



Iowa Department of Health and Human Services
Regional Incentive Fund Application

Mental Health and Disability Services Region:	Applicant Point of Contact (Name/Email/Telephone):
---	--

Application Requirements:

Applications shall be:

1. Completed in full with one answer per box and include all required supporting documentation.
2. Supporting documentation shall include evidence to demonstrate compliance with 441-25.22(2).
3. Delivered by mail, electronically, or in person by 4:30 pm November 15 to:
 - a) Iowa Health and Human Services (HHS)
Behavioral Health and Disability Services Division
Hoover State Office Building
1305 E. Walnut Street 5th Floor
Des Moines, IA 50319
 - b) PDF document by email to (HHS)Community Systems Consultants.
4. Signed by the chairperson of the mental health and disability services region governing board and regional CEO.

Complete one or more sections below to substantiate a Region’s request for Incentive Funds. Enter N/A in a box if the section’s circumstances do not apply.

Application Conditions
<p>Describe anticipated reductions in available funding for core services as the result of reduction/elimination of the property tax levy. Identify the amount of incentive funds requested to reimburse an operating deficit. Attach supporting documentation.</p>
<p>Outline how Incentive Funds will be used to fund core service costs that are necessary, reasonable, and allowable within the regional service system management plan. Identify the amount of incentive funds requested to support quality core services. Attach any supporting documentation or outcomes data.</p>
<p>Describe how access to Incentive Funds will maintain individuals in a community setting or reduce the risk that individuals needing services and supports would be placed in more restrictive, higher-cost settings. Identify the amount of incentive funds requested to maintain persons in the community.</p>

Outline how Incentive Funds will be used to fund non-core services costs that are necessary, reasonable, and allowable within the regional service system management plan. Identify the amount of incentive funds requested to support non-core services . Attach any supporting documentation or outcomes data.

If awarded, explain how the Region plans to maintain supported non-core services after Incentive Funds are expended.

Total Incentive Fund Request:

\$

Application conditions and review procedures:

- Financial statement of actual revenues, actual expenditures, and ending fund balance will be calculated using a Region’s annual reports as submitted to the Department per 441—25.20.
- The department shall make its final decisions for incentive funds on or before December 15.
- A written notice regarding acceptance or rejection of an application, and the total amount obligated shall be furnished to the mental health and disability services region.
- The department shall distribute incentive funds payable to the mental health and disability services regions for the amounts due on or before January 1.

Signature:

I certify that to the best of my knowledge that the information in this application for Regional Incentive Funds is accurate and complete.

Chairperson(s), Mental Health and Disability Services Region Governing Board	Date
---	-------------

Regional Chief Executive Officer	Date
---	-------------