

# Disability Access Point District Transition Plan

## District 5

July – December 2025



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# Provider Network

## Payment of Services

Short-term Services and Supports (STSS) Invoicing Procedure – See Attachment A: STSS Invoicing Procedure

### Current Framework

- Disability Access Points (DAPs) will build on existing Mental Health and Disability Services (MHDS) Region invoicing processes.
- To ensure a smooth transition, DAP – STSS Contractor will communicate with providers around contracting, invoicing process training, and processing timeline details.
- DAP will compile contact information of billing staff for provider agencies.
- DAP will e-mail timelines and training opportunities to support a smooth transition around contracting, invoice process training, and processing timeline details.
- First 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.
- 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 14 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 - See Attachment B: STSS Contracting Strategy**

#### **District STSS Contracting Transition**

- Each agency who is contracted to be a DAP will maintain its own provider contracting process.
- 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 LTSS providers to become Medicaid-enrolled if claiming for non-Medicaid Long Term Services and Supports (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 Department of Health and Human Services (HHS) claiming system.
- This will include:
  - A provider application or intent-to-participate form.
  - Collaboration with current MHDS Region staff to identify opportunity, strength, 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 Iowa 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 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.	Operations and Finance Team	By July 15, 2025
	Task 2: Communicate invoicing process to providers.	Provider Engagement & Communications Team	By July 22, 2025
	Task 3: Implement invoice review and payment process.	Finance and QA Team	Beginning August 1, 2025
	Task 2: Host provider office hours or Q&A sessions.	Provider Engagement and Contract Managers	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.	Contracting Team	By June 1, 2025
	Task 2: Draft contract template including QA and grievance expectations.	Contracting and QA Team	By June 30, 2025
	Task 3: Review and determine provider application for STSS services.	Contracting Team	June 30, 2025
	Task 4: Establish contracts for STSS services.	Contracting Team	June 30, 2025

<b>Objective 3: Establish STSS quality monitoring and complaint oversight</b>	Task 1: Outline internal QA process for reviewing service delivery.	QA Team and Program Oversight Leads	August–September 2025
	Task 2: Coordinate across DAPs for consistent expectations.	Contract Managers and QA Team	Q1 FY26
	Task 3: Ensure provider grievance policy is included in contracts.	Contracting and QA Teams	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.	Planning and QA Leads	August 2025
	Task 3: Integrate basic training into provider onboarding as needed.	Contracting and Provider Support Team	Ongoing, beginning Q1 FY26
	Task 4: Collaborate with ADRC Technical Assistance and Call Center(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 - See Attachment C: Provider & Stakeholder Inventory and Attachment D: STSS Transportation 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>• Mosaic</li> <li>• Optimae</li> <li>• Mainstream Living Industries</li> <li>• Progress Industries</li> <li>• Crest</li> <li>• ChildServe</li> <li>• Candeo</li> <li>• Easterseals</li> <li>• Broadlawns</li> <li>• Community Support Advocates</li> <li>• Eyerly Ball</li> <li>• Christian Opportunity Center</li> <li>• Stepping Stone</li> </ul>	<ul style="list-style-type: none"> <li>• Need connection with: <ul style="list-style-type: none"> <li>◦ Southern Iowa Resources for Families</li> <li>◦ Imagine the Possibilities</li> <li>◦ ABCM</li> </ul> </li> </ul>
<b>Employment Services</b>	<ul style="list-style-type: none"> <li>• Optimae</li> <li>• Progress Industries</li> <li>• Candeo</li> <li>• Hope</li> <li>• Goodwill</li> <li>• Easterseals</li> </ul>	<ul style="list-style-type: none"> <li>• Need Connection with: <ul style="list-style-type: none"> <li>◦ Imagine the Possibilities</li> <li>◦ Ability Leads</li> <li>◦ Southern Iowa Resources for Families</li> </ul> </li> </ul>



		<ul style="list-style-type: none"> <li>○ Christian Opportunity Center</li> <li>○ The ARC</li> <li>• Provider needed in: <ul style="list-style-type: none"> <li>○ Clarke</li> <li>○ Hamilton</li> <li>○ Lucas</li> </ul> </li> </ul>
<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>	<ul style="list-style-type: none"> <li>• Balance Autism</li> <li>• Broadlawns</li> <li>• ChildServe</li> <li>• Community Care of Pleasant Hill</li> <li>• Eyerly Ball</li> <li>• Mainstream Living</li> <li>• Mosaic</li> <li>• Optimae LifeServices</li> <li>• Progress Industries</li> </ul>	<ul style="list-style-type: none"> <li>• All counties have nursing facilities.</li> <li>• ICF/ID only available in Boone, Jasper, and Polk.</li> <li>• RCF only available in Boone, Jasper, Polk, Story, and Wayne.</li> </ul>
<b>Medical Services and Supplies</b>	<ul style="list-style-type: none"> <li>• Unity Point</li> <li>• Infinity Health</li> <li>• Mercy Medical</li> <li>• NuCara</li> </ul>	<ul style="list-style-type: none"> <li>• May need to explore shipping of supplies if needed.</li> </ul>
<b>Personal Emergency Response Services (PERS)</b>	<ul style="list-style-type: none"> <li>• Connect America</li> </ul>	<ul style="list-style-type: none"> <li>• Will explore additional providers available throughout the District as we complete the assessment and District Plan.</li> </ul>
<b>Respite</b>	<ul style="list-style-type: none"> <li>• Easterseals</li> <li>• ChildServe</li> <li>• Crest</li> </ul>	<ul style="list-style-type: none"> <li>• Need connections with: <ul style="list-style-type: none"> <li>○ The Respite Connection</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>○ Iowa Family Services</li> <li>• In home providers lacking in Decatur, Wayne and Greene.</li> </ul>
<b>STSS</b>		
<b>Individual Assessment and Evaluation</b>	<ul style="list-style-type: none"> <li>• ChildServe</li> <li>• Eyerly Ball</li> </ul>	<ul style="list-style-type: none"> <li>• 6-9 month wait lists</li> <li>• Need to make contact with:               <ul style="list-style-type: none"> <li>○ Dr. Allen in Leon</li> <li>○ Ames Counseling and Psychological Services</li> </ul> </li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• HIRTA</li> <li>• DART</li> <li>• Southern Iowa Trolley</li> <li>• MIDAS</li> <li>• Region 12</li> <li>• 1015 Transit</li> </ul>	<ul style="list-style-type: none"> <li>• Exploration of distance, ability to access timely, and potential to partner with hubs needed</li> <li>• Meet with private local providers and volunteer groups who provide this service.</li> </ul>
<b>Peer and Parent Support</b>	<ul style="list-style-type: none"> <li>• IHH</li> <li>• Orchard Place</li> <li>• ASK Resource Center</li> <li>• Community Support Advocates</li> <li>• BHDS Staff</li> </ul>	<ul style="list-style-type: none"> <li>• Lacking district wide.</li> <li>• Work with Iowa Peer Workforce Collaborative.</li> </ul>

<b>Time-Limited Rental Assistance</b>	<ul style="list-style-type: none"> <li>• General Assistance</li> <li>• Community Action Partnerships</li> <li>• St Vincent DePaul</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction with other GA departments</li> <li>• Ministerial Alliances</li> <li>• Local community groups</li> </ul>
<b>Home and Vehicle Modifications</b>	<ul style="list-style-type: none"> <li>• Mobility Works</li> </ul>	<ul style="list-style-type: none"> <li>• Timeliness</li> <li>• Will explore additional providers available throughout the District as we complete the assessment and District Plan.</li> </ul>
<b>Adaptive Equipment</b>	<ul style="list-style-type: none"> <li>• 101 Mobility</li> <li>• Easterseals lending library</li> </ul>	<ul style="list-style-type: none"> <li>• Timeliness</li> <li>• Indianola and Marion equipment lending libraries.</li> <li>• Kid Assist and NuCara</li> </ul>
<b>Other Basic Needs</b>	<ul style="list-style-type: none"> <li>• Salvation Army</li> <li>• United Way(s)</li> <li>• Free Store</li> <li>• Mobile Meals</li> </ul>	<ul style="list-style-type: none"> <li>• Medication refills</li> <li>• Utilities</li> <li>• Ministerial Alliances</li> <li>• Food Pantries</li> <li>• Child Care</li> </ul>
<b>Community Stakeholders</b>		
<b>Schools</b>	<ul style="list-style-type: none"> <li>• Heartland AEA</li> <li>• Urbandale School District</li> <li>• MStM School District</li> </ul>	<ul style="list-style-type: none"> <li>• AEA: <ul style="list-style-type: none"> <li>◦ Prairie Lakes AEA</li> <li>◦ Green Hills AEA</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Des Moines Public Schools</li> <li>• West Des Moines Community Schools</li> <li>• Colleges and Universities <ul style="list-style-type: none"> <li>◦ DMACC</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>◦ Great Prairie AEA</li> <li>• School Districts</li> <li>• Colleges and Universities <ul style="list-style-type: none"> <li>◦ ISU</li> <li>◦ Simpson</li> <li>◦ Graceland</li> </ul> </li> </ul>
<b>Health care</b>	<ul style="list-style-type: none"> <li>• <u>ChildServe</u></li> <li>• Public Health Dept</li> <li>• FQHCs</li> <li>• Community Hospitals</li> <li>• Hospital Networks</li> <li>• Child Health Specialty Clinics</li> </ul>	<ul style="list-style-type: none"> <li>• Local Health Clinics</li> <li>• Area Regional Hospitals including Blank Children's Hospital</li> <li>• In-Home nursing and health care</li> </ul>
<b>Public Health</b>	<ul style="list-style-type: none"> <li>• Polk County Public Health</li> </ul>	<ul style="list-style-type: none"> <li>• Partner with those outside of Polk County</li> </ul>
<b>Businesses</b>	<ul style="list-style-type: none"> <li>• EMC</li> <li>• Principal</li> <li>• Nationwide</li> <li>• Des Moines Community Foundation</li> </ul>	<ul style="list-style-type: none"> <li>• Free store equivalent in other counties</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• Uber</li> <li>• Lift</li> <li>• Volunteer 55+</li> <li>• Trans Iowa</li> <li>• Todd's Cab</li> </ul>	<ul style="list-style-type: none"> <li>• Other local cab companies</li> <li>• Longer distance options for specialty appointments outside of the county</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>• Section VIII Housing</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of housing in Polk</li> </ul>

	<ul style="list-style-type: none"> <li>• Community Action Agencies (weatherization)</li> <li>• Salvation Army</li> </ul>	<ul style="list-style-type: none"> <li>• Identify need for housing in other Counties</li> </ul>
<b>Community Health Centers</b>	<ul style="list-style-type: none"> <li>• Infinity Health</li> <li>• Primary Health Care</li> </ul>	<ul style="list-style-type: none"> <li>• Not available in: <ul style="list-style-type: none"> <li>○ Wayne</li> <li>○ Marion</li> <li>○ Madison</li> <li>○ Lucas</li> <li>○ Jasper</li> <li>○ Hamilton</li> <li>○ Greene</li> <li>○ Decatur</li> <li>○ Dallas</li> </ul> </li> </ul>
<b>Access Centers</b>	<ul style="list-style-type: none"> <li>• Life Services Center</li> </ul>	<ul style="list-style-type: none"> <li>• District #5 will have hubs</li> </ul>
<b>Community-based and Faith-based Organizations</b>	<ul style="list-style-type: none"> <li>• Families Forward</li> <li>• Salvation Army</li> <li>• Hope Ministries</li> <li>• Iowa State University Extension</li> <li>• Balance of State</li> <li>• We Lift</li> <li>• DMARC Food Pantries</li> <li>• Food Bank of Iowa</li> <li>• Churches</li> </ul>	<ul style="list-style-type: none"> <li>• Ministerial Alliances</li> </ul>
<b>Certified Community Behavioral Health Centers (CCBHCs)</b>	<ul style="list-style-type: none"> <li>• Unity Point Affiliates, (Polk, Story, Boone, Warren, and Hamilton are covered)</li> </ul>	<ul style="list-style-type: none"> <li>• Missing in several counties so need alternative access</li> </ul>
<b>Transition Age Youth</b>	<ul style="list-style-type: none"> <li>• CSA – KEY Program</li> </ul>	<ul style="list-style-type: none"> <li>• Need to find if available in other counties and assist</li> </ul>

	<ul style="list-style-type: none"> <li>• HHS Transition Meeting</li> <li>• Mainstream – TAY 24/7 Site for transition aged youth</li> <li>• YSS</li> </ul>	in expansion as needed
<b>Area Agency on Aging (AAA)</b>	<ul style="list-style-type: none"> <li>• Aging Resources of Central Iowa</li> </ul>	<ul style="list-style-type: none"> <li>• Build relationship with Milestone Area Agency on Aging</li> <li>• Elderbridge Area Agency on Aging</li> <li>• Connection Area Agency on Aging</li> </ul>
<b>Iowa Workforce Development (IWD)</b>	<ul style="list-style-type: none"> <li>• Iowa Blueprint for Change</li> <li>• Des Moines location</li> <li>• Iowa Voc Rehab</li> </ul>	<ul style="list-style-type: none"> <li>• Build relationships with IowaWorks-Creston location</li> <li>• Participate in IWD Disability Access Committees</li> </ul>
<b>Community Action Agencies</b>	<ul style="list-style-type: none"> <li>• IMPACT</li> <li>• New Opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Build relationships with: <ul style="list-style-type: none"> <li>◦ SCICAP</li> <li>◦ Upper Des Moines Opportunity Inc</li> <li>◦ Matura Action</li> <li>◦ Mid Iowa Community Action</li> </ul> </li> </ul>
<b>Centers for Independent Living</b>	<ul style="list-style-type: none"> <li>• CICIL</li> </ul>	<ul style="list-style-type: none"> <li>• Work with SCICIL</li> <li>• Expand available services to counties without these services</li> </ul>

Early Childhood Iowa	<ul style="list-style-type: none"> <li>• Boost Together for Children</li> <li>• Kids First Communities</li> <li>• 4 R Kids Early Childhood</li> <li>• Partnership 4 Families</li> <li>• Building Families</li> <li>• Jasper, Marion, Poweshiek Early Childhood</li> <li>• 4 Counties for Kids</li> </ul>	<ul style="list-style-type: none"> <li>• Build Relationships with these to ensure no service duplication</li> </ul>
THRIVE	<ul style="list-style-type: none"> <li>• 4 Our Kids Early Childhood</li> </ul>	<ul style="list-style-type: none"> <li>• Madison and Warren only</li> </ul>

## 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 along with individuals being supported in Polk County at all three contracted agencies.
- Cases will be sorted by service type and provider to support assignment planning. Categories made based off of off residency, current funding, other case management involvement, and those who receive only region funded payee and guardianship. These categories assist in future assignment.
- From each category, identify each individual who needs more intense transition support.
- 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

- Pre-transition meetings will be held with service coordination leaders to determine which entity will be the coordinator, who will be transitioned to the BH-ASO, and what role the Disability Services Navigators (DSNs) will be, such as service navigation, options counseling, STSS, or LTSS service coordination.
- Draft Releases of Information will be developed and submitted for Iowa HHS approval.
- Signed Releases of Information will be obtained from individuals.
- DAPs will request that the MHDS Region service coordinators work with the individual to schedule and conduct transition meetings with the DSNs. Transition meetings with the individual and their MHDS Region service coordinator will ensure warm handoffs occur and that a complete case record transfer happens securely.

### Service Documentation and Assessment Planning

- CSN Data Verification form was created to ensure all fields and documents are accurate to guarantee a smooth transition of records through CSN.
- 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
<b>Objective 1: Inventory of open/active cases</b>	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 with 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 town halls 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.
- A spreadsheet will be created to track the individuals who are in more restrictive settings. A review will take place monthly to determine if the individual's needs still require that level of care. Transition plans will be put in place for individuals who no longer meet level of care to move to the least restrictive environment.
- 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.
- 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 Navigator decision-making.
- 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.	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	Policy	Within first 120 days

	funding responsibilities for unique services.		
	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

## 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.
- Collaborate with MHDS Region service coordinators to identify individuals who will transition to the DAP.
- Work with MHDS Region service coordinators to notify individuals currently being served of the transition timelines.
- Provide information regarding Disability Services Town Halls to providers, individuals being served and their families/caregivers.
- 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 July 1.
- Reassess staffing needs after the District Level Assessment and adjust as needed.

- Weekly meetings with Community Support Advocates leadership team to ensure clear communication.
- Ensure readiness to provide Information and Assistance, Options Counseling, Short-Term Services and Supports (STSS), and Service Coordination for LTSS, with initial limitations in I&A and Options Counseling expected until Iowa ADRC training is completed.
- DSNs will attend the Iowa ADRC trainings.
- COO will conduct STSS policy training for DSNs.

### **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 Services 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 if prioritization or waitlisting becomes necessary.
- Report to Iowa HHS through the contract reporting structure if 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.	Disability Access Point Leadership, HHS	May–June 2025
	Task 2: Begin outreach to individuals to introduce DAP contacts and services.	Disability Access Point Team	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	Disability Access Point Team	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.	Disability Access Point Leadership	May–June 2025
	Task 2: Adjust staffing after October 2025 District Level Assessment if needed.	Disability Access Point Leadership	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 until Iowa ADRC training is completed.	Disability Access Point Leadership	July–October 2025

<b>Objective 3: Prepare providers for SNMIS billing transition</b>	Task 1: Identify providers affected by the billing transition and SNMIS enrollment requirements.	Disability Access Point Team	June–July 2025
	Task 2: Provide provider education and technical assistance based on HHS SNMIS guidance and published fee schedules.	Disability Access Point Team	Within 30 days of receiving HHS fee schedules
	Task 3: Track and escalate unresolved billing transition issues to HHS.	Disability Access Point Leadership	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.	Disability Access Point Team	June–July 2025
	Task 2: Submit draft communications to HHS for review and approval.	Disability Access Point Leadership	By July 15, 2025
	Task 3: Launch communication campaign once approved, emphasizing continuity and Navigator introductions.	Disability Access Point Team	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.	Disability Access Point Planning Team	June 2025
	Task 2: Integrate findings into formal District Level Assessment.	Disability Access Point Planning Team	October 15, 2025
	Task 3: Adjust service expansion and staffing plans based on assessment outcomes.	Disability Access Point Leadership	October–December 2025
<b>Objective 6: Prepare for potential STSS waitlist scenarios</b>	Task 1: Review monthly projections vs actuals for each STSS service to determine if a waitlist is necessary.	Finance and QA Team	Ongoing
	Task 2: Develop interim prioritization plan specifically for STSS services if funding gaps occur	Disability Access Point Leadership	June 2025

	before HHS issues official waitlist and prioritization criteria.		
	Task 3: Implement HHS-provided STSS waitlist and prioritization criteria upon receipt.	Disability Access Point Leadership	After July 1, 2025 or upon receipt
	Task 4: Communicate STSS waitlist processes clearly to stakeholders if activated.	Disability Access Point Team	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 Leadership	July 2025
	Task 2: Publish information on anticipated public office hours and access channels after HHS approves communication materials.	DAP Communications Team	June 2025
	Task 3: Track service access patterns quarterly to identify and address barriers.	DAP Planning Team	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 Information & Assistance, 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.

### **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.

### **Additional District Specific Strategies:**

1. Transition LTSS individuals currently living in another district to the district DAP they live in and plan to stay in for coordination.
2. Transition LTSS individuals receiving care coordination from other entities, such as IHH, MCO-CBCM, or ACT, to appropriate coordination or funding navigation support services.
3. Shift LTSS individuals receiving services from Broadlawns Medical Center (BMC) and Eyerly Ball (EB) to DAP-Community Support Advocates (CSA) for continued care.
4. Transition LTSS individuals from MHDS regions, including CICS and Heart of Iowa, to DAP-CSA for LTSS coordination services.
5. Transfer Payee and Guardianship funding to the Office of Public Guardianship (OPG) while transitioning coordination responsibilities accordingly.
6. Transition Disability Group Mental Health clients currently receiving services through the Integrated Service Agency (ISA) from Broadlawns Medical Center (BMC) and Eyerly Ball (EB) into Primary Care Association (PCA) programs.

7. Transfer Psychiatric and Forensic Assertive Community Treatment (PACT and FACT) clients to Primary Care Association (PCA) for continued services.

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, MHDS Region staff, and key system partners across the district.
- Facilitate ongoing discussions with former MHDS Region staff 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 DAPs 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.

## Communication Plan for Stakeholder Engagement

Objective	Description of Task/Duties	Role(s) Responsible	Timeframe for Completion
<b>Objective 1: Provider</b>	Task 1: Establish and advertise regular district meetings and office hours cadence with providers, DAP teams and partners.	Community Development Manager(s),	Starting July 2025

<b>Engagement Communication</b>		Contracting & Planning Team	
	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 will operationalize engagement with individuals served in two ways:

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

## Channels of Communication

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 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
<b>Objective 1: Establish upfront engagement at initial contact (Phase 1)</b>	Task 1: Develop interim standard language for staff to introduce feedback opportunities at intake for July 1 launch.	Disability Access Point Leadership/Iowa ADRC	June 2025
	Task 2: Integrate basic consent tracking into case management system for Phase 1. Plan update after HHS tools are available.	Disability Access Point IT/Planning Team/Iowa ADRC	July 2025
<b>Objective 2: Implement in-the-moment feedback collection for I&amp;A services (Phase 1)</b>	Task 1: Develop and test a short satisfaction check-in tool for immediate use at intake (Phase 1).	Disability Access Point Planning Team/Iowa ADRC	June 2025
	Task 2: Train I&A staff on using the immediate check-in tool.	Disability Access Point Training Team/Iowa ADRC	June–July 2025
	Task 3: Launch basic in-the-moment feedback collection for I&A encounters by July 1.	Disability Access Point Team/Iowa ADRC	July 2025

<b>Objective 3: Establish structured follow-up methods for Options Counseling, STSS, LTSS, and HCBS Navigation (Phase 1)</b>	Task 1: Develop Phase 1 follow-up timelines and templates for each service type, pending final HHS guidance.	Disability Access Point Planning Team/Iowa ADRC	June 2025
	Task 2: Create clear procedures for voluntary feedback and opt-out tracking.	Disability Access Point Planning Team/Iowa ADRC	June 2025
	Task 3: Pilot Phase 1 follow-up procedures and adjust based on early results.	Disability Access Point Team/Iowa ADRC	July–August 2025
<b>Objective 4: Research and recommend evidence-based feedback tools</b>	Task 1: Identify and review suggested tools such as SWLS, POMs, and WHOQOL-BREF for Options Counseling and Service Coordination.	Disability Access Point Leadership and Planning Team/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.	Disability Access Point Planning Team/Iowa ADRC	July 2025
<b>Objective 5: Develop data tracking and reporting procedures (Phase 1)</b>	Task 1: Develop internal tracking sheets for engagement and follow-up until HHS system is available.	Disability Access Point Planning Team/Iowa ADRC	June 2025
	Task 2: Transition to HHS-provided tracking and reporting system once available (HHS expected to provide standards and tools by April 15, 2025).	Disability Access Point Planning and IT Team/Iowa ADRC	Upon receipt from HHS

	Task 3: Analyze feedback trends quarterly to guide service improvements.	Disability Access Point Planning and Leadership Team/Iowa ADRC	Starting October 2025
<b>Objective 6: Communicate feedback opportunities to individuals (Phase 1)</b>	Task 1: Create interim feedback invitation scripts and materials for July 1 go-live (Phase 1).	Disability Access Point Communications Team/Iowa ADRC	June 2025
	Task 2: Submit final, polished feedback materials to HHS for review and approval (HHS review required before public dissemination).	Disability Access Point Leadership/Iowa ADRC	July 15, 2025
	Task 3: Launch final approved outreach about feedback opportunities in client communications.	Disability Access Point Team/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 accommodations 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	Planning Team	June 2025
	Task 2: Develop outreach materials for promotion of application.	Communications and Community Development Team	June 2025
	Task 3: Publish application	Communications & Admin	June–July 2025
	Task 4: Create process/criteria for determining council members.	Leadership Team	July 2025
	Task 5: Develop council charter (Iowa HHS Approval).	Planning Team	July 2025
	Task 6: Finalize council membership (Iowa HHS approval).	Leadership Team	July 2025

	Task 7: Notification/publicizing council membership	Communications	August 1, 2025
<b>Objective 2: Meeting Scheduling</b>	Task 1: Identify preferred days/times based on member availability.	Admin or Planning Support	August 2025
	Task 2: Set calendar of meetings for the first year.	Admin Support	August 2025
	Task 3: Create standard meeting agenda and materials templates.	Planning Team	August–September 2025
<b>Objective 3: Establish council function and process</b>	Task 1: Define advisory responsibilities and feedback channels.	Planning & Policy Team	September 2025
	Task 2: Develop Advisory Council onboarding and communication materials.	Planning and Policy Team	September 2025
	Task 3: Provide onboarding session and access to mentoring for new members.	Community Engagement Team, ADRC partners, DD Council	September 2025
	Task 4: Integrate council review of district plan into DAP planning cycles.	Planning and QA Leads	Q4 FY25 onward
<b>Objective 4: Sustain engagement and ensure diverse input</b>	Task 1: Offer stipends or incentives for participation.	Admin & Fiscal Lead	October 2025
	Task 2: Provide accessibility and accommodations for all meetings.	Admin Support & UCEDD	Ongoing
	Task 3: Build in rotating roles and opportunities for leadership.	Council Facilitator & Chair	Ongoing

# Operations

## Disability Access Point(s)

<b>District</b>	5
<b>Site Location Name</b>	<i>Polk County River Place – Behavioral Health and Disability Services ADRC</i>
<b>Address</b>	<i>2309 Euclid Ave, Des Moines, IA 50310</i>
<b>Point of Contact Name(s)</b>	<i>Kevin Lone Annie Uetz</i>
<b>Hours</b>	<i>8am-4:30pm Monday - Friday</i>
<b>Phone number</b>	<i>515-286-3570</i>
<b>Phone system and operator</b>	<i>Webex – phones answered in our office by Kevin Lone, Senior Disability Services Navigator</i>

<b>District</b>	5
<b>Site Location Name</b>	<i>Community Support Advocates ADRC</i>
<b>Address</b>	<i>1516 Valley West Drive, West Des Moines, IA 50266</i>
<b>Point of Contact Name(s)</b>	<i>Melissa Ahrens</i>
<b>Hours</b>	<i>8am-5:00pm Monday- Friday</i>
<b>Phone number</b>	<i>515-883-1776</i>
<b>Phone system and operator</b>	<i>Crexendo but will be switching to Google in order to text.</i>

## 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

Behavioral Health and Disability Services (BHDS) Aging and Disability Resource Center (ADRC) believes all individuals with disabilities should be treated with dignity and respect. The Disability Access Point (DAP) offers a grievance procedure for individuals who have a complaint 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

1. To submit a grievance, individuals may use one of the following methods:
  - a. **Phone:** (515) 286-3570
  - b. **Email:** [bhds@polkcountyiowa.gov](mailto:bhds@polkcountyiowa.gov)
  - c. **Fax:** (515) 286-3590
  - d. **Mail or In-person Submission:**  
Polk County Behavioral Health and Disability Services ADRC  
Polk County River Place  
2309 Euclid Avenue  
Des Moines, IA 50310
2. If the individual wishes to have a representative submit the grievance on their behalf, written consent must be provided via a DAP Release of Information form. Please contact the Chief Operating Officer to obtain assistance with completing the DAP Release of Information form and with the next steps.
3. The grievance must include the following:
  - a. Date of occurrence
  - b. Name of the individual or concern the grievance is regarding
  - c. Name and relationship of the representative (if applicable)
  - d. Contact information (address, phone number, and/or email)
  - e. Detailed description of the concern or incident
4. The CEO shall review grievances. The grievant will be contacted by a DAP staff within five (5) business 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) business days following contact with the grievant. A copy of the decision shall be sent to the grievant and/or representative by regular mail.

5. The grievance will be documented and reported to Iowa HHS as required in quarterly reports.

### 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 - See Attachment E: Client Intake & Eligibility and Attachment F: Client Intake & Eligibility Workflow**

### 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 (I&A), Options Counseling, Home and Community-Based Services (HCBS) System Navigation, or Long Term Services and Supports (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.

## **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.

#### 1) 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.

## 2) Transition Phase: Ensuring Readiness Across Districts

- Evaluate core system components, including the Disability Services 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.

## 3) 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
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<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

## Attachment List –

Attachment A: STSS Invoicing Procedure  
Attachment B: STSS Contracting Strategy  
Attachment C: Provider & Stakeholder Inventory  
Attachment D: STSS Transportation Inventory  
Attachment E: Client Intake & Eligibility  
Attachment F: Client Intake & Eligibility Workflow  
Attachment G: Budget