate with CCBHCs and HHS in development of

		additional CCBHC opportunities. We will also collaborate with CCBHC on warm hand offs to their program.
<b>Transition Age Youth</b>	<ul style="list-style-type: none"> <li>• Greenhills AEA</li> <li>• Heartland AEA</li> <li>• Foster Care Review Committee</li> <li>• Local HHS offices</li> <li>• Juvenile Court</li> <li>• School Districts</li> </ul>	WISC will develop a plan for engagement of these stakeholders as we assess the district and develop our district plan.
<b>Area Agency on Aging (AAA)</b>	<ul style="list-style-type: none"> <li>• Connections Area Agency on Aging (AAA)</li> <li>• Elderbridge Area Agency on Aging</li> </ul>	Will develop contacts and relationships with Elderbridge AAA
<b>Iowa Workforce Development (IWD)</b>	<ul style="list-style-type: none"> <li>• IowaWORKS</li> <li>• Iowa Vocational Rehabilitation Services (IVRS)</li> </ul>	Will develop contacts and relationships with district IWD board & disability access committee.
<b>Thrive</b>	<ul style="list-style-type: none"> <li>• Cass County</li> <li>• Thriving Families Alliance</li> </ul>	Current relationships with these agencies and will continue to work together in DAP.

# Continuity of Services

## Services for Individuals

Assurance of current service amnesty and updating of plans

### Case Inventory and Assignment Review

- DAPs will pull open and active case data from MHDS Region systems.
- Cases will be sorted by service type and provider to support assignment planning.
- Case lists will be confirmed against the HHS-approved service rollover list to ensure all individuals are accounted for by July 1, 2025.
- DAPs and MHDS Regions will coordinate to finalize appropriate case assignments by the transition date.

### Transition Meetings and Information Sharing

- Draft releases of information will be developed and submitted for Iowa HHS approval.
- Signed releases of information will be obtained from individuals.
- DAPs will schedule and conduct transition meetings with MHDS Regions. Disability Service Navigators will schedule the warm handoff meetings by contacting the current coordinator. Meetings will include individuals served and their caregivers at times convenient to them.
- Meetings will ensure warm handoffs occur and complete case records are transferred securely.

### Service Documentation and Assessment Planning

- DAPs will collect existing service plans, assessments, and related documentation from MHDS Regions.
- Tracking systems will be developed to monitor due dates for upcoming document updates and reassessments.
- DAPs will coordinate with HHS to understand any future changes to assessment and planning requirements and prepare for statewide alignment.

Objective	Description of Task/Duties	Task Format	Task Timeframe for Completion
Objective 1: Inventory of open/active cases	Task 1: Pull open case lists from MHDS Region systems.	Process	May 2025, June 15 and 30, 2025
	Task 2: Sort cases by service type and provider.	Process	May–June 2025

	Task 3: Confirm alignment with HHS-approved rollover list.	Process	By July 1, 2025
	Task 4: The DAP will work with the MHDS Region to review its case list and decide where each individual will transition on July 1, 2025.	Process	By July 1, 2025
<b>Objective 2: Case transition meetings</b>	Task 1: Draft Release of Information (Iowa HHS Approval Needed).	Form	June 1, 2025
	Task 2: Obtain Release of Information from clients.	Form	Ongoing by June 30, 2025
	Task 3: The DAP will work with MHDS Region service Coordinators to schedule transition meetings for warm hand offs.	Process	Ongoing by June 30, 2025
	Task 4: DAPs will participate in HHS Townhalls and local outreach opportunities to inform the community of transition processes.	Meetings	Ongoing by June 30, 2025
	Task 5: Case transition meetings take place with individual and care team.	Meeting	Ongoing by June 30, 2025
	Task 6: The MHDS regions staff and DAP work together to review appropriate assignments of cases and complete warm-handoff process.	Meeting	Ongoing by June 30, 2025
<b>Objective 3: Inventory of Individual Current Services</b>	Task 1: Collect individual documents from MHDS Regions.	Process	May–June 2025
	Task 2: Develop tracking system for due dates for all required documents and updates.	Process	By July 15, 2025
	Task 3: Coordinate with HHS on future assessment and planning requirements.	Policy	July–August 2025

## Identifying Cases for Future Community Integration Opportunities

### Flagging and Review Procedures

- Develop a standard set of criteria for identifying individuals who may benefit from reassessment related to community integration opportunities. WISC will prioritize individuals in long-term care settings- RCF, and Nursing Facilities (NFs). Populations that may be prioritized include individuals with intellectual disabilities and chronic mental illness.
- Create a flagging system within internal tracking tools to tag cases meeting these criteria.
- Coordinate across DAPs to ensure consistent use of flagging criteria and reduce variability statewide.

### Reassessment and Action Planning

- Assign flagged cases to appropriate staff for second review and reassessment.
- Conduct team-based case review meetings to evaluate individual needs and opportunities for enhanced integration.
- Document review outcomes using a standardized format and outline any necessary follow-up or service coordination steps.

Objective	Description of Task/Duties	Task Format	Task Timeframe for Completion
<b>Objective 1: Establish process to flag cases for second review</b>	Task 1: Develop criteria for flagging individuals for review.	Policy/Process	August 2025
	Task 2: Build internal flagging system in case tracking tools.	Process	August–September 2025
	Task 3: Coordinate with other DAPs on shared flagging criteria.	Process	September 2025
<b>Objective 2: Review flagged cases for integration opportunities</b>	Task 1: Assign flagged cases for reassessment.	Process	October 2025
	Task 2: Conduct team-based case review meetings.	Meeting	Beginning October 2025
	Task 3: Document review outcomes and action steps.	Form/Process	Ongoing after October 2025

## Prioritization of STSS Services

### Development of Prioritization Criteria

- Define how STSS services will be prioritized in the event of limited funding.
- Coordinate with other DAPs to establish consistent criteria across districts. WISC will initially use historic service usage data from MHDS regions (ex: time-limited rent and transportation). Will assess further during the transition period.
- Develop internal protocols to guide decision-making on service access.

### Equity and Service Mapping

- Map the current landscape of STSS providers and identify underserved populations or geographic areas.
- Conduct outreach and initiate contracts with providers to address identified gaps.
- Monitor service utilization trends by location and population group to inform ongoing planning.

### Addressing Service Duplication and Clarifying Funding Roles

- Review existing STSS services supported by DAPs, Medicaid, and other funding streams.
- Collaborate with HHS and fellow DAPs to determine appropriate funding responsibilities.
- Revise internal funding strategies and contracting approaches based on areas of duplication or overlap.

### Coordinating the STSS Service Array

- Compile a centralized inventory of STSS services, categorized by provider and location.
- Develop reference tools (e.g., referral guides or service directories) to support Disability Service Navigator decision-making, utilizing TACC resources
- Establish a routine communication process with contracted providers to share updates, address service issues, and coordinate care delivery across the district.

Objective	Description of Task/Duties	Role(s) Responsible	Timeframe for Completion
<b>Objective 1: Develop district-wide STSS prioritization strategy</b>	Task 1: Define prioritization criteria for STSS service access.	Policy/Process	July–August 2025



	Task 2: Align prioritization criteria across DAPs while also accounting for district specific needs.	Policy	August–September 2025
	Task 3: Create internal DAP guidance for applying prioritization consistently across all districts.	Process	September 2025
<b>Objective 2: Ensure equitable access to STSS services across the district</b>	Task 1: Map current STSS service providers and identify gaps.	Process	August 2025
	Task 2: Coordinate outreach and contracting to fill geographic or specialty gaps.	Process	September–October 2025
	Task 3: Monitor utilization by geography and priority group.	Policy/Process	Starting October 2025
<b>Objective 3: Identify and address STSS service duplication</b>	Task 1: Review existing STSS services funded across systems (DAP, Medicaid, others).	Process	Within first 90 days
	Task 2: Work with other DAPs and HHS to clarify funding responsibilities for unique services.	Policy	Within first 120 days
	Task 3: Adjust contracting strategy based on findings.	Process	By end of Q1 FY26
<b>Objective 4: Coordinate the STSS service array across the district</b>	Task 1: Create a centralized inventory of STSS services by provider and location.	Process	September 2025
	Task 2: Develop internal reference tools to guide referrals and coordination.	Form/Process	October 2025

	Task 3: Establish communication structure among contracted providers.	Meeting	Quarterly, beginning Q2 FY26
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## Service Provision Prioritization Work Plan

### Transition Preparation and Client Outreach

- Compile a list of active individuals receiving services using a combination of MHDS Region data and local system reports.
- Begin outreach to inform individuals of Disability Access Point (DAP) contact information and available services.
- Monitor for early service access issues and escalate any transition-related concerns, including staffing gaps, to HHS.

### Staffing for Service Launch

- Complete hiring and deployment of staff based on anticipated service volumes by the service start date.
- Reassess staffing needs after the District Level Assessment and adjust as needed.
- Ensure readiness to provide Information and Assistance (I&A), Options Counseling,) STSS, and Service Coordination for LTSS, with initial limitations in I&A and Options Counseling expected until Iowa ADRC training is completed.

### Billing Transition Support

- Identify providers impacted by the transition to SNMIS billing and provide education based on forthcoming HHS guidance.
- Offer technical assistance on SNMIS enrollment and use of fee schedules once they are issued.
- Track and escalate unresolved billing or transition issues to HHS.

### Client-Facing Communications

- Draft plain-language Frequently Asked Questions (FAQs) and service explanations for individuals and families.
- Submit materials for HHS review and approval prior to dissemination.

- Launch an informational campaign emphasizing service continuity and Disability Service Navigator introductions.

### **Service Monitoring and System Assessment**

- Design tracking tools to monitor STSS availability and core service staffing patterns.
- Integrate findings into the District Level Assessment to inform future decision-making.
- Modify service delivery strategies in response to assessment outcomes.

### **Interim STSS Prioritization Planning**

- Prepare a temporary plan to prioritize access to STSS services in the event of funding limitations before HHS guidance is issued.
- Apply formal prioritization and waitlist procedures upon receipt of official HHS criteria.
- Communicate clearly with stakeholders and HHS Program Manager if prioritization or waitlisting becomes necessary.

### **Access Infrastructure and Oversight**

- Collaborate with the Iowa ADRC to establish standard access points such as phone, email, in-person hours, and virtual options.
- Publicly post service access information once approved by HHS.
- Begin tracking access data quarterly to identify and address systemic access barriers.

Objective	Description of Task/Duties	Role(s) Responsible	Timeframe for Completion
<b>Objective 1: Maintain continuity of services during transition</b>	Task 1: Finalize list of existing clients based on available MHDS data and District system pulls.	DAP District Services Supervisors, HHS	May - June 2025

	Task 2: Begin outreach to individuals to introduce DAP contacts and services.	DAP DSNs, DAP Services Supervisors	May - June 2025
	Task 3: Monitor for immediate service gaps during transition period and escalate staffing concerns impacting Information and Assistance, Options Counseling, and Service Coordination to HHS.	DAP Services Supervisors, DAP Executive Director	Ongoing July - December 2025
<b>Objective 2: Ramp up service availability aligned with Disability Services System expectations</b>	Task 1: Complete staff hiring and deployment based on anticipated caseloads to meet July 1, 2025, launch requirements.	DAP Executive Director, DAP Operations Supervisor, DAP District Services Supervisors	May - June 2025
	Task 2: Adjust staffing after October 2025 District Level Assessment if needed.	DAP Executive Director	October - December 2025
	Task 3: Ensure services cover Information and Assistance, Options Counseling, STSS, and Service Coordination of LTSS. Note: Full delivery of Information and Assistance and Options Counseling services may be limited	DAP Operations Supervisor	July - October 2025

	until Iowa ADRC training is completed.		
<b>Objective 3: Prepare providers for SNMIS billing transition</b>	Task 1: Identify providers affected by the billing transition and SNMIS enrollment requirements	DAP Executive Director, DAP Operations Supervisor	June - July 2025
	Task 2: Provide provider education and technical assistance based on HHS SNMIS guidance and published fee schedules.	DAP Executive Director, DAP Operations Supervisor	Within 30 days of receiving HHS fee schedules
	Task 3: Track and escalate unresolved billing transition issues to HHS.	DAP Executive Director	Ongoing starting August 2025
<b>Objective 4: Develop and seek approval for client-facing communication materials</b>	Task 1: Draft FAQs, service explanations, and outreach materials for individuals and families.	DAP Executive Director, DAP District Services Supervisors, DAP Operations Supervisor	June - July 2025
	Task 2: Submit draft communications to HHS for review and approval.	DAP Executive Director	By July 15, 2025
	Task 3: Launch communication campaign once approved, emphasizing continuity and Navigator introductions.	DAP Executive Director, DAP Operations Supervisor	August 2025

<b>Objective 5: Build infrastructure for tracking emerging needs and service gaps</b>	Task 1: Design service tracking methods focused on STSS availability and staffing patterns for core services.	DAP Executive Director, DAP Operations Supervisor	June 2025
	Task 2: Integrate findings into formal District Level Assessment.	DAP Executive Director	October 15, 2025
	Task 3: Adjust service expansion and staffing plans based on assessment outcomes.	DAP Executive Director	October - December 2025
<b>Objective 6: Prepare for potential STSS waitlist scenarios</b>	Task 1: Develop interim prioritization plan specifically for STSS services if funding gaps occur before HHS issues official waitlist and prioritization criteria. WISC will review expenditures monthly after July 1. Initial prioritization will be based on historic need and continuity of care services previously provided through MHDS Regions (ex: rent and transportation). When at 75% of STSS budgeted expenses, WISC will shift	DAP Executive Director	June 2025

	to its priority services criteria procedures.		
	Task 2: Implement HHS-provided STSS waitlist and prioritization criteria upon receipt.	DAP Executive Director, DAP Operations Supervisor	After July 1, 2025, or upon receipt
	Task 3: Communicate STSS waitlist processes clearly to stakeholders if activated.	DAP Executive Director, DAP Operations Supervisor, DAP District Services Supervisors	As needed
<b>Objective 7: Ensure consistent access to Disability Access Point services</b>	Task 1: Collaborate with Iowa ADRC to establish standard methods of access (phone, email, in-person office hours, virtual options).	DAP Executive Director, DAP District Services Supervisors, DAP Operations Supervisor	July 2025
	Task 2: Publish information on anticipated public office hours and access channels after HHS approves communication materials.	DAP Executive Director	June 2025
	Task 3: Track service access patterns quarterly to identify and address barriers.	DAP Operations Supervisor	Starting October 2025

Notes:

- Historical client data transfer between DAPs will be conducted under HIPAA-compliant procedures, in coordination with HHS.
- Staffing must be fully deployed by July 1, 2025, to meet service continuity expectations.
- Full delivery of Information and Assistance and Options Counseling will depend on completion of Iowa ADRC-provided training.
- SNMIS billing procedures and fee schedules are pending HHS publication; internal workflows will be finalized within 30 days of receipt.
- Communication materials must be approved by HHS prior to public dissemination.
- Interim prioritization planning applies only to STSS services, not to I&A, Options Counseling, or Service Coordination; any access issues for core services will be escalated to HHS for direction.

## Partnerships for Transition Service Planning and Warm Hand Offs

### Warm Handoff Protocol Development

- Outline step-by-step procedures and establish a timeline for initiating warm handoffs.
- Create handoff checklists to ensure critical information is shared and transitions are coordinated effectively.
- Collaborate with state-established external case management providers to develop shared language and expectations for transitions.

### Person-Centered Transition Planning

- Involve individuals, families, and caregivers in planning to ensure transitions reflect their preferences and needs.
- Provide each individual with a written summary of the transition at the point of handoff.
- Offer post-transition check-ins, when appropriate, to support continuity of care and promote service engagement.
- Disability Service Navigators will continue to work with current clients on individual caseloads as we transition to the DAP unless they are ready for discharge or warm hand off to another case management provider in District Counties of: Fremont, Page, Montgomery, Mills, Cass, and Pottawattamie.
- WISC will partner with Heart of Iowa Region to coordinate warm hand offs for individuals living in Adams, Taylor, Union, Adair, Audubon, Ringgold and Guthrie counties.

### Ongoing Coordination and Feedback

- Establish designated points of contact with each external case management provider.



- Schedule regular coordination meetings to maintain communication and troubleshoot barriers.
- Develop a feedback mechanism to monitor the success of handoffs and identify opportunities for system improvement.

Objective	Description of Task/Duties	Role(s) Responsible	Timeframe for Completion
<b>Objective 1: Establish a warm handoff protocol for transitions to external case management</b>	Task 1: Define steps and timeline for initiating a warm handoff.	Policy/Process	August 2025
	Task 2: Create checklist for handoff planning.	Form/Process	August 2025
	Task 3: Develop shared language and expectations with state established external case management providers.	Meeting/Policy	August–September 2025
<b>Objective 2: Ensure person-centered and informed transitions</b>	Task 1: Involve individuals, families, and caregivers in the handoff planning process.	Policy/Meeting	September 2025
	Task 2: Provide individuals with written transition summary.	Form	At time of transition
	Task 3: Offer post-transition check-in when appropriate.	Process	Ongoing beginning October 2025
<b>Objective 3: Coordinate with external case management entities</b>	Task 1: Establish contacts within each state established external case management provider.	Process	August–September 2025
	Task 2: Schedule regular coordination meetings.	Meeting	Quarterly beginning Q2 FY26
	Task 3: Create feedback loop for handoff success and issues.	Process	Starting Q4 FY26

# Engagement and Outreach

## Communication Plan for Stakeholder Engagement

### Provider Communication Strategy

- Establish a regular meeting schedule with providers, staff teams, and key system partners across the district.
- Facilitate ongoing discussions with former MHDS Regions and major network partners to support continuity and collaboration.
- Coordinate with Iowa ADRC to inform providers about required training and distribute information about system changes.

### Stakeholder Engagement and System Awareness

- Create feedback loops with individuals with lived experience, caregivers, and community stakeholders to ensure continuous communication and improvement.
- Develop outreach strategies to raise awareness of the new system among potentially eligible individuals, community groups, law enforcement, legislators, and others.
- Launch a plain-language public education campaign introducing Disability Access Points and the services available.

### Tracking and Cross-District Coordination

- Build a centralized system to log outreach activities and stakeholder interactions.
- Develop templates to summarize stakeholder feedback and identify emerging themes or concerns.
- Establish a cross-DAP data-sharing process to align engagement strategies and track system-wide trends.

### Inclusive and Targeted Outreach

- Partner with culturally specific and disability-led organizations to strengthen outreach and ensure diverse community representation.
- Translate outreach materials and disseminate them through relevant networks.

- Leverage peer-led groups and trusted community-based organizations to act as messengers for the new system.

Objective	Description of Task/Duties	Role(s) Responsible	Timeframe for Completion
<b>Objective 1: Provider Engagement Communication</b>	Task 1: Establish and advertise regular district meetings and office hours cadence with providers, DAP teams and partners	Community Development Manager(s), Contracting & Planning Team	Starting July 2025
	Task 2: District meetings w/ Regions and key network partners and leaders for introduction and transition	DAP Leadership	June 2025
	Task 3: Identify Training Needs for STSS Service Providers, develop training and advertise STSS training opportunities, including but not limited to STSS billing to DAP	DAP Leadership	June – July, 2025
	Task 4: Collaborate with UCEDD to inform providers of Provider Training and complete outreach for upcoming system trainings (ADRC TA & Call Center)	Provider Engagement and UCEDD Liaison	August–October 2025
	Task 5: Collect District level STSS provider network feedback for future District planning and assessment efforts	Assessment SME	Ongoing
<b>Objective 2: Stakeholder Engagement Communication</b>	Task 1: Establish regular district feedback and communication feedback loop with individuals with lived experience, caregivers, and stakeholders.	Community Development and Engagement Team	Launch by October 2025
	Task 2: Communication strategies to market system change to potentially eligible individuals, caregivers, community members, legislators, law enforcement, etc.	Communications & Outreach Team, Iowa HHS	September–December 2025

	Task 3: Launch plain-language campaign on Disability Access Points	Outreach Team with UCEDD Support, Iowa HHS	October 2025
<b>Objective 3: Build infrastructure for tracking outreach and engagement</b>	Task 1: Create centralized tracking log for stakeholder engagement	Administrative or QA Team	By September 2025
	Task 2: Develop summary template to track trends in feedback	QA and Planning Team	October 2025
	Task 3: Create data-sharing structure across districts for feedback themes	DAP Leadership and UCEDD	Starting Q1 FY26
<b>Objective 4: Expand outreach to historically underrepresented groups</b>	Task 1: Identify and partner with culturally specific and disability-led organizations	Community Development Manager(s)	Beginning August 2025
	Task 2: Translate key outreach materials and distribute via diverse networks	Communications Team, HHS Iowa	September–October 2025
	Task 3: Engage peer-led and community-based groups as trusted messengers	Peer Leaders, Faith-Based and Cultural Orgs	October–December 2025

## Individuals Served

The Disability Access Points (DAPs) will operationalize engagement with individuals served in two ways:

- (1) Upfront engagement during initial contact to welcome participation and promote person-centered services, and
- (2) Follow-up engagement to understand whether services accessed are beneficial in helping individuals achieve their self-defined goals and live autonomously.

## Channels of Communication

Disability Access Points (DAPs) will utilize the following communication channels to engage individuals served:

- Direct conversations during intake (in-person, phone, or video call).
- Follow-up phone calls and secure emails.
- Printed materials such as flyers and intake handouts (pending HHS approval).
- Social media posts and website updates (pending HHS approval).
- Outreach through partners and referral networks.

These strategies will ensure that individuals have clear, repeated opportunities to provide feedback on their experiences and to participate in shaping services in a person-centered and hope-centered way.

Phase 1 efforts will prioritize getting these activities operational by July 1, 2025, with acknowledgment that processes will evolve once HHS systems, Iowa ADRC training, and additional guidance are available.

Key approaches include:

- Upfront communication at intake about the opportunity for individuals to provide feedback later.
- In-the-moment satisfaction checks for Information & Assistance (I&A) encounters.
- Structured voluntary follow-up surveys for Options Counseling, STSS, LTSS Service Coordination, and HCBS Navigation services.
- Use of interim tools initially, transitioning to HHS-provided systems when available.
- Selection of evidence-based tools to measure outcomes in a way that reflects the Science of Hope and person-centered practices.
- Tracking client participation rates, declines, and feedback outcomes to inform system improvements.

**Notes:**

- Participation in feedback activities will be fully voluntary and offered in a manner that is functional and accessible for the individual.
- Feedback procedures will be updated as needed following Iowa ADRC training and HHS system rollout.
- DAPs will develop and submit outreach and engagement materials for HHS approval before dissemination (targeting July 15, 2025).

Objective	Description of Task/Duties	Role(s) Responsible	Timeframe for Completion
	Task 1: Develop interim standard language for staff to introduce feedback	Disability Access Point Leadership/Iowa ADRC	June 2025

Objective 1: Establish upfront engagement at initial contact (Phase 1)	opportunities at intake for July 1 launch.		
	Task 2: Integrate basic consent tracking into case management system for Phase 1. Plan update after HHS tools are available.	DAP Operations Supervisor/Iowa ADRC	June 2025
Objective 2: Implement in-the-moment feedback collection for I&A services (Phase 1)	Task 1: Develop and test a short satisfaction check-in tool for immediate use at intake (Phase 1).	DAP Services Supervisors, DAP Operations Supervisor/Iowa ADRC	June 2025
	Task 2: Train I&A staff on using the immediate check-in tool.	DAP Services Supervisors, DAP Operations Supervisor/Iowa ADRC	June - July 2025
	Task 3: Launch basic in-the-moment feedback collection for I&A encounters by July 1.	DAP Operations Supervisor/Iowa ADRC	July 2025
Objective 3: Establish structured follow-up methods for Options Counseling, STSS, LTSS, and HCBS Navigation (Phase 1)	Task 1: Develop Phase 1 follow-up timelines and templates for each service type, pending final HHS guidance.	DAP Operations Supervisor/Iowa ADRC	June 2025
	Task 2: Create clear procedures for voluntary feedback and opt-out tracking.	DAP Operations Supervisor/Iowa ADRC	June 2025

	Task 3: Pilot Phase 1 follow-up procedures and adjust based on early results.	Disability Access Point Staff, Iowa ADRC	July - August 2025
Objective 4: Research and recommend evidence-based feedback tools	Task 1: Identify and review suggested tools such as SWLS, POMs, and WHOQOL-BREF for Options Counseling and Service Coordination.	DAP Executive Director, DAP Operations Supervisor, Iowa ADRC	May - June 2025
	Task 2: Facilitate DAP-wide discussion and decision on selected tools.	Disability Access Point Leadership/Iowa ADRC	June 2025
	Task 3: Develop implementation procedures for selected feedback tools after approval.	DAP Executive Director, DAP Operations Supervisor, DAP District Services Supervisors, Iowa ADRC	July 2025
Objective 5: Develop data tracking and reporting procedures (Phase 1)	Task 1: Develop internal tracking sheets for engagement and follow-up until HHS system is available.	DAP Operations Supervisor/Iowa ADRC	June 2025
	Task 2: Transition to HHS-provided tracking and reporting system once available (HHS expected to	DAP Operations Supervisor, Iowa ADRC	Upon receipt from HHS

	provide standards and tools by April 15, 2025).		
	Task 3: Analyze feedback trends quarterly to guide service improvements.	DAP Executive Director, DAP Operations Supervisor, Iowa ADRC	Starting October 2025
Objective 6: Communicate feedback opportunities to individuals (Phase 1)	Task 1: Create interim feedback invitation scripts and materials for July 1 go-live (Phase 1).	DAP Executive Director, DAP Operations Supervisor, DAP District Services Supervisors, Iowa ADRC	June 2025
	Task 2: Submit final, polished feedback materials to HHS for review and approval (HHS review required before public dissemination).	DAP Executive Director/Iowa ADRC	July 15, 2025
	Task 3: Launch final approved outreach about feedback opportunities in client communications.	DAP Executive Director, Iowa ADRC	August 2025



## **Advisory Council Work Plan**

### **Recruitment for District Advisory Council**

DAPs will design and launch an inclusive recruitment process to establish Advisory Councils representing individuals with disabilities, caregivers, and community members.

- Design the council application form and promotional outreach materials.
- Publish the application and promote widely across the District.
- Create a transparent process and criteria for selecting council members.
- Develop a Council Charter for HHS review and approval.
- Finalize council membership roster with HHS approval and publicize by August 1, 2025.

### **Meeting Scheduling**

DAPs will set a clear meeting structure to support consistent council functioning.

- Identify preferred meeting days/times based on new members' availability.
- Establish a full-year meeting calendar.
- Create standard templates for agendas and meeting materials to streamline preparation.

### **Establish Council Function and Process**

DAPs will formalize the council's advisory role and integrate it into Disability Access Point operations and planning.

- Define the Advisory Council's responsibilities and feedback channels.
- Develop onboarding and communication materials for council members.
- Conduct onboarding sessions and offer mentoring support through partnerships with ADRC and DD Council resources.
- Integrate regular council review of district planning and activities.

## Sustain Engagement and Ensure Diverse Input

DAPs will build structures to promote long-term engagement and diversity of perspectives within the council.

- Offer stipends or other incentives to reduce barriers to participation.
- Ensure all meetings are fully accessible and provide accommodation as needed.
- Establish rotating roles and leadership opportunities within the council to encourage ongoing involvement and ownership.

Objective	Description of Task/Duties	Role(s) Responsible	Timeframe for Completion
<b>Objective 1: Recruitment for District Advisory Council</b>	Task 1: Design application form	DAP Executive Director, DAP Operations Supervisor	June 2025
	Task 2: Develop outreach materials for promotion of application.	DAP Executive Director, DAP Operations Supervisor	June 2025
	Task 3: Publish application	DAP Executive Director	June–July 2025
	Task 4: Create process/criteria for determining council members.	DAP Executive Director, DAP Operations Supervisor	July 2025
	Task 5: Develop council charter (Iowa HHS approval)	DAP Executive Director	July 2025
	Task 6: Finalize council membership (Iowa HHS approval).	DAP Executive Director	July 2025
	Task 7: Notification/publicizing council membership.	DAP Executive Director	August 1, 2025
<b>Objective 2: Meeting Scheduling</b>	Task 1: Identify preferred days/times based on member availability.	DAP Executive Director	August 2025
	Task 2: Set calendar of meetings for the first year.	DAP Executive Director	August 2025
	Task 3: Create standard meeting agenda and materials templates.	DAP Executive Director	August–September 2025

<b>Objective 3: Establish council function and process</b>	Task 1: Define advisory responsibilities and feedback channels.	DAP Executive Director, DAP Operations Supervisor	September 2025
	Task 2: Develop Advisory Council onboarding and communication materials.	DAP Executive Director, DAP Operations Supervisor	September 2025
	Task 3: Provide onboarding session and access to mentoring for new members.	DAP Executive Director, ADRC partners, DD Council	September 2025
	Task 4: Integrate council review of district plan into DAP planning cycles.	DAP Executive Director, DAP Operations Supervisor	Q4 FY25 onward
<b>Objective 4: Sustain engagement and ensure diverse input</b>	Task 1: Offer stipends or incentives for participation.	DAP Executive Director	October 2025
	Task 2: Provide accessibility and accommodations for all meetings.	DAP Executive Director, DAP Operations Supervisor & UCEDD	Ongoing
	Task 3: Build in rotating roles and opportunities for leadership.	DAP Executive Director & Chair	Ongoing

## Operations

### Disability Access Point(s)

<b>District</b>	Western Iowa Services Collaborative District 4
<b>Site Location Name</b>	Pottawattamie County Courthouse (initial site only, this will change within the first year to another county office location)
<b>Address</b>	227 S. 6 <sup>th</sup> St., Council Bluffs, IA 51501
<b>Point of Contact Name(s)</b>	Suzanne Watson, Executive Director
<b>Hours</b>	8:00-4:30 M-F

<b>Phone number</b>	712-328-5645
<b>Phone system and operator</b>	Main office number which can be transferred to future mobile phones throughout district

## Service Coordinator Caseload Evaluation Process

- During the transition process, DAPs will allow LTSS service coordination caseloads to be up to 60 cases. As DAPs develop LTSS criteria and assess individuals, DAPs will transfer individuals to the appropriate state established case management providers.

If an exception to the 45-case maximum per Service Coordinator is necessary, the DAP will implement a structured process to evaluate and document the rationale. The evaluation process will include both quantitative and qualitative measures to ensure that service quality, responsiveness, and individual outcomes are not compromised. WISC envisions that **DSNs** will have no more than an average of 20 LTSS individuals on their caseload. WISC is developing a scoring process to determine weighted caseload criteria to assign a score to an individual based on anticipated hours required for navigation based on complexity factors and overall need of the individual. This will be scaled to the LTSS Service Coordination time based on time studies.

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### Evaluation Components:

- **Caseload Review Template:** Supervisors will use a standardized tool to review each Service Coordinator's active caseload, documenting:
  - Number of open cases
  - Intensity level of each case (e.g., frequency of contact, number of services coordinated)
  - Status of each individual's plan (e.g., new intake, active coordination, maintenance)
- **Workload Balance Factors:**
  - Geographic span and travel demand
  - Complexity of individual needs
  - Coordination with external providers or systems (e.g., MCOs, CCBHCs, housing providers)
  - Staff tenure and training level

### Review Process:

- **Monthly Supervisor Review:** Supervisors will monitor caseload counts monthly and flag potential overages.

- **Quarterly Formal Caseload Audits:** A deeper review will occur quarterly to assess workload balance and outcomes.
- **Exception Request Protocol:** If a Service Coordinator's caseload exceeds 45 due to temporary or justified reasons, a formal exception request will be submitted to Iowa HHS with supporting documentation.
- **Action Plan for Adjustment:** If caseload overages are determined to be unsustainable, an action plan will be developed which may include:
  - Reassignment of cases
  - Hiring additional staff
  - Temporary reduction in new intakes

#### **Outcome Monitoring:**

- Regular check-ins will assess the impact of caseload size on service quality, timeliness, and individual engagement.
- Feedback from individuals served may be used as part of the quality monitoring process.

#### **Shared DAP Decision Points for Caseload Evaluation**

- Agree on a standard caseload review template used across DAPs.
- Establish shared definitions of case complexity to support consistent evaluations.
- Coordinate expectations around what constitutes justification for exceeding the 45-case limit.
- Align on documentation and submission standards for HHS exception requests.
- Collaborate on the format and frequency of reporting caseload data to HHS.

#### **Grievance Policy and Process**

##### **Grievance Policy**

WISC believes all individuals with disabilities should be treated with dignity and respect. The DAP offers a grievance procedure for individuals who are unhappy about DAP services or employee interactions for any reason. A grievance must be filed within 30 days of the action or event that triggered the grievance.

## Grievance Intake Process

To file a grievance:

Call: 712-328-5645

Email: [admin@DAPwest.org](mailto:admin@DAPwest.org)

Mail: 227 S. 6<sup>th</sup> St., Council Bluffs, IA 51501

If you would like someone to file the grievance for you, we need your written permission.

Please fill out the DAP Release of Information form when you submit your grievance.

The grievance must include the following information:

- Date of occurrence
- Name of individual or concern the grievance is regarding
- Name of representative filing the grievance (if not the individual)
- Contact information including phone number and address
- A clear description of the reason for the grievance

**Grievance Review** – The Disability Access Point executive staff shall review grievances. The grievant will be contacted by an executive staff member within five (5) working days of the receipt of the grievance. The staff, upon consent, shall collect additional information from the grievant and other sources, if necessary. A meeting with the grievant may be scheduled to discuss the facts, consider additional information the grievant submits relevant to the grievance, and work toward a resolution. Following a review of additional information and all relevant facts, a written decision shall be issued no later than five (5) working days following contact with the grievant. A copy of the decision shall be sent to the grievant and/or representative by regular mail.

## Grievance Policy Posted Location and Visibility

The Grievance Policy will be posted at all DAP office locations and on the DAP website.

## Client Intake and Eligibility

Summary:

- No-wrong-door access through walk-ins, phone, email, or referral.

- Crisis response protocols activated immediately when needed.
- Person-centered intake interview conducted within 1–2 business days.
- Comprehensive assessment includes demographics, needs, risks, and supports.
- Financial eligibility determined using Iowa HHS form, with flexibility if documentation is delayed.
- Engagement level determined: Information & Assistance, Options Counseling, HCBS System Navigation, or LTSS Service Coordination.
- Follow-up scheduled based on chosen engagement level.
- All relevant actions and outcomes documented in the case management system.
- Quality assurance includes supervision, feedback loops, and individual rights protections.

See attached process for further details.

## **DAP Collaboration**

### **Narrative and Operational Outline**

The DAP Directors are committed to working collaboratively with each other, Iowa HHS, the ADRC Call Center, ADRC member organizations, the BH-ASO, and system stakeholders to ensure alignment, consistency, and accessibility across the statewide Disability Services System. This collaboration is foundational to the system's design and will continue throughout the launch, transition, and maintenance phases to uphold the integrity of the Disability Services System.

#### **I. Launch Phase: Building Infrastructure and Statewide Alignment**

- Maintain daily communication among DAP Directors following award announcements.
- Utilize a centralized Microsoft Teams platform to share documents, coordinate discussions, and co-develop tools.
- Joint development of key implementation tools, including:
  - Disability Services Navigator job description.
  - Standardized Release of Information form.
  - District Transition Plans.
- Conduct weekly Director meetings to:
  - Align on shared priorities, timelines, and rollout activities.
  - Exchange updates on implementation progress and problem-solving efforts.
  - Coordinate development of outreach, training, and internal messaging materials.
- Integrate technical assistance from the ADRC team to guide systems development.



- Collaborate with Iowa HHS to support policy consistency and resolve system design questions.
- Incorporate stakeholder feedback to ensure accessible and inclusive implementation across all districts.

## II. Transition Phase: Ensuring Readiness Across Districts

- Evaluate core system components, including the Disability Service Navigator role and service coordination workflows.
- Collect and analyze feedback from individuals served, front-line staff, and partners.
- Modify tools and processes based on district-level experiences and lessons learned.
- Identify and mitigate access disparities across geographic or demographic lines.
- Coordinate inter-district alignment of policies and procedures.
- Share best practices, process refinements, and templates via the shared Teams site.
- Establish shared baseline metrics to support statewide consistency and track progress.

## III. Maintenance Phase: Sustaining Collaboration and System Integrity

- Continue monthly DAP Director meetings to:
- Review data related to access, referrals, and service outcomes.
- Coordinate updates to shared procedures and internal tools.
- Plan ongoing training, stakeholder engagement, and public communications.
- Maintain the Microsoft Teams site as a living hub for collaboration.
- Develop a shared calendar of systemwide events, training dates, and critical deadlines.
- Explore shared dashboards or metric-tracking systems to monitor alignment and equity.
- Initiate collaborative quality improvement efforts (e.g., annual joint trainings or inter-district evaluation projects).

Objective	Description of Task/Duties	Role(s) Responsible	Timeframe for Completion
<b>Objective 1: Establish statewide communication and shared infrastructure for DAP collaboration</b>	Task 1: Create and maintain shared Microsoft Teams platform.	DAP Directors	May 2025
	Task 2: Conduct weekly DAP Director meetings to align implementation.	DAP Directors	Weekly beginning May 2025
	Task 3: Collaboratively develop shared tools (Navigator job description, ROI form, transition plans).	DAP Directors, Iowa HHS	By July 1, 2025

<b>Objective 2: Align system procedures and resolve transition-related issues</b>	Task 1: Integrate ADRC TA guidance into system development.	DAP Directors, ADRC TA Team	Ongoing through Q3 2025
	Task 2: Identify and resolve cross-District disparities or policy gaps.	DAP Directors, Iowa HHS	August–September 2025
	Task 3: Standardize shared baseline metrics for consistency.	DAP Directors, Data Leads	September 2025
<b>Objective 3: Sustain long-term collaboration and continuous improvement</b>	Task 1: Maintain monthly DAP Director meetings to review outcomes and align on system needs.	DAP Directors	Ongoing beginning Q4 2025
	Task 2: Coordinate joint systemwide trainings and public engagement strategies.	DAP Directors, Communications Team	Quarterly beginning Q1 2026
	Task 3: Maintain shared calendar and explore dashboard reporting tools.	DAP Administrative Team, Data Leads	Q1 2026

**Transition Plan Attachments**

Attachment A Disability Services Navigator JD

Attachment B WISC District Intake & Eligibility P&P 5 2025

Attachment C WISC Budget FY26

Attachment D WISC Quality Assurance Policy 5 2025

Attachment E WISC Claims Invoicing Policy 5 2025

Attachment F WISC Contract Policy 5 2025

## ATTACHMENT A

**POSITION:** Disability Services Navigator

**REPORTS TO:** Assigned District Services Supervisor

**DEPARTMENT:** Community Services – Disability Access Point (DAP) – Western Iowa Services Collaborative (WISC)

**FLSA STATUS:** Non-Exempt

### POSITION SUMMARY

The purpose of the position is to utilize the Science of Hope and person-centered planning to perform the work of a disability services navigator who provides one or more of the following:

- ☐ Home and Community-Based Services (HCBS) System Navigation
- ☐ Information and Assistance (I&A)
- ☐ Options Counseling
- ☐ Service Coordination of Long Term Services and Supports (LTSS)

### DEFINITIONS

**Disability Services Navigator** means a person who provides Information and Assistance and/or Options Counseling services. Disability Services Navigators will function as HCBS System Navigators within the DAP duties.

**Information and Assistance (I&A)** means a service that provides the individual with current information on opportunities and services available within their communities, including information relating to assistive technology; identifies the strengths and needs of the individual; links the individual to the opportunities and services that are available; and to the maximum extent practicable, ensures that the individual receives the services needed and is aware of the opportunities available, by establishing adequate follow-up procedures (U.S. Health & Human Services, Administration on Community Living, Older Americans Act (OAA) State Performance Report (SPR) definitions (ACL OAAPS)).

**Long-Term Services and Supports (LTSS)** means activities that support maintaining people with disabilities at the lowest level of care possible, including facility diversion, Respite, or transition to community as determined through the Contractor processes for eligibility and service determination.

**Options Counseling** means an interactive process whereby individuals receive guidance in their deliberations to make informed choices about long-term supports. The process is directed by the individual and may include others whom the individual chooses or those who are legally authorized to represent the individual. Options counseling includes the following:

1. a personal interview and assessment to discover strengths, values, and preference of the individual, and screenings for entitlement program eligibility,
2. a facilitated decision-making process that explores resources and service options, and supports the individual in weighing pros and cons,
3. action steps developed toward a goal or a long-term support plan and assistance in applying for and accessing support options, and
4. follow-up to ensure supports and decisions are assisting the individual.

**Person-Centered** means a process that is directed by the person who receives the support.

**Science of Hope** or **Hope** means a cognitive practice for improving the health and resiliency of individuals, families, and communities. The Hope framework involves the intentional act of setting goals, utilizing viable pathways, and working toward them with willpower to facilitate success.

**Service Coordination** means an active, transitional, and ongoing process that involves assisting an eligible individual in gaining access to and coordinating the provision of services; using person-centered practices in all contacts with individuals and their caregivers; and coordinating the services identified in the service plan. Person-centered” means a process that is directed by the person who receives the support.

**System navigation** means in-person, online, and telephonic support for problem solving and navigation of the services and supports available. System navigators ensure individuals and families who encounter barriers in accessing services and support can navigate health care, social services, and legal systems.

This position is subject to criminal and abuse background checks and requires pre-employment physical and drug screening. Travel is a required function of this job.

### **ESSENTIAL JOB DUTIES/RESPONSIBILITIES**

- Process requests for services by conducting intakes, completing applications, obtaining required eligibility documents, obtaining, or completing necessary assessments, social histories, and other necessary documentation for the determination of program eligibility.
- Provide information regarding service options.
- Draft requests for funding and monitor on-going funding needs and service authorizations.
- Determine initial and continuing client eligibility, maintain records for accountability, and make appropriate closed loop referrals so that assistance is provided according to program policies and procedures and clients are aware of the broadest array of services available to them.
- Assist clients in receiving services which have been identified in the planning process that maximize their ability for self-determination.
- Assist in accessing resources or other local, state, or federal benefits identified for the client, family members, and/or providers.
- Assist clients in completing paperwork.
- Complete all required documentation in individual case files in the required timeframes.
- Coordinate, implement, and monitor the Individual Service Plan for designated individuals.
- Initiate the transfer of an individual to other services or terminate services when the client determines the current services are no longer required or desired.
- Advocate for the client and facilitate the Interdisciplinary Team, as directed, in the development of the Individual Service Plan for clients.
- Provide Information and Assistance.
- Provide Options Counseling
- Provide HCBS Systems Navigation
- Participate in Medicaid Administrative Claiming including total time tracking

- Establish and maintain effective working relationships with clients, county, regional, and state employees, law enforcement, the judicial system, Service providers, and the public.
- Participate in agency, provider, and state-wide committee meetings, as assigned, provide training on department related topics, and attend work-related meetings, conferences, educational and training opportunities, and seminars.
- Other duties as assigned

### **NECESSARY KNOWLEDGE, SKILLS, AND ABILITIES**

The successful candidate must possess the following knowledge, skills, and abilities, or be able to demonstrate the capacity to perform the essential functions of the position:

- Proficient in applying professional-level knowledge of federal and state assistance programs that support individuals with disabilities.
- Flexible and adaptable, able to shift efficiently between diverse tasks without compromising effectiveness or composure.
- Demonstrates strong computer literacy and comfort with relevant technology.
- Communicates ideas clearly and effectively, both verbally and in writing.
- Skilled in critical thinking and problem solving, with a proven ability to assess situations and identify appropriate solutions.
- Capable of working independently or collaboratively within a team setting.
- Able to understand and follow both oral and written instructions.
- Possesses the ability to negotiate, mediate, and resolve conflicts between opposing parties.

### **ENTRY REQUIREMENTS**

- A bachelor's degree with 30 semester hours or equivalent quarter hours in a human services field (including, but not limited to, psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy) and at least one year of experience in the delivery of services to individuals with disabilities.
- A valid driver's license, reliable transportation, and adequate liability insurance are required.

**Replace below with Pottawattamie County job description template and formatting**

**WORK ENVIRONMENT**

*While performing the duties required of this position, the employee is regularly subject to a mentally stressful environment; however, the likelihood of bodily injury or similar occupational hazard is slight. Must have physical and mental stamina and be able to perform successfully under time-limited pressure.*

*Regular work hours are 8:00 a.m. to 4:30 p.m., Monday through Friday. Must have the flexibility to adjust the schedule as needed.*

**PHYSICAL REQUIREMENTS**

*Must be physically able to operate office equipment. The position may entail long periods of sitting or driving, depending on circumstances. In most cases, physical demand requirements are at a level of those for sedentary or office environment work which may involve some lifting, carrying, pushing, and/or pulling of light to moderate weight materials (approximately thirty pounds).*

**DISCLAIMER**

- *Marginal functions of the position that are incidental to the performance of essential job duties have been excluded from this description.*
- *All requirements are subject to possible modification to reasonably accommodate qualified individuals with disabilities. Prospective employees are encouraged to discuss possible accommodations with the employer.*
- *Job description in no way implies that the description includes every duty to be performed by the employee in the position. Employees will be required to follow any other job-related instructions and to perform any other job-related duties required.*

*Pottawattamie County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, reasonable accommodations will be provided to qualified individuals with disabilities. Prospective employees and incumbents are encouraged to discuss potential needs for accommodations with the employer.*



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ATTACHMENT B**

**Western Iowa Services Collaborative**

**Policy: Intake and Eligibility**

**Purpose:**

To establish a standardized, person-centered process for engaging individuals (adults and children), their families and caregivers who seek assistance through the DAP. This policy ensures that all individuals experience a welcoming, “no-wrong-door” process where their needs are assessed and addressed in alignment with person-centered philosophy and the Science of Hope framework.

DAP staff and partner personnel who provide information and assistance, options counseling, HCBS navigation or LTSS service coordination to individuals, their families or caregivers, regardless of how they access services – in-person, via telephone, or electronic communication.

DAP staff are committed to a no-wrong-door, person-centered process. Information and assistance will be provided in a manner convenient to the individual, families or caregivers, but not limited to, in person at the individual's home, community or at the DAP or partner agency as an appointment or walk-in, via telephone, virtually, via email, or through written correspondence.

All individuals, their families and caregivers who contact the DAP will be:

- Treated with respect and receive prompt and courteous engagement
- Provided with information and assistance
- Receive an assessment of their needs and personal preferences
- Get assistance with identifying the most appropriate resources and support to meet their identified needs.
- Connected with services providers
- Provided information to meet their needs using a person-centered approach.
- Effective communication by arranging accommodation as needed.

This may include:

- i) Use of language interpretation or translation services
- ii) Involving a support person for individuals with cognitive impairments or communication challenges
- iii) Providing accessible materials or formats, as appropriate

The initial intake will be completed through the Information and Assistance process. We have outlined the process in the workflow chart.

#### **Procedures:**

##### **Information and Assistance (I&A)**

A service that provides the individual with current information on opportunities and services available within their communities, including information relating to assistive technology; identifies the strength and needs of the individual; links the individual to the opportunities and services that are available; and to the maximum extent practicable, ensures that the individual receives the services needed and is aware of the opportunities available, by establishing adequate follow-up procedures. Primarily provides to individuals who mainly need quick information or referral and can largely self-direct after receiving assistance.

##### **Eligibility**

All individuals (adults and children) with disabilities, older individuals age 60+, and their families and caregivers. There are no financial, resources or needs based eligibility criteria.

##### **Crisis Situations**

- 1) Ensuring safety and addressing urgent needs take priority over completing standard steps of process.
- 2) If an inquiry reveals a crisis, staff will immediately initiate emergency response protocols.
- 3) Staff will follow up with the individual based off emergency response protocols.

##### **Procedure**

- 1) Receive inquiry: Staff will respond to all contacts, whether in person, by telephone, electronic or walk in in person-centered manner.
- 2) Answer the phone by stating approved greeting and identifying yourself to the individual.

- 3) Respond to requests for information and assistance within one business day. If necessary, the initial response may be to acknowledge the request and schedule an appointment with the individual at their preferred time and date.
- 4) Collect relevant personal, demographic, and financial information using *Iowa HHS-approved forms*.
- 5) Evaluate the call or request by:
  - a) Establishing rapport with the individual
  - b) Supporting and encouraging the individual
  - c) Identifying the issue(s) that led to the inquiry
  - d) Determining the nature of the situation
  - e) Evaluating the knowledge, capacity, and personal preference of the individual to determine how to best provide assistance.
  - f) Identifying the most appropriate resource(s) to meet the individual's needs
  - g) Determining need using the *standardized tool* for next steps for possible connection with:
    - i) Options Counseling
    - ii) HCBS Information and Assistance System Navigation
    - iii) Long Term Supports and Services (LTSS) Service Coordination
    - iv) Managed Care Organization (MCO) or Fee for Services (FFS)- Community Based Case Management (CBCM)
    - v) Integrated Health Home (IHH)
    - vi) Certified Community Behavioral Health Center (CCBHC)
    - vii) Behavioral Health – Administrative Service Organization (BH- ASO) Iowa Primary Care Association (I-PCA)
- 6) Provide the individual with information that is:
  - a) Accurate, useful, and hope-centered
  - b) Relevant to the individual's expressed need and personal preferences
  - c) In the language and formats that are easiest for the individual to understand
  - d) Objective and does not appear to favor or attempt to persuade the individual to choose any setting, program, services, or provider
- 7) Obtain consent for any information sharing.
- 8) Provide referrals or assistance in accessing public and private resources. The information gathered while evaluating the call or request will be used to determine what referrals and assistance will be provided to the individual.
- 9) Provide the individual with specific information and referrals addressing each need identified. This may include agency names, contact persons, program brochures, or even helping the individual make a phone call to initiate services while at the DAP. Staff may help fill out applications. Ensure the individual understands the information.

This includes checking if they are comfortable contacting the referrals given and answering any questions about how those services work. Printed materials or an email summary are provided as needed for clarity.

- 10) Follow up with the individual on referrals and service connections and determine whether their needs were met and whether they need additional information and assistance.
- 11) Advocate on behalf of the individual who has issues with access to services.
- 12) Verify whether the individual's immediate needs have been met with the assistance provided.
  - a) If yes, no further in-depth involvement is scheduled (beyond the follow-up call).
  - b) If not, or if the individual expresses uncertainty, review concerns and apply engagement strategies.
- 13) Complete *HHS I&A forms* and log into the case management system.
- 14) If applicable, complete a warm handoff to the agreed upon program/agency.

### **Options Counseling**

It is an interactive process whereby individuals receive guidance in their deliberation to make informed choices about long-term support. The process is directed by the individual and may include others whom the individual chooses or those who are legally authorized to represent the individual. It is person-centered and typically short-term, concluding when a plan is made and initial steps taken.

Options Counseling may include

- 1) Personal interview and assessment to discover strengths, values, and preferences of the individual and screening for entitlement program eligibility.
- 2) A facilitated decision-making process that explores resources and service options, and supports the individual in weighing pros and cons.
- 3) Action steps developed toward a goal or a long-term support plan and assistance in applying for and accessing support options.
- 4) Follow-up to ensure support and decision are assisting the individual.

### **Eligibility**

All individuals (adults and children) with disabilities, older individuals age 60+, and their families and caregivers. There are no financial, resources or needs based eligibility criteria.

### **Procedure**

- 1) The DAP Disability Services Navigator (DSN) will provide Options Counseling. This may be the same staff who provided Information and Assistance.
  - 2) Staff will schedule with the individual dedicated session(s) focused on exploring the individual's options and needs
  - 3) During Options Counseling sessions, staff will complete an assessment if needed. A structured framework or checklist will be used to ensure all relevant factors are considered.
  - 4) Determine needs using the *standardized tool* for next steps for possible connection with:
    - a. STSS funded services
    - b. HCBS Information and Assistance System Navigation
    - c. Long Term Supports and Services (LTSS) Service Coordination
    - d. Managed Care Organization (MCO) or Fee for Services (FFS)- Community Based Case Management (CBCM)
    - e. Integrated Health Home (IHH)
    - f. Certified Community Behavioral Health Center (CCBHC)
    - g. Behavioral Health – Administrative Service Organization (BH- ASO) Primary Care Association (PCA)
  - 5) Staff provide comprehensive information on each option. This could include explaining eligibility criteria, application processes, wait times, and likely outcomes for each choice.
  - 6) Staff will use Person-Centered Planning: The outcome of Options Counseling is a clear plan or decision.
    - a) Staff use motivational interviewing and coaching techniques to help the individual weigh what matters most to them ensuring the decision aligns with their life goals.
    - b) The final choice is the individuals. Staff then help map out the steps to implement that choice. These steps are documented in an Action Plan document.
  - 7) Staff also address any fears or barriers the individual has about the options. This is done by providing encouragement, discussing contingency plans, and, if available, offering to connect the individual with peer support (someone who has been through similar decisions) for additional perspective. This supportive approach ties into the Science of Hope by reinforcing the individual's sense of efficacy and hope for the future.
  - 8) Individuals will be informed of their rights at the initial meeting. They will receive an Individual Rights and Responsibilities handout. If the meeting is telephoned or electronic will offer handout to be e-mailed to them.
- If an individual wishes to file a grievance at any point, staff will support and guide them through the process, following established grievance policies.
- This includes:
- a) The right to confidentiality,
  - b) The right to be treated with dignity and respect.
  - c) The right to appeal funding or service decisions
- 9) Follow-Up:
- d) Once the plan is in motion, staff will monitor progress for a short period. They check in biweekly or monthly to see if the needed services have started or decisions have been implemented. If the plan is stalled or

needs revision, additional Options Counseling sessions can be held. When the plan is successfully implemented, the case can transition to closure or to a maintenance mode. If during follow-up it becomes clear that ongoing coordination is needed beyond making the decision, the case can be stepped up to LTSS Service Coordination. All follow-ups and final outcomes are documented. Finally, staff ensure the individual has contact information to re-engage the DAP in the future and provide a summary of what was accomplished for their records.

- e) Staff will contact the individual within a short period (typically 1–2 weeks) to inquire if they successfully connected with the referrals and if any additional help is needed. This follow-up is logged. If the individual did not obtain the service needed, staff will either provide additional options or consider bringing the case back for a higher level of support. Once the individual confirms their needs are met or they are actively engaged with the referrals provided, staff will close out the case. The case can be reopened anytime if the individual seeks help again.
- 9) Staff will complete *HHS Options Counseling forms* and log into the case management system.
- 10) If applicable, staff will complete a warm handoff to agree upon program/ agency.

### **LTSS Service Coordination**

Is an active, transitional, and ongoing process that involves assisting an eligible individual in gaining access to and coordinating the provisions of services; using person-centered practices in all contacts with individuals and their caregivers; and coordinating the services identified in the service plan.

#### **Eligibility**

To be eligible and individual will meet the following:

- 1) Financial
  - a) An adult with disabilities will have an income equal to or less than 200% of the federal poverty level.
  - b) A family of a child with disabilities will have an income equal to or less than 200% the federal poverty level.
  - c) A person who is eligible for federally funded services and other support will apply for such services and support.
  - d) Income will be verified using the best information available
  - e) Financial eligibility will be reviewed on an annual basis and may be reviewed more often in response to an increase or decrease in income.
  - f) An individual who is eligible for medical assistance must apply for and exhaust such funding for services and support prior to utilization of disability service system funding.
- 2) Resources

- a) There are no resource limits for the family of a child seeking children's disability services.
- b) An adult with disabilities must have resources that are equal to or less than \$2000.00 in countable value for a single-person household or \$3000.00 in a countable value for a multi-person household or follow the most recent federal supplemental security income guidelines.
- c) The countable value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this sub-rule.
- d) A transfer of property or other assets within five (5) years of the time of application with the results of, or intent to, qualify for assistance may result in denial or discontinuation of funding.
- e) The following resources are exempt:
  - i) The homestead, including equity in 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.
  - ii) One automobile used for transportation.
  - iii) Tools of an actively pursued trade.
  - iv) General household furnishings and personal items.
  - v) Burial account or trust limited in value as to that allowed in the medical assistance program.
  - vi) Case surrender value of life insurance with a face value of less than \$1,500.00 on any one person.
  - vii) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.
- f) If an individual does not qualify for federally funded or state funded services or other supports but meets all income, resource and functional eligibility requirements of this chapter, the following types of resources are also exempt from consideration in eligibility determination:
  - i) A retirement account that is in the accumulation stage.
  - ii) A medical savings account.
  - iii) An assistive technology account.
  - iv) A burial account or trust limited in value as to that allowed in the medical assistance program.

### 3) Needs- Based

- a) An individual must be a resident of Iowa, or if a minor, the custodial parent is a resident of Iowa
- b) An individual must have a diagnosis of intellectual disability, developmental disability, brain injury or serious mental illness as defined by in Iowa Code Section 135.22, or an individual who resides in or are at risk of residing in institutional setting due to their disability.

- c) The results of a standardized functional assessment support the type and frequency of disability services identified in the Individual's case plan. A functional assessment must be completed within sixty (60) days of application for services.

#### Procedure

- 1) Assignment
  - a) A Service Coordinator is assigned to the individual.
  - b) Contact the individual within 1 business day to introduce themselves and schedule a time to meet.
- 2) Determining Eligibility
  - a) Will process eligibility within ten (10) business days of receipt of a completed application.
    - i) If processing eligibility takes longer than ten (10) business days this data will be included in monthly reporting.
- 3) Individual Needs Assessment
  - a) Will initiate needs assessment requirements upon determination of eligibility.
  - b) Initial Assessment shall occur within thirty (30) days.
    - i) If initial assessment takes longer than thirty (30) days this data will be included in monthly reporting
  - c) A functional assessment must be completed within sixty (60) days of application for services.
- 4) Develop and complete *HHS approved service plan* that will identify supports and services needed and plan to refer and link.
- 5) Follow up with the individual on referrals and service connections and determine whether their needs were met and whether they need additional information and assistance.

#### **References:**

This policy is guided by the District Plan and is designed to ensure compliance with all applicable state and federal laws. The process is based on evidence-based practices and frameworks that promote accessible, coordinated, and hope-centered services.

All staff are required to follow this policy to provide a consistent, person-centered, and positive experience for every individual, their families or caregivers seeking assistance through the DAP.



## ATTACHMENT D

### Western Iowa Services Collaborative (WISC)

#### Policy: Quality Assurance

##### Purpose:

To ensure that all providers of WISC-funded services—whether clinical, non-clinical, residential, transportation-related, or utility-based—deliver high-quality, compliant, and person-centered services. This policy aims to uphold standards of safety, accountability, effectiveness, and system of care principles across all service types.

##### Procedures:

#### 1. Programmatic Eligibility

- The individual must have a documented disability and require assistance to live in the home and community of their choice in an integrated setting.
- Short Term Supports and Services (STSS) supports the individual and, when needed, their family or caregivers to maintain or enhance independent community living.

#### 2. Licensure, Accreditation, and Regulatory Compliance

- All providers who are required by federal, state, or local law to be licensed, certified, or accredited must always maintain current and valid credentials.
- This includes, but is not limited to, licensed clinicians, certified Peer or Parent Support Specialists, landlords operating rental properties (e.g., rental certificates or housing inspections), transportation vendors (e.g., DOT-compliant), and utility providers (e.g., municipally approved vendors).
- Providers must also adhere to any city or county ordinances applicable to their services. For example, WISC will not authorize rental assistance for properties lacking required rental permits or occupancy certifications as mandated by local jurisdictions.

#### 3. Performance Monitoring

- All providers are subject to routine and as-needed monitoring, including documentation audits, service utilization reviews, and analysis of service delivery outcomes.
- Monitoring may include site visits, interviews with individuals receiving services, review of compliance with service authorization terms, and verification of adherence to approved rates and billing protocols.

#### 4. Service Reviews

- WISC may conduct service reviews to ensure each service aligns with district-defined system of care principles, fulfills intended purposes, and contributes positively to individual outcomes.
- Specific attention will be paid to timely service delivery, client feedback, billing accuracy, and overall impact on quality of life.

#### **5. Incident Reporting**

- All contracted service providers for WISC must report incidents involving individual safety, abuse, neglect, exploitation, service interruptions, or other serious events related to STSS funded services as required by Iowa Code or WISC policy.
- Reports must be submitted within required timeframes, and follow-up information must be made available to WISC upon request.

#### **6. Corrective Action**

- If performance concerns or non-compliance issues are identified through monitoring or complaint investigation, providers may be required to submit and implement a corrective action plan.
- WISC will monitor the implementation and effectiveness of the plan and may restrict referrals, suspend payment, or terminate provider contract if compliance is not achieved.

#### **7. Provider Education and Technical Assistance**

- WISC may require participation in training or technical assistance to ensure providers understand and can implement expectations related to service quality, documentation, eligibility, and person-centered practices.

## ATTACHMENT E

### Western Iowa Services Collaborative (WISC)

#### **Policy: Invoice Processing**

**Purpose:** To define the process for submission of and payment for invoices

#### **Procedures:**

##### Billing Invoice requirements

1. Each service provider will provide a monthly billing invoice and other required information for utilization review. The monthly billing shall include the following information:
  - Name and date of birth for individuals served during the billing period.
  - Dates of service.
  - Number of units of service delivered per individual served.
  - When requested, attendance records.
  - The unit rate and total cost of units provided per individual. Co-payments or charges billed to other sources will be shown as deductions on the billing.
  - The actual amount to be charged to WISC per individual for the billing period.

##### Billing submission

2. All invoices should be submitted to the WISC main administrative office. Claims may be presented in paper format via mail or secure email at the following:  
Mail: Western Iowa Services Collaborative, 227 S 6<sup>th</sup> St., Ste. 128, Council Bluffs, IA 51501  
Email: [admin@DAPwest.org](mailto:admin@DAPwest.org)
3. Billings received more than 60 days after the close of the fiscal year in which the service was provided shall not be considered for payment by WISC unless there is a statutory obligation. Fiscal year for WISC is July 1 – June 30.

##### Receipt of Invoice process

4. Time frames for payment start upon receipt in the WISC main office or email date. A date stamp will be applied upon receipt of mailed billing invoices.

5. WISC staff will review the billings and additional utilization information in comparison to approved service funding authorizations.
6. All correctly submitted billing will be processed within 30 working days of receipt of the bill.

Non-authorized services

7. The Operations Supervisor or other designated staff will contact the provider, Disability Services Navigator, etc. and troubleshoot the claim when necessary. If the claim is found to be invalid, the Operations Supervisor will notify the provider in writing within 30 working days.
8. Billings which contain both non-authorized and authorized services will be processed allowing authorized service(s) to be paid while non-authorized services will be reviewed for final denial.
9. If a service is denied, an explanation including reason for denial and the appeal process will be sent. If partial payment is included, the remittance advice and denial explanation will be sent with the provider payment mailing.

## ATTACHMENT F

### Western Iowa Services Collaborative (WISC)

**Policy:** Contracting

**Purpose:** To outline the terms and conditions for entering contractual relationships with providers who deliver Short-Term Services and Supports (STSS) funded by WISC.

**Procedures:**

**1. Provider eligibility**

- WISC may contract with STSS providers whose base of operation is within the WISC Disability Access Point district.
- WISC will honor contracts held by other Disability Access Points with a provider located in other districts.
- If no contract exists with a provider whose base of operations is outside a WISC district, WISC may choose to establish a contract with the provider.
- One-time or as-needed services may be provided without a formal contract.

**2. Contract approval**

- All contracts will be reviewed and approved as noted by signature of the WISC Executive Director.

**3. Non-Traditional funding**

- WISC may utilize vouchers and other non-traditional mechanisms to fund and support service delivery in areas where traditional providers do not exist, or travel prohibits efficiency.
- WISC may also consider a non-Medicaid provider when a service can be provided in a more efficient, effective and high-quality manner based on an individual's need.