

Central Iowa Community Services Mental Health and Disability Services Management Plan Policies and Procedures



CICS

Supporting Individuals. Strengthening Communities.

Geographic Area: Serving the Counties of Boone, Cerro Gordo, Franklin, Greene, Hamilton, Hancock, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, Warren, Webster, and Wright Counties.

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Introduction and Vision

Central Iowa Community Services (CICS) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code. Within this region, CICS created a regional management plan designed to improve health, hope, and successful outcomes for the adults in our region who have mental health disabilities, intellectual/developmental disabilities, and brain injuries, including those with multi-occurring issues and other complex human service needs, and for children who have a diagnosis of serious emotional disturbance as defined in Iowa Code.

In accordance with the principles enumerated in the legislative redesign, CICS shall work in a quality improvement partnership with stakeholders in the region (providers, families, individuals, and partner health and human service systems) to develop a system of care approach that is characterized by the following principles and values:

- Welcoming and individual-oriented
- Person and family driven
- Recovery/resiliency oriented
- Trauma-informed
- Culturally competent
- Multi-occurring capable

CICS shall maintain local county offices as the foundation to the service delivery system.

Basic Framework of the Regional MHDS Services Management Plan

This regional Mental Health & Disability Services Management Plan describes the framework for system design that CICS shall organize.

This Mental Health & Disability Services Management Plan (hereafter referred to as Plan) defines standards for member counties of Central Iowa Community Services.

The Plan supports cost-effective, individualized services and supports that assist persons with disabilities to be as independent, productive, and integrated into the community as possible, within the constraints of available resources.

In compliance with Iowa Administrative Code (IAC) 441-25 the Plan includes three parts:

Annual Service & Budget Plan

- local access points
- service coordination and targeted case management agencies
- crisis planning
- intensive mental health services
- children's behavioral health services
- a description of the scope of services
- projection of need and cost to meet the need
- financial forecasting measures
- provider reimbursement provisions

Annual Report

- an analysis of data concerning services provided for the previous fiscal year
- cost of services

- the status of service development
- actual numbers of children and adults served
- documentation that each regionally designated service has met the service standards requirements
 - Access Center has met the standards of IAC 441-25.6(1)
 - ACT team has been evaluated for program fidelity and documentation of each team's most recent review
 - Subacute services meet the service standards in IAC 441.25.6(7)
 - Intensive Residential Service Homes has met the service standards in IAC 441.25.6(8)
- financial statement of actual revenues and actual expenditures including county levies
- outcomes achieved

Policies & Procedures Manual

- includes policies and procedures concerning management of the MHDS services
- MHDS plan administration

CICS management plans, once approved by the Director of the Department of Health and Human Services (HHS), will be available in each local CICS office, on the CICS website (www.cicsmhds.org), and on the HHS website (<https://hhs.iowa.gov>).

CICS office hours are generally 8:00 am-12:00 pm and 12:30 pm-4:30 pm, Monday through Friday. Scheduling an appointment to meet with a CICS staff member is encouraged as CICS staff may be out of the office during open office hours for other meetings and appointments and some CICS offices are limitedly staffed. The CICS main phone number is 515-513-6870 and the CICS main fax number is 515-985-0587, individuals can be connected to the below CICS offices by calling the CICS main phone number.

Boone County

900 W. 3rd St.
Boone, Iowa 50036

Cerro Gordo County

5 S. Delaware Ave.
Mason City, Iowa 50401

Franklin County

123 1st Ave. SW
Hampton, Iowa 50441

Greene County

114 N. Chestnut Street
Jefferson, IA 50129

Hamilton County

500 Fairmeadow Dr.
Webster City, Iowa 50595

Hancock County

236 State Street
Garner, IA 50438

Hardin County

1201 14th Ave.
Eldora, Iowa 50627

Jasper County

315 W. 3rd St. N, Suite 200
Newton, Iowa 50208

Madison County

112 John Wayne Dr.
Winterset, Iowa 50273

Marshall County

2501 S. Center St., Suite F
Marshalltown, Iowa 50158

Poweshiek County

200 4th Ave West, Suite 202
Grinnell, Iowa 50112

Story County

126 S. Kellogg Ave. Suite 001
Ames, Iowa 50010

Warren County

1007 S. Jefferson Way
Indianola, Iowa 50125

Webster County

308 Central Ave.
Fort Dodge, Iowa 50501

Wright County

120 1st Ave. NW, Suite 1
Clarion, Iowa 50525

A. Organizational Structure

Governing Board

CICS organizational structure assigns the responsibility for the non-Medicaid funded MHDS services with the Governing Board. The Governing Board members include six county Board of Supervisors, one member representing individuals who utilize mental health and disability services or is an actively involved relative of such an individual, one member representing adult service providers, one member representing the education system, one member who is a parent of a child who utilizes children's behavioral health services or an actively involved relative of such children, one member representing children's behavioral health services, one member representing law enforcement, and one member representing the judicial system.

No member shall be an employee of the Department of Health and Human Services or an unelected employee of the County.

CICS shall encourage stakeholder involvement by having a county supervisor regional advisory committee, an adult regional advisory committee, a children's behavioral health advisory committee, and a justice regional advisory committee to assist in developing and monitoring the plan, goals, and objectives identified for the adult and children's behavioral health service system, and to serve as a public forum for other related MHDS issues.

County Supervisor Regional Advisory Committee

Member counties shall appoint one member from the County Board of Supervisors to the CICS County Supervisor Regional Advisory Committee. The County Supervisor Regional Advisory Committee shall appoint six members to the Governing Board.

Adult Regional Advisory Committee (IAC 441-25.14.(1)i)

Adult Regional Advisory Committee members are appointed by the Governing Board. Committee members include individuals who utilize mental health and disability services or are an actively involved relative of such an individual, individuals representing providers of the region, and Governing Board members.

The Adult Regional Advisory Committee shall appoint an individual who utilizes mental health and disability services or an actively involved relative of such an individual and an individual representing providers of the region to the Governing Board.

Children's Behavioral Health Advisory Committee (IC IAC 441-25.14(1)j)

Children's Behavioral Health Advisory Committee members are appointed by the Governing Board. This committee includes representatives of the following member roles:

- Parents/Actively Involved Relatives of a Child who Utilizes Children's Behavioral Health Services
- The Education System
- Early Childhood Advocates
- Child Welfare Advocates
- Children's Behavioral Health Service Providers
- The Juvenile Court System
- Pediatricians
- Child Care Providers
- Local Law Enforcement
- Regional Governing Board

The Children’s Behavioral Health Advisory Committee shall appointment an individual representing the education system, an individual who is a parent of a child who utilizes children’s behavioral health services or an actively involved relative of such children, and an individual representing children’s behavioral health services to the Governing Board.

Justice Regional Advisory Committee

Justice Regional Advisory Committee members are appointed by the Governing Board. Committee membership includes representatives from law enforcement, the judicial system, and the Governing Board.

- Law enforcement means sworn and non-sworn law enforcement personnel employed by state, county, city, or tribal government as defined in Iowa Code 80B.3. State and local Correctional officers and Community-Based Corrections personnel (probation and parole) shall be considered law enforcement.
- Judicial system will be the same as defined in Iowa Code 602.1102: The judicial branch consists of all of the following: 1. The supreme court. 2. The court of appeals. 3. The district court. 4. The clerks of all of the courts of this state. 5. Juvenile court officers. 6. Court reporters. 7. All other court employees.

No non-elected county employee may serve on the committee. The Justice Regional Advisory Committee shall appoint an individual representing law enforcement and an individual representing the judicial system to the Governing Board.

Advisory committee applications will be reviewed to ensure representation is fairly distributed between all CICS member counties.

Chief Executive Officer

The Governing Board shall appoint the Chief Executive Officer as referenced in Iowa Code. The CEO functions are supervised and evaluated by the Governing Board and the CEO is the single point of accountability to the Governing Board. The CEO shall assign the Regional functions and responsibilities to ensure that each of the required functions are performed. The staff delegated to perform functions of a Coordinator of Disability Services shall have the qualifications required by Iowa Code and IAC 441-25.12(2)e. The staff designated to perform the functions of a Coordinator of Children’s Behavioral Health shall have the qualifications required by Iowa Code and IAC 441-25.12(2)f.

B. Service System Management

CICS shall directly administer the Plan through the local CICS offices and contract with service providers to meet the service needs of the individuals. Adequate credentialed staff shall carry out the administration of this Plan. The CICS main phone number is 515-513-6870. Contact information for local service coordination staff can be found on the CICS website at www.cicsmhds.org/services/coordination-services.

County Office	Address
CICS - Boone County	900 W 3 rd St., Boone IA 50036
CICS - Cerro Gordo County	5 S. Delaware Ave., Mason City, IA 50401
CICS - Franklin County	123 1 st Ave SW, Hampton, IA 50441
CICS - Greene County	114 N. Chestnut St., Jefferson, IA 50129
CICS - Hamilton County	500 Fairmeadow Dr., Webster City, IA 50595
CICS - Hancock County	236 State Street, Garner, IA 50438
CICS - Hardin County	1201 14 th Ave, Eldora, IA 50627
CICS - Jasper County	315 W. 3 rd St. N, Suite 200, Newton, IA 50208
CICS - Madison County	112 John Wayne Drive, Winterset, IA 50237

CICS - Marshall County	2501 S. Center St., Suite F, Marshalltown, IA 50158
CICS - Poweshiek County	200 4 th Ave West, Suite 202, Grinnell, IA 50112
CICS - Story County	126 S Kellogg Ave Suite 001, Ames, IA 50010
CICS - Warren County	1007 S. Jefferson Way, Indianola, IA 50125
CICS - Webster County	308 Central Ave., Fort Dodge, IA 50501
CICS - Wright County	120 1 st Ave NW, Suite 1, Clarion, IA 50525

Risk Management and Fiscal Viability

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

Conflict of Interest

Funding authorization decisions shall be made by the CICS staff, who shall have no conflict of interest in the services or supports to be provided. In the event that such a situation occurs, that conflict of interest must be fully disclosed in a Conflict of Interest statement. A funding decision shall not be made by a subordinate of the individual with the conflict of interest.

Advisory Committee Members and Governing Board Members shall follow the CICS Conflict of Interest policy and procedures and complete a Conflict of Interest statement including requirements to disclose any potential conflict of interest, and to prohibit participating in or influencing any vote in which there is a potential financial or other beneficial impact on the board member or any organization they represent.

C. System Management

System of Care Approach Plan (IAC 441-25.21(1)h)

CICS shall provide leadership and management at the local level for designing a regional system of care for Mental Health and Disability Services. The design of the system shall be based on the expectation that individuals and families will have multi-occurring issues and shall incorporate an organized quality improvement partnership process to achieve the vision defined at the beginning of this Plan.

Within this vision, CICS shall work in partnership with providers and other stakeholders to develop services that are:

- Welcoming and accessible
- Able to emphasize integrated screening, early identification, and early intervention
- High quality and, wherever possible, evidence-based
- Organized into a seamless continuum of community-based support
- Tailored to each individual with planning that expands the involvement of the individual
- Provided in the least restrictive, appropriate setting
- Designed to empower individuals and families as partners in their own care
- Designed to leverage multiple financing strategies within the region including increased use of Medicaid funded services and the Iowa Health and Wellness Plan
- Supported by provision of training and technical assistance to individuals and families, as well as to providers and other partners

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

An individual with multi-occurring conditions is defined as any person of any age with ANY combination of any MH condition (including trauma) and/or developmental or cognitive disability (including Brain Injury) and/or any Substance Use Disorder, including gambling and nicotine dependence, whether or not

they have already been diagnosed. Individuals with multi-occurring conditions commonly also have medical, legal, housing, financial, parenting issues, and other complex needs.

CICS shall fund individuals with multi-occurring conditions that meet the eligibility criteria in Section F of this manual. Services and supports will be offered through the enrollment process including the standardized functional assessment.

CICS shall maintain a service delivery approach that builds partnerships within a quality improvement framework to create a broad, integrated process for meeting multiple needs. This approach is based on the principles of interagency collaboration; individualized, strengths-based practices; cultural competence; community-based services; accountability; and full participation of individuals served at all levels of the system. CICS shall work to build the infrastructure needed to result in positive outcomes for individuals served at all levels of the system.

CICS staff will coordinate the implementation of quality improvement processes by engaging the provider network. CICS staff will collect and communicate quality improvement information related to the progress of each program and to the region as a whole.

CICS shall partner with courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. CICS shall collaborate with the Iowa Department of Health and Human Services, Department of Corrections, Iowa Medicaid, Managed Care Organizations, other regions, service providers, case management, individuals, families, and advocates to ensure the authorized services and supports are cost effective and responsive to individuals' needs consistent with system principles.

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

Third-party Payers

Prior to authorizing regional funding, treatment providers and coordinators of services must seek approval from Medicaid, Medicare, or any other third-party payer for any service. CICS may fund additional services and supports not covered by other payment sources for individuals who meet the Plan eligibility criteria.

Judicial and Criminal Justice System

CICS will partner with the courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. Mary Greeley Medical Center and MercyOne North Iowa Medical Center are CICS's designated hospitals for involuntary hospitalizations under Iowa Code 229.

To better coordinate services between the mental health system and the judicial system, CICS will facilitate the development of protocols for identifying county jail inmates needing mental health treatment and for securing such treatment. Mental health evaluation and treatment services will be available at the county jails through a contract with a qualified provider.

Employment

CICS will continue working with local and regional Workforce Development initiatives that support integrating employment, training, education, and support services for all job seekers, workers, and employers, in accordance with the Workforce Investment Act. Coordinators of service and providers will use other federal, state, and private funding sources and programs that encourage competitive and supported employment. This may include Ticket to Work, Social Security Work Incentives, and Medicaid.

Transitioning Youth to the Adult System

CICS will work with HHS social workers in transitioning youth to the adult system through Case Management and in collaboration with Integrated Health Home (IHH) providers and will continue being a resource to explore options for children with complex needs. CICS staff will participate in the HHS/County Transition meetings with HHS and the Juvenile Court Officers.

Education

CICS network providers will work with schools, the Area Education Agencies and Vocational Rehabilitation on transition plans for individuals in Special Education who will be leaving the school system.

Behavioral Health Services for Children

CICS will collaborate with the Education System, Early Childhood Advocates, Child Welfare Advocates, Children's Behavioral Health Service Providers, The Juvenile Court System, Pediatricians, and Child Care Providers to promote early identification, intervention, and prevention services for Children.

Other Regions

CICS has representatives on the Iowa Community Services Association Board and its subcommittees. CICS has been and shall continue to be very active in activities involving training and coordination on a statewide basis with other regions and counties. CICS also attends regional leadership meetings with other regions and the Department of Health and Human Services.

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

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

Decentralized Service Provisions (IAC 441-25.21(1)i)

CICS shall strive to provide services in a decentralized and equitable manner to meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. In areas where services are not available within the region, providers shall be encouraged to expand or begin services. The following measures shall be used to ensure services are available in all parts of the region:

Utilization and Access to Services (IAC 441-25.21(1)d)

Within the broad system approach outlined above, CICS shall oversee access and utilization of services, and population based outcomes, for the MHDS involved population in the region in order to continuously improve system design and better meet the needs of people with complex challenges. In order to accomplish this, CICS shall integrate planning, administration, financing, and service delivery using utilization reports from both the region and the state, including the following:

- inventory of available services and providers
- utilization data on the services

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

- service offered
- adequate provider network
- restrictions on eligibility
- restrictions on availability
- location

This information shall be used for future planning and will be incorporated into the Annual Service and Budget Plan, to increase the provider network to meet access standards and other needs identified in the data.

Results will also be used to review the system of care approach plan, guide CICS in collaboration with agencies, to increase access and decentralize services. In addition, the data elements, indicators, metrics, and performance improvement for population management shall be continuously improved over time as the region develops increasing capability for managing the needs of its population.

CICS will continue to work with HHS and Managed Care Organizations to facilitate regional access and data sharing on disability services funded by Medicaid in order to coordinate CICS funded services and the services managed by the State.

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

NOTE: This section, and the following sections, except for section I, focus specifically on services directly funded by CICS, within the larger system design partnership described in the previous section.

Non-Medicaid mental health and disability services funding shall be under the control of the CICS Governing Board in accordance with Iowa Administrative Code **441-25.13**. The CICS Governing Board shall retain full authority and financial risk for the Plan. The finances of the Region shall be maintained to limit administrative burden and provide public transparency.

The CICS Chief Executive Officer shall prepare a proposed annual budget. The priority in the budget process is to project the costs of funding core services for target populations. The next step in the budgeting process is to include costs to increase or enhance services to meet the access standards. Additional funds will be budgeted to allow for expansion of services in addition to core for target populations, and if funds are available, core services for non-target populations and other services and supports will be included in the budget.

The proposed budget shall be reviewed by the CICS Governing Board for final approval. The CICS CEO shall be responsible for managing and monitoring the adopted budget.

Services funded by CICS are subject to change or termination with the development of the regional MHDS budget each fiscal year.

The CICS Governing Board has designated Story County to act as the Regional Fiscal Agent, all funds shall be maintained by the Regional Fiscal Agent. All expenditures shall comply with the guidelines outlined in the Annual Service and Budget Plan.

Accounting System and Financial Reporting

The accounting system and financial reporting to the department conforms to IAC 441- 25.13 (2) and includes all non-Medicaid mental health and disability expenditures funded by the region. Information is separated and identified in the most recent Uniform Chart of Accounts approved by the State County Finance Committee including, but not limited to, the following: expenses for administration; purchase of services; and enterprise costs for which the region is a service provider or is directly billing and collecting payments.

Contracting

CICS shall contract with MHDS providers whose base of operation is in the region. The region may also honor contracts that other regions have with their provider located in other regions. CICS may also choose to contract with providers outside of the region. A contract may not be required with providers that provide one-time or as-needed services.

All contracts must be approved and signed by the Governing Board Chair or designee.

CICS may develop financial incentives and/or outcome measures in order to obtain higher performance outcomes and cost effectiveness. The region may utilize vouchers and other non-traditional means to fund services.

Providers may appeal any contracted rates and/or terms approved by the Governing Board following the Provider Appeal Procedure outlined in Attachment E.

Funding

Funding shall be provided for appropriate, flexible, cost-effective community services and supports to meet individual needs in the least restrictive environment possible. CICS recognizes the importance of individualized planning for services and supports to empower all individuals to reach their fullest potential.

An individual who is eligible for other privately or publicly funded services and support must apply for and accept such funding and support and comply with requirements to remain eligible for such funding and support. Failure to do so shall render the individual ineligible for regional funds for services that would have been covered under funding unless the region is mandated by state or federal law to pay for said services.

Individuals who are in immediate need and are awaiting approval and receipt of assistance under other programs may be considered eligible if all other criteria are met.

CICS shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the Plan, within the constraints of budgeted dollars. CICS shall be the funder of last resort and regional funds shall not replace other funding that is available for like services.

For individuals meeting the diagnostic eligibility in Section F of this manual, the type and frequency of service provided shall be determined by the results of the required standardized functional assessment as designated by the director of the Department of Health and Human Services (IAC441-25.21(1)a), described in Section F (Eligibility Process) of this manual. A list of services and supports by eligibility group is listed in the service matrix (Attachment C). Individuals with multi-occurring conditions or issues may receive services other than those listed under their primary diagnosis.

It is the belief of CICS that individuals with disabilities should live in and receive services in the least restrictive setting consistent with their individual needs and abilities based on the principles of choice,

community, and empowerment. CICS will strive to ensure that all individuals are living in the community with adequate supports. In the event that a higher level of need exists based on the results of the Standardized Assessment, funding for residential care facility (RCF) services may be considered for mental health or medication stabilization on a short-term basis for up to three months. The individual must be discharging from an inpatient or subacute setting at the time of application for RCF services. During that time, CICS will work closely with the individual to monitor their recovery and assist with arranging services to be in place following discharge. Any extension of funding will be based on a follow-up assessment.

E. Enrollment (IAC441-25.21(1)b)

Application and Enrollment

Individuals residing in CICS counties, or their legal representative, may apply for regional funding for services by contacting any CICS office. Local CICS offices are the designated access points (Attachment A) to complete an application and CICS offices shall determine eligibility for funding.

The CICS application shall be used for all applications. If language or other barriers exist, the CICS office shall contact an appropriate person to assist the applicant in the intake process.

CICS staff shall review the application in a timely manner to determine if all necessary information is present and complete on the application. If the application is incomplete, the applicant shall be contacted requesting additional information. Failure to respond with necessary information and/or to provide a fully completed application may result in a denial of funding.

Residency

Per Iowa Code, "*County of residence*" means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

If an applicant has complied with all information requests, access to services shall not be delayed while awaiting a determination of legal residence. CICS shall notify any region of a client that is physically located in a CICS county that appears to have residency in that region prior to approving services that are not emergent in nature.

It is the policy of CICS that if another county or region determines residency in error or approves services for persons who do not have residency in their region, CICS will assume payment when written notification is received by CICS. CICS staff shall authorize services according to the policies and procedures set forth in this manual. If CICS determines residency in error, CICS will notify the other region of the error. CICS will work with the other regions to accept residency and to assume payment responsibility when written notification was received.

If parties cannot agree on residency determination, CICS shall follow the dispute resolution process outlined in Iowa Code.

Exception to Policy

An Exception to Policy may be considered in cases when an individual is significantly adversely affected by the regional eligibility policy. To request an Exception to Policy, the individual or the individual's service coordinator shall submit the following information:

- Individual's name
- Current services the individual is receiving
- The policy for which the exception is being requested
- Reason why the exception should be granted

The Coordination Officer and CEO shall review the exception, and a response shall be given to the individual and the Service Coordinator within 10 working days. Decisions on requests shall be documented to identify future need for changes in policy.

Confidentiality

CICS is committed to respecting individual privacy. To that end, all persons, including CICS staff, Governing Board, and others with legal access to individual information, shall have an obligation to keep individual information confidential. Information shall only be released in accordance with HIPAA and other federal and state laws and in accordance with professional ethics and standards. Confidential information will be released only when it is in the best interest of the individual to whom the information pertains or when required by law.

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

Individual files shall be maintained for seven years following termination of service to the individual.

Procedures to ensure confidentiality shall include:

- Individual's (or their legal guardian's) written consent shall be obtained prior to release of any confidential information, unless allowed by law.
- Information or records released shall be limited to only those documents needed for a specific purpose.
- Individual, or an authorized representative, shall be allowed to review and copy the individual record.
- Individual and related interviews shall be conducted in private settings.
- All discussion and review of individual's status and/or records by CICS staff, case managers, and others shall be conducted in private settings.
- All paper and computer files shall be maintained in a manner that prevents public access to them.
- All printed confidential information disposed of shall be shredded.
- Steps shall be taken to ensure that all fax, email, and cellular phone transmissions are secure and private.
- Staff shall receive initial and ongoing training concerning confidentiality and staff shall sign a statement agreeing to confidentiality terms.

In order to determine eligibility for regional funding, perform ongoing eligibility review, and to provide service coordination and monitoring, individuals or their authorized representatives shall be requested to sign release forms. Failure of individuals to sign or authorize a release of information may not be an

automatic reason for denial; however, the inability of CICS staff to obtain sufficient information to make an eligibility determination may result in denial of regional funding.

A copy of the regional HIPAA policies and procedures covering confidentiality may be viewed in any local CICS office or on the CICS website.

F. Eligibility (IAC 441-25.21(1)c)

Adult General Eligibility

CICS shall review the application to determine if the applicant meets the general eligibility criteria of the Regional Plan.

The individual is at least eighteen years of age.

Or

- a) An individual who is seventeen years of age, is a resident of this state, and is receiving publicly funded children's services may be considered eligible for services through the regional service system during the three-month period preceding the individual's eighteenth birthday in order to provide a smooth transition from children's to adult services.
- b) An individual less than 18 years of age and a resident of the state may be considered eligible for those mental health services made available to all or a portion of the residents of the region of the same age and eligibility class under the county management plan of one or more counties of the region applicable prior to formation of the region.

Eligibility for services under paragraph "b" is limited to availability of regional service system funds without limiting or reducing core services and if part of the approved regional service system management plan.

The individual is a resident of the state.

Adult Financial Eligibility

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

1) Income Guidelines Per Iowa Code:

- a) Gross incomes 150% or below the current Federal Poverty Guidelines (Attachment B). At the discretion of CICS, adult applicants with income above 150% of Federal Poverty guidelines may be eligible for regional funding with an individual cost sharing as specified in this manual (Attachment D).
- b) A person who is eligible for federally funded services and other supports must apply for such services and support.
- c) In determining income eligibility, the average monthly income for the past 3 months will be considered, however, recent employment and/or income changes may be considered by CICS in determining income eligibility. Applicants are expected to provide proof of income (including pay stubs, income tax return, etc.) as requested by CICS.
- d) An individual's financial eligibility will be reviewed at least annually, or more often if a significant increase or decrease in income occurs.

2) Resources Guidelines Per Iowa Code:

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

- A transfer of property or other assets within five years of the time of application with the result of, or intent to, qualify for assistance may result in denial or discontinuation of funding.
- The countable value of all countable resources, both liquid and non-liquid, shall be included in

the eligibility determination except:

- (1) The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence. The homestead shall include all land that is contiguous to the home and the buildings located on the land.
- (2) One automobile used for transportation. *(see below)
- (3) Tools of an actively pursued trade.
- (4) General household furnishings and personal items.
- (5) Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
- (6) Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.
- (7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.

If an individual does not qualify for federally funded or state-funded services or other support, but meets all income, resource, and functional eligibility requirements of this chapter, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:

- A retirement account that is in the accumulation stage.
- A medical savings account.
- An assistive technology account.
- An Achieving a Better Life Experience (ABLE) account.

*In addition to resource guidelines of Iowa Code stated above, CICS will exempt one vehicle per adult household member.

An individual who is eligible for federally funded services and other support must apply for and accept such funding and supports.

Co-payment and Client Participation for Adult services

Any co-payments or other client participation required by any federal, state, region, or municipal program in which the individual participates shall be required to be paid by the individual. Such co-payments or client participation include, but are not limited to:

- Client participation for maintenance in a residential care facility through the state supplementary assistance program.
- Organizational representative payee services fee/fee for payee services (FFS Payee); individuals accessing CICS funding prior to 1/1/21 for representative payee services may continue to receive funding if the individual meets all other eligibility criteria and the representative payee service continues uninterrupted.

The financial liability for institutional services paid by counties as provided in Iowa Code.

Co-payments in this section are related to Core Services to target populations as defined in Iowa Code. No co-payment shall be assessed to individuals with income equal to or less than 150 percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the U.S. Department of Health and Human Services.

Individuals with income over the established guidelines may be eligible for services on a sliding fee scale as shown in Attachment D. A co-payment is required for those individuals with incomes between 150% - 500% of poverty. This amount is collected by the service agency.

Adult Diagnostic Eligibility

The individual must have a diagnosis or co-occurring diagnosis that includes Mental Illness or Intellectual Disability.

Mental Illness

Individuals who at any time during the preceding twelve-month period had a mental health, behavioral, or emotional disorder or, in the opinion of a mental health professional, may now have such a diagnosable disorder. The diagnosis shall be made in accordance with the criteria provided in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and shall not include the manual's "V" codes identifying conditions other than a disease or injury. The diagnosis shall also not include substance-related disorders, dementia, antisocial personality, or developmental disabilities, unless co-occurring with another diagnosable mental illness.

Intellectual Disability

"Intellectual disability" means a diagnosis of intellectual disability (intellectual developmental disorder), global developmental delay, or unspecified intellectual disability (intellectual developmental disorder) under these rules which shall be made only when the onset of the person's condition was during the developmental period and shall be based on an assessment of the person's intellectual functioning and level of adaptive skills. A licensed psychologist or psychiatrist who is professionally trained to administer the tests required to assess intellectual functioning and to evaluate a person's adaptive skills shall make the diagnosis. A diagnosis of intellectual disability shall be made in accordance with the criteria provided in the current version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

The results of a standardized assessment support the need for intellectual disability services of the type and frequency identified in the individual's case plan.

Acceptable verification for Diagnostic requirements

If a psychological or psychiatric evaluation from a mental health professional is not available, CICS may refer the applicant to an appropriate mental health professional for evaluation to verify and document a diagnosis.

Assistance to Other than Core Populations (IAC441-25.21(1)2)

If funds are available, CICS shall fund services to populations of individuals who have a diagnosis of a developmental disability other than an intellectual disability as defined in Iowa Administrative Code 441-24.1 (225C) and brain injury as defined in Iowa Administrative Code 83.81 and also to children to the extent allowable by law.

"Developmental disability" means a severe, chronic disability that:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments;
2. Is manifested before the age of 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and

5. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

A person from birth to the age of nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described above if the person, without services and supports, has a high probability of meeting those criteria later in life.

"Brain injury" means clinically evident damage to the brain resulting directly or indirectly from trauma, infection, anoxia, vascular lesions, or tumor of the brain, not primarily related to degenerative or aging processes, which temporarily or permanently impairs a person's physical, cognitive, or behavioral functions. The person must have a diagnosis from the following list:

- Malignant neoplasms of brain, cerebrum.
- Malignant neoplasms of brain, frontal lobe.
- Malignant neoplasms of brain, temporal lobe.
- Malignant neoplasms of brain, parietal lobe.
- Malignant neoplasms of brain, occipital lobe.
- Malignant neoplasms of brain, ventricles.
- Malignant neoplasms of brain, cerebellum.
- Malignant neoplasms of brain, brain stem.
- Malignant neoplasms of brain, other part of brain, includes midbrain, peduncle, and medulla oblongata.
- Malignant neoplasms of brain, cerebral meninges.
- Malignant neoplasms of brain, cranial nerves.
- Secondary malignant neoplasm of brain.
- Secondary malignant neoplasm of other parts of the nervous system, includes cerebral meninges.
- Benign neoplasm of brain and other parts of the nervous system, brain.
- Benign neoplasm of brain and other parts of the nervous system, cranial nerves.
- Benign neoplasm of brain and other parts of the nervous system, cerebral meninges.
- Encephalitis, myelitis, and encephalomyelitis.
- Intracranial and intraspinal abscess.
- Anoxic brain damage.
- Subarachnoid hemorrhage.
- Intracerebral hemorrhage.
- Other and unspecified intracranial hemorrhage.
- Occlusion and stenosis of precerebral arteries.
- Occlusion of cerebral arteries.
- Transient cerebral ischemia.
- Acute, but ill-defined, cerebrovascular disease.
- Other and ill-defined cerebrovascular diseases.
- Fracture of vault of skull.
- Fracture of base of skull.
- Other and unqualified skull fractures.
- Multiple fractures involving skull or face with other bones.
- Concussion.
- Cerebral laceration and contusion.
- Cerebral edema.
- Cerebral palsy.
- Subarachnoid, subdural, and extradural hemorrhage following injury.
- Other and unspecified intracranial hemorrhage following injury.
- Intracranial injury of other and unspecified nature.

- Poisoning by drugs, medicinal and biological substances.
- Toxic effects of substances.
- Effects of external causes.
- Drowning and nonfatal submersion.
- Asphyxiation and strangulation.
- Child maltreatment syndrome.
- Adult maltreatment syndrome.
- Status epilepticus.

Children’s Behavioral Health Services Eligibility

- a. The individual is a child under eighteen years of age.
- b. The child’s custodial parent is a resident of the state of Iowa and the child is physically present in the state.
- c. The child’s family meets financial eligibility requirements in Iowa Administrative Code 441-25.16.
- d. The child has been diagnosed with a serious emotional disturbance, except for comprehensive facility and community-based crisis services according to Iowa Code.

Children’s Behavioral Health Services Financial Eligibility

Income requirements for children’s behavioral health services shall be as follows:

- (1) The child’s family has countable household income equal to or less than 500% of the federal poverty level. Countable household income and family size shall be determined using the modified adjusted gross income methodology.
- (2) An eligible child whose countable household income is at least 150% and not more than 500% of the federal poverty level shall be subject to a cost share as described in Iowa Administrative Code 441-25.16(3).
- (3) *Verification of income.* Income shall be verified using the best information available.
 - Pay stubs, tip records and employers’ statements are acceptable forms of verification of earned income.
 - Self-employment income can be verified through business records from the previous year if they are representative of anticipated earnings. If business records from the previous year are not representative of anticipated earnings, an average of the business records or from the previous two or three years may be used if that average is representative of anticipated earnings.
- (4) *Changes in income.* Financial eligibility shall be reviewed on an annual basis and may be reviewed more often in response to increases or decrease in income.
- (5) A child who is eligible for federally funded services and other support must apply for such services and support.

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

Children’s Behavioral Health Services Cost Share

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

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

Family Income as a % of FPL	Cost Share % Paid by Family
0 to 150%	0%
150 to 200%	10%
201 to 250%	15%

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

Eligibility Process:

Entry/Access Points: The first point of contact for someone seeking mental health and disability services. Examples of entry points include health care providers, hospitals, corrections, clerk of court offices, advocates as well as designated Access Points. Entry points are required to send completed applications or referrals by the end of the working day that the contact is received.

Referrals: CICS staff located in county offices will take self-referrals or Access Point referrals conducted with the individual’s consent for the purpose of further assessment for care, treatment, or funding. Referrals may be made from any part of service delivery system.

- **Self-Referral:** A consumer or advocate takes responsibility for contacting another service provider(s) to make a referral on their own behalf. The service provider will contact the local CICS office to determine funding for services.
- **Assisted Active Referral:** Service providers within the service system make a referral on behalf of a consumer. Assisted active referral includes:
 - initial verbal contact with the receiving agency
 - discussion about referral requirements
 - anticipated appointment time (waiting list considerations)
 - appropriate documentation forwarded
 - feedback to referring agency
 - determination of funding sources(s)

Initial Needs Identification: CICS staff also provide initial brief screening and assessment for the purpose of appropriate referral to a service provider. Referrals are prioritized based on presenting issues, needs, and risk assessment. If applicant meets the general eligibility criteria and needs treatment services, the CICS staff will inform the applicant of the provider options and refer them to appropriate services with the provider they choose. If individuals need other services or supports and are eligible for case management or integrated health home (IHH), CICS staff will inform them of the case management or integrated health home provider options and refer them to the appropriate agency. If the individual needs immediate services or supports and or are not eligible for case management or integrated health home, staff will refer the individuals to regional Service Coordinators. The CICS staff informs the individual what additional information or verification is needed and how to obtain that information.

Service Coordination: Case Managers, IHH, or regional Service Coordinators provide another link to funding and providers. Those involved in service coordination may request regional funded services as needed. Service coordination will also assist in scheduling individuals for a standardized functional assessment required in Iowa Code.

Assessment: Individualized services are determined in accordance with the standardized functional assessment. The Assessment will be used in the Individualized Care Plan to determine services and units of services funded.

Individualized Care Planning: Includes the gathering and interpretation of comprehensive assessment information and creating strategies with the consumer about their ongoing care and support. Service

Coordination is particularly important in facilitating appropriate care for consumers with multiple or complex needs. Individualized planning supports the individual to identify goals and implement strategies, actions, and services to achieve those goals. This may involve linking the individual to a range of services, identifying how self-management support, education, and health promotion will be provided, and establishing effective communication among all the providers involved in delivering services to the individual.

Service Authorization

Request for Services: Service Coordination requests services on behalf of the individuals based on the initial needs identification or standardized assessment. Timely eligibility determination includes the issuance of a **Notice of Decision (NOD)**. A Notice of Decision will be issued within 10 days of receiving a completed Funding Application. The Notice of Decision informs eligible individuals and/or their advocate and service providers of the approval, pending, or denial of mental health funding, reason for the action, what the share of cost is, if any, and appeal rights if the applicant is dissatisfied with the action specified in the NOD. The NOD also specifies the service provider, type, and units of services approved based on immediate need or results from the standardized assessment.

Timeframe: Eligibility determination and referrals for emergency and necessary services shall not exceed 10 days (IAC 441-25.21). If a functional assessment is required, it will be completed within 90 days IAC 441-25.15. Once an individual's functional assessment is received, individuals will be referred for services to a provider of choice and issued a Notice of Decision within 10 days.

All individuals that receive ongoing Service Management shall have an individualized plan which shall identify the individual's needs and desires and set goals with action steps to meet those goals. Eligible individuals that request or accept the service may be referred to a targeted case manager for service coordination. Other individuals shall receive individualized service coordination from CICS staff.

The Service Coordinator, when involved, shall invite providers to participate in the development of the consumer's Individual Service Plan to ensure effective coordination.

Together with the individuals, guardians, family members, and providers, service coordinators develop and implement individualized plans for services and supports. The individual will actively participate in the development of the service plan. If the individual is an adult and has no guardian or conservator, s/he may elect to involve family members in the service planning process, and to approve the final service plan. If the individual has a guardian or conservator, or is otherwise unable to give informed consent, the designated guardian, parent, or other representative will approve the service plan. Individuals may be represented by advocates, other individual's representatives, friends, or family during the service planning process.

As with the application and enrollment process, individuals shall be informed of their right to appeal any service planning/service authorization decision.

Re-enrollment

Individuals must reapply for services on at least an annual basis.

G. Service Appeals Processes (IAC 441-25.21(1))

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

Individuals, families, individual representatives (with the consent of the individual), and providers may appeal the decisions of the region or any of its designees or contractors at any time. Such individuals or organizations may also file a grievance about the actions or behavior of a party associated with the regionally managed system of care at any time.

How to Appeal:

Written appeal forms, with a clear description of the appeals, investigation, and disposition process, and the telephone number for submitting a verbal appeal or grievance shall be attached to the Notice of Decision form. Assistance in completing the appeal form shall be provided upon request.

To appeal, complete appeal form must be postmarked or received by the Central Iowa Community Services Office within ten (10) working days of receipt of the Notice of Decision.

Central Iowa Community Services
1201 14th Avenue
Eldora, Iowa 50627

Reconsideration - The Coordination Officer or designee will review appeals and grievances. After reviewing an appeal, the Coordination Officer shall contact the appellant not more than five (5) working days after the written appeal is received. The Coordination Officer shall collect additional information from the appellant and other sources, if necessary and consent is given. Following a review of additional information and all relevant facts, a written decision shall be issued no later than five (5) working days following the contact with the appellant. A copy of the decision shall be sent to the appellant and/or representative by regular mail.

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

To pursue a hearing the applicant must notify Central Iowa Community Services by written request within 10 days of the NOD or reconsideration response. The request should include name, address, a statement of why the applicant disagrees with the facts alleged, the date, and signature of the appellant. Central Iowa Community Services will submit the appeal to The Department of Inspection and Appeals within 15 days of the request.

For further information on the hearing process through an Administrative Law Judge, see <https://dia.iowa.gov/ahd/>

Central Iowa Community Services shall not pay legal fees for an appellant. If you cannot afford legal representation, you may contact Legal Services of Iowa at 1-800-532-1275 or <http://www.iowalegalaid.org/>

Expedited Appeals Process (IAC 441-25.21(1).2)

This appeals process shall be performed by a mental health professional who is either the Administrator of the Division of Mental Health and Disability Services of the Iowa Department of Health and Human Services or the Administrator's designee. The process is to be used when the decision of Central Iowa Community Services concerning an individual varies from the type and amount of service identified to be necessary for the individual in a clinical determination made by a mental health professional and the mental health professional believes that the failure to provide the type and amount of service identified could cause an immediate danger to the individual's health and safety.

How to Appeal:

Using the written appeal forms that shall be attached to Notice of Decision form

1. The appeal shall be filed within 5 days of receiving the notice of decision by Central Iowa Community Services. The expedited review, by the Division Administrator or designee shall take place within 2 days of receiving the request, unless more information is needed. Then there is an extension of 2 days from the time the new information is received.

2. The Administrator shall issue an order, including a brief statement of findings of fact, conclusions of law, and policy reasons for the order, to justify the decision made concerning the expedited review. If the decision concurs with the contention that there is an immediate danger to the individual's health or safety, the order shall identify the type and amount of service, which shall be provided for the individual. The Administrator or designee shall give such notice as is practicable to individuals who are required to comply with the order. The order is effective when issued.
3. The decision of the Administrator or designee shall be considered a final agency action and is subject to judicial review in accordance with section 17A.19.

H. Provider Network Formation and Management (IAC 441-25.21 (1)j)

CICS shall have a network of service providers to meet the continuum of service needs of individuals. The Region retains the right to select services providers to be a part of the CICS provider network. Providers must be approved CICS MHDS network providers in order to be eligible for regional funding. (Payment for commitment related sheriff transportation and court-appointed attorneys, and other incidental or temporary services, may be exempt from this policy.)

Eligibility to Contract with CICS

In order to contract with CICS, a provider must meet at least one of the following criteria:

- Currently licensed, accredited, or certified by the State of Iowa, or
- Currently enrolled as a Medicaid provider, or
- Have a current accreditation by a recognized state or national accrediting body (Joint Commission on Accreditation of Health Care Organization-JCAHO; Council on Rehabilitation Facilities-CARF; etc.)
- Currently has a contract with CICS or another Iowa MHDS region
- If CICS does not have a contract for a needed service with an established provider, a request from a Non-Traditional Provider may be considered.

New providers may be added to the provider network if it is determined either a particular individual will benefit from the service (as determined by the individual's inter-disciplinary team) or that the provider shall provide service(s) that will enhance the service system. New network providers shall be approved through the following process:

1. A referral or request for a new network provider may be made by an individual (or authorized representative), individual's case manager or social worker, or directly by a provider. All requests to become a member shall be directed to the Region.
2. Provider shall complete a Provider Network Application. Provider applicant shall be screened by the Region. Provider may be asked to meet for an interview or provide additional information.

Criteria for consideration includes:

- Priority for core and core plus services
- Unmet need for the proposed services
- Unmet access standard for proposed services
- Provider experience in providing the services
- Documented individual outcomes and family/individual satisfaction
- Retention of individuals receiving services in other programs
- Coordination with other provider agencies
- Evidence of individualized services
- Relationship with other regions the agency serves

- Funding source for the service
 - Financial viability of the agency
3. The Region shall inform the provider of acceptance or denial.
 4. New network providers shall receive appropriate orientation and training concerning CICS's MHDS Plan.

The contracting/rate setting process is initiated with the provider upon acceptance into the provider network.

All providers included in the CICS MHDS provider network subject to licensure or accreditation shall meet all applicable standards and criteria. Current network providers that lose their licensure and/or accreditation or are in jeopardy of losing their licensure and/or accreditation may be removed from the provider network and all individuals receiving services from the provider may be transferred to another network provider. If the situation warrants an immediate change in providers, the region shall transfer individuals to another network provider.

In addition to the above, CICS is currently encouraging providers to participate in the quality improvement partnership for system development in the region, to become welcoming, person/family centered, trauma informed, and multi-occurring capable. CICS will ensure providers are trained to provide multi-occurring, trauma informed, evidence-based practices as outlined in (IAC-441-25.4).

The current CICS MHDS network is included in the Annual Service and Budget Plan.

CICS shall manage the provider network to ensure individual needs are met. CICS shall contract with licensed and accredited providers to provide each service in the required core services domains. CICS shall ensure an adequate number of providers are available to avoid waiting lists including outpatient mental health providers, Community Mental Health Centers, and at least one inpatient psychiatric hospital located within the CICS region.

Regional Contracts

All MHDS contracts utilize a standard contract template approved by the CICS Governing Board. All contracts for MHDS services are annual contracts based on a July 1st to June 30th fiscal year. Discretion for all contracting and rate setting issues rests with the CICS Governing Board and not with individual member counties.

Contracting/Rate Setting

Assigned staff and/or designated team representative(s) shall meet with a current or prospective contracting party to negotiate contract terms and rates with the final recommendation reviewed by the assigned staff.

Rate Setting Terms

Rates established and approved by the State (such as HCBS Waiver, Habilitation Services, etc.) may be acceptable rates for regionally funded comparable services. Rates for other services that are set by the CICS region shall be substantiated by written financial documentation; such documentation may be required to be submitted for review in determining rates. All rates and rate changes shall be effective July 1st of each year. A rate established for a new service, or provider, shall be in effect until the following June 30th. Any exceptions for mid-year rate changes must be authorized by the Governing Board. CICS will honor and utilize rates established by other MHDS regions for providers outside of CICS.

Designation of Targeted Case Management Providers (IAC 441-25.21(1)g)

CICS shall offer access to cost effective, evidenced based, conflict-free Targeted Case Management as described in IAC 441-25.21(1)g1. With the implementation of Managed Care Organizations (MCOs), case management rests with the MCOs.

Designated Case Management agencies serving CICS must be accredited according to the rules of the Department of Health and Human Services. Targeted Case Managers must meet the qualifications as defined in IAC 441-24.1.

Targeted Case Management and Service Coordination Services shall meet the following expectations:

- Performance and outcome measures relating to the safety, work performance, and community residency of the individuals receiving the service.
- Standards including, but not limited to, social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-24.1, which may include the use of electronic record keeping and remote or internet-based training.

Any request for case management services will be referred to the proper Managed Care Organization.

I. Quality Management and Improvement (IAC 441-25.21(1)e)

CICS shall have a quality improvement process that provides for ongoing and periodic evaluation of the service system and of the providers of services and supports in the system. Stakeholders, with emphasis on individual input, shall be involved in the development and implementation of the quality improvement program.

System Evaluation

The system evaluation shall include, but not be limited to, outcome and performance in the following domains:

- access to service
- life in the community
- person centeredness
- health and wellness
- quality of life and safety
- family natural supports

Methods Utilized for Quality Improvement

- Evaluation of individual satisfaction, including empowerment and quality of life
 - Direct interaction and feedback from individuals, families, providers, case managers, service coordinators, and other stakeholders
- Provider satisfaction; patterns of service utilization; responsiveness to individual needs and desires
 - Needs assessments, satisfaction surveys, and other written questionnaires
- Improvement of the ability of providers to work in partnership with each other and with the regional management team to share collective responsibility for the population in the region
 - Provider/team meetings and training opportunities
- The number and disposition of individual appeals and exception to policy requests and the implementation of corrective action plans based on these appeals and requests
 - Assigned CICS staff shall evaluate the reports and recommend areas of improvement
- Cost-effectiveness
 - Compare program costs and outcomes to determine resource reinvestment

- Establishment and maintenance of a data collection and management information system oriented to the needs of individuals, providers, and other programs or facilities. Tracking changes and trends in the disability services system and providing reports to the Iowa Department of Health and Human Services as requested for the following information for each individual served:
 - CICS staff collects data using the Iowa State Association of Counties Community Services Network (CSN), a data management system to connect counties and agencies with a shared system which captures and reports standardized information for Iowans accessing the community services system while abiding by HIPAA, State, and Federal Laws. CSN has the data capacity to exchange information in compliance with the reporting requirements including HHS established client identifier, demographic information, expenditure data concerning the services and other support provided to each individual, as specified by the department.
 - CICS analyzes the following data for regionally funded services:
 - Access standards for required core services.
 - Penetration rates, particularly the proportion of individuals who receive services compared to the estimated number of adults needing services in the region.
 - Utilization rates for inpatient and residential treatment, including:
 - Percent of enrollees who have had fewer inpatient days following services.
 - The percentage of enrollees who were admitted to the State mental health institutes.
 - Readmission rates for regionally funded inpatient and residential treatment.
 - The percentage of enrollees who were discharged from the State mental health institutes and readmitted within 30 and 180 days.
 - Employment of the persons receiving regionally funded services.
 - Administrative costs.
 - Data reporting.
 - Timely and accurate claims payment.

CICS staff will develop goals and action steps to improve performance. The results shall be documented in the annual summary.

Annually, the CICS Governing Board shall assess the region's performance and develop a list of priority areas needing improvement.

Outcomes for Children's Behavioral Health (CBH) Services

Performance and Outcome measures related to education will be synchronized with the standardized performance and outcome measures identified by region education partners in conjunction with region funded CBH services. Statewide aggregate school attendance information and region involved individual school attendance measures will be collected accordingly.

CICS will incorporate additional outcome measures when developed by the State Board as required in Iowa Code.

Quality of Provider Services

The services and supports evaluation shall include, but not be limited to:

- evaluation of the quality of provider services and supports based on individual satisfaction and achievement of desired individual outcomes;

- the number and disposition of appeals of provider actions and the implementation of corrective action plans based on these appeals;
- cost-effectiveness of the services and supports developed and provided by individual providers;
- the evaluations shall ensure that services and supports are provided in accordance with provider contracts.

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

Incorporating the System of Care Approach in Requests for Proposals and Contracts:

CICS will consider providing assistance for implementation of core and core plus services, for decentralizing services, and to meet the access standards associated with services by offering requests for proposals (RFPs) in combination with other strategies, including traditional fee for service, startup costs, and grant funds for specified services.

Request for Proposal:

CICS may consider the use of competitive Requests for Proposal (RFP) to expand services. A review team of CICS staff will evaluate each proposal according to the established protocol specified in the RFP. CICS reserves the right to decline any and all proposals.

Fee for Service:

Contractual requirements will be used to ensure that all system participants are aligned with system of care principles. Each service provider shall provide monthly billing invoices within 60 days of service provision and other information requested of the provider for utilization review. The monthly billings shall include the following information:

- Name and unique identifier of each individual served during the reporting period.
- Dates of service.
- Invoice number.
- Number of units of service delivered to each individual served.
- When requested, attendance records.
- Unit rate and total cost of the units provided to each individual. Copayments or other charges billed to other sources shown as deductions on the billing.
- Actual amount to be charged to the Region for each individual for the period.

CICS staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Non-emergency services delivered without service funding authorization shall be deducted from the billing.

All eligible bills shall be paid within 60 days of receipt of required documentation unless unforeseen circumstances exist.

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 by CICS unless there is a statutory obligation. Fiscal year for CICS is July 1 – June 30.

It is the intent of CICS that only CICS staff shall authorize services for residents of the CICS region.

Startup Costs:

Providers or programs requesting startup costs for core and crisis services will be reviewed by CICS staff. CICS reserves the right to decline any and all requests for startup costs.

Grant Funds:

Grant funds may be considered to cover costs of new services until a fee for service rate can be established. Other uses may be to provide access to crisis services or the continuation of a service. CICS reserves the right to decline any and all requests for grants.

K. Waiting List Criteria (IAC 441-25.21(1)r)

CICS may implement a waiting list if encumbered expenses for a given fiscal year exceed regional MHDS funds available. Core services for target populations and core services for Children's Behavioral Health Services shall be considered priority services. Funding for other than target populations and non-core services (listed in Attachment C) may be placed on the waiting list or be subject to reduction in services in the following manner. New applicants other than target will be placed on a waiting list.

- Service reduction for other than target population for non-core services
- Service reduction for target population for non-core services
- Service reduction for other than target population for core services
- Service reduction for target population for core services and Children's behavioral health services

Waiting lists may also be utilized if other than core services for mental health or intellectual disability services requested are unavailable at the time of application.

If placed on a waiting list, the applicant shall be informed on the Notice of Decision form. The notice shall identify the approximate time the service may be available to applicant. If unable to estimate such time, CICS shall state such and shall update the applicant at least every 60 days as to the status of their service request.

The waiting list shall be centrally maintained by CICS.

Any waiting list that may exist shall be reviewed annually when planning for future budgeting needs and future development of services.

L. Amendments (IAC 441-25.21(3))

The manual has been approved by the Central Iowa Community Services' Governing Board and is subject to approval by the Director of the Iowa Department of Health and Human Services.

Amendments to this Policies and Procedures Manual shall be reviewed by the Regional Advisory Committees prior to submission and approval by the Regional Governing Board. Amendments shall be submitted to the Iowa Department of Health and Human Services for approval at least 45 days before the planned date of implementation.

Attachment A

Access Points

CICS shall designate the access points and their function(s) in the enrollment process. An access point is a part of the service system or community that shall be trained to complete the MHDS funding applications for persons with a disability and forward them to the local CICS Office.

CICS has designated the following access points for adult mental health and disability services and children's behavioral health services.

Access Point	Location
CICS - Boone County	900 W 3rd St, Boone, IA 50036
CICS - Cerro Gordo County	5 S. Delaware Ave., Mason City, IA 50401
CICS - Franklin County	123 1st Ave SW, Hampton, IA 50441
CICS - Greene County	114 N. Chestnut St., Jefferson, IA 50129
CICS - Hamilton County	500 Fairmeadow Dr., Webster City IA 50595
CICS - Hancock County	236 State Street, Garner, IA 50438
CICS - Hardin County	1201 14th Ave, Eldora, IA 50627
CICS - Jasper County	315 W. 3 rd St. N, Suite 200, Newton, IA 50208
CICS – Madison County	112 John Wayne Dr., Winterset, IA 50273
CICS - Marshall County	2501 S. Center St., Suite F, Marshalltown, IA 50158
CICS - Poweshiek County	200 4 th Ave W, Suite 202, Grinnell, IA 50112
CICS - Story County	126 S Kellogg Ave Suite 001, Ames, IA 50010
CICS - Warren County	1007 S Jefferson Way, Indianola, IA 50125
CICS - Webster County	308 Central Ave., Fort Dodge, IA 50501
CICS - Wright County	120 1 st Ave. NW, Suite 1, Clarion, IA 50525

The CICS main phone number is 515-513-6870. Contact information for local service coordination staff can be found on the CICS website at www.cicsmhds.org/services/coordination-services.

Attachment B

Federal Poverty Guidelines

2023 Federal Poverty Guidelines

Household/ Family Size	100%		150%		250%		500%	
	Gross Income		Gross Income		Gross Income		Gross Income	
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	\$1,215	\$14,580	\$1,823	\$21,870	\$3,038	\$36,450	\$7,588	\$72,900
2	\$1,643	\$19,720	\$2,465	\$29,580	\$4,108	\$49,300	\$10,267	\$98,600
3	\$2,072	\$24,860	\$3,108	\$37,290	\$5,179	\$62,150	\$12,946	\$124,300
4	\$2,500	\$30,000	\$3,750	\$45,000	\$6,250	\$75,000	\$15,625	\$150,000
5	\$2,928	\$35,140	\$4,393	\$52,710	\$7,321	\$87,850	\$18,304	\$175,700
6	\$3,357	\$40,280	\$5,035	\$60,420	\$8,392	\$100,700	\$20,983	\$201,400
7	\$3,785	\$45,420	\$5,678	\$68,130	\$9,463	\$113,550	\$23,663	\$227,100
8	\$4,213	\$50,560	\$6,320	\$75,840	\$10,533	\$126,400	\$26,342	\$252,800
9	\$4,642	\$55,700	\$6,963	\$83,550	\$11,604	\$139,250	\$29,021	\$278,500
10	\$5,070	\$60,840	\$7,605	\$91,260	\$12,675	\$152,100	\$31,700	\$304,200
Each add. Member	\$428	\$5,140	\$643	\$7,710	\$1,071	\$12,850	\$2,142	\$25,700

Source: Federal Register, published January 19, 2023

CICS shall update the Federal Poverty Guidelines as they are made available from the Federal Government.

Attachment C

Service Matrix

Individuals with multi-occurring conditions or issues may receive service other than those listed under their primary diagnosis.

		Eligible Population Groups						Access Standards/Other Funding Information
Service/Support	Description	MI	ID	DD	BI	Children **(See below)		
Core Domains								
Treatment Services								
Mental health outpatient therapy	Services shall consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management, and individual, family, and group therapy.	X	X	X	X	X	Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment. (Includes Behavioral Health Intervention Services).	
Mental health medication prescribing	Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.	X	X	X	X	X		
Mental health medication management	Services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a	X	X	X	X	X		

	medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.						
Assessment and evaluation (psychiatric or psychological evaluations and standard functional assessment)	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	X	X	X	X	X	Standardized Functional Assessment will be completed within 90 days of notice of enrollment. Individual who has received inpatient treatment shall be assessed within 4 weeks. Evaluations: Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment.
Mental health inpatient treatment	Acute inpatient mental health services are 24-hour settings that provide services to individuals with acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms, address health and safety needs, and develop a comprehensive discharge plan to appropriate level of care.	X	X	X	X	X	Shall receive treatment within 24 hours. Available at inpatient mental health services at any state or private mental health unit in Iowa at host region contractual rate. In the absence of a contract, CICS shall reimburse at the current Medicaid rate. CICS will fund up to 5 days or until the initial civil commitment hearing if no other funding is available at a private mental health unit.
Crisis Services							
Personal emergency response system	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	X	X	X	X		
Crisis evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to	X	X	X	X	X	Within 24 hours

	determine appropriate services or referral during an acute crisis episode.						
23-hour crisis observation & holding	A level of care provided up to 23 hours in a secure and protected, medically staffed, psychiatrically supervised treatment environment.	X	X	X	X		
Twenty-four-hour crisis response		X	X	X	X	X	Available through Community Mental Health Centers
Mobile response	A mental health service which provides on-site, face-to-face mental health crisis services for individuals experiencing a mental health crisis. Mobile crisis staff have the capacity to intervene wherever the crisis is occurring including but not limited to the individual's place of residence, emergency rooms, police stations, outpatient mental health settings, schools, recovery centers or any other location where the individual lives, works, attends school, or socializes.	X	X	X	X	X	An individual in need of mobile response services shall have face-to-face contact with mobile crisis staff within 60 minutes of dispatch.
Crisis stabilization community-based services	Services provided in community-based settings to de-escalate and stabilize an individual following a mental health crisis.	X	X	X	X	X	An individual who has been determined to need CSCBS shall receive face-to-face contact from the CSCBS provider within 120 minutes from the time of referral.
Crisis stabilization residential services	Services provided in short-term non community-based residential settings to de-escalate and stabilize a mental health crisis.	X	X	X	X	X	An individual who has been determined to need CSRS shall receive CSRS within 120 minutes of referral. The service shall be located within 120 miles from the residence of the individual.
System building & sustainability – Crisis (23 hour observation, mobile response, CSRS, CSCBS)	Non-client related operational buildout costs to secure needed workforce and infrastructure to start-up, sustain, and expand required crisis services. (Excludes Access Center start-up, sustainability, and	X					

	coordination. Actual services provided should be funded under the corresponding service chart of account code.)						
Access Center/start-up/sustainability	Start-up, sustainability, and coordination costs for a regionally designated access center. (Actual services provided in an access center should be funded under the corresponding service chart of account code).	X					
Support for Community Living							
Home health aide services	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	X	X	X	X		
Respite services	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	X	X	X	X	X	
Home and vehicle modification	A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to	X	X	X	X		Lifetime limit equal to that established for the HCBS waivers. Provider payment will be no lower than that provided through the HCBS waiver.

	increase or maintain independence.						
Supported community living services	Services provided in a noninstitutional setting to adult persons with mental illness, mental retardation, brain injury, or developmental disabilities to meet the persons' daily living needs.	X	X	X	X		First appointment shall occur within 4 weeks of the request
Intensive residential services homes	Services that provide intensive 24-hour supervision, behavioral health services, and other supportive services in a community-based residential setting to adults with the most intensive, severe, and persistent mental illness conditions who have functioning impairment and may also have multi-occurring conditions.	X					
Support for Employment							
Prevocational services	Services that focus on developing generalized skills that prepares an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	X	X	X	X		
Job development	Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes,	X	X	X	X		Referral shall be within 60 days of request for such service.

	personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.						
Day Habilitation	Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.	X	X	X	X		
Supported employment	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability, including either individual or group supported employment, or both, consistent with evidence-based practice	X	X	X	X		Initial referral shall take place within 60 days of request

	standards published by the Substance Abuse and Mental Health Services Administration.						
Group Supported employment-enclave	Group Supported Employment - the job and training activities in business and industry settings for groups of no more than eight workers with disabilities. Group settings include enclaves, mobile crews, and other business-based workgroups employing small groups of workers with disabilities in integrated, sustained, paid employment.	X	X	X	X		
System building & sustainability – IPS & vocational	Non-client related operational buildout costs to secure needed workforce and infrastructure to start-up, sustain, and expand Evidence-based and vocational services. (Actual services provided should be funded under the corresponding service chart of account code).	X	X	X	X		
Recovery Services							
Family support	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	X	X	X	X	X	
Peer support services	A program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in	X	X	X	X		Individuals receiving recovery services shall not have to travel more than 30 miles if residing in urban area or 45 miles if residing in rural area.

	achieving stability in the community.						
Service Coordination							
Case management (targeted case management and service coordination)	Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.	X	X	X	X	X	Service Coordination: Individuals shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area. Individuals shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility.
Health homes	A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.	X	X				
Sub-Acute Services							
Subacute services	Partial Hospitalization (Sub Acute Services) A comprehensive set of wraparound services	X	X	X	X		

	for persons who have had or are at imminent risk of having acute or crisis mental health symptoms that do not permit the persons to remain in or threatens removal of the persons from their home and community, but who have been determined by a mental health professional and a licensed health care professional and a licensed health care professional, subject to the professional's scope of practice, not to need inpatient acute hospital services.						
Core Evidenced-Based Treatment							
Education & Training Services - provider competency	Educational and Training Services means training related to provider competency in delivering co-occurring integrated services, trauma-informed services and evidenced-based practices.	X					
System building & sustainability – supported housing	Non-client related operational buildout costs to secure needed workforce and infrastructure to start-up, sustain, and expand Evidence-based and supportive services. (Actual services provided should be funded under the corresponding service chart of account code).	X					
Supported housing	Supportive housing means a combination of housing and services intended as a cost-effective way to help people live more stable, productive lives; tenancy not predicted on services.	X					
Assertive community treatment (ACT)	An intensive and highly integrated approach for community mental health service delivery.	X					A sufficient number of ACT teams shall be available to serve the number of individuals in

	ACT programs serve outpatients whose symptoms of mental illness result in serious functioning difficulties in several major areas of life, often including work, social relationships, residential independence, money management, and physical health and wellness.						the region who are eligible for ACT services. As a guideline for planning purposes, the ACT-eligible population is estimated to be about 0.06% of the adult population of the region. Each region shall verify that all ACT programs operating in the region have a periodic fidelity review according to the schedule identified in 441.25.6(2) subsection a. (2)
Family psychoeducation (FPE)	Family psychoeducation-services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	X	X	X	X	X	
System building & sustainability - FPE & recovery services	Non-client related operational buildout costs to secure needed workforce and infrastructure to start-up, sustain, and expand evidence-based and recovery services. (Actual services provided should be funded under the corresponding service chart of account code).	X					
Mandated Services							
Oakdale	Hospital services provided at Iowa Medical & Classification Center, Iowa Code 812.	X					
Commitment related (evaluations, sheriff transport, legal representation, mental health advocate)	Court ordered services related to Iowa Code 229 mental health commitments	X	X	X	X	X	Court order

Additional Core Domains							
Justice System-Involved Services							
Coordination services	Justice System Involved Coordination- service coordination provided to individuals in justice system.	X	X	X	X		
Contracted coordination services	Contracted Justice System Involved Coordination- service coordination provided to individuals in justice system.	X	X	X	X		
24-hour crisis line	Crisis Hotline (fee paid to vendor) (24 Hour Crisis Line) Telephone crisis service- program that operates a crisis hotline either directly or through a contract. The service shall be available 24 hours a day and seven days a week including, but not limited to, relief of distress in pre-crisis and crisis situations, reduction of the risk of escalation, arrangements for emergency on-site responses when necessary, and referral of callers to appropriate service.	X	X	X	X	X	State Funded
Warm line	Social Support (Warm Line) A line staffed by peer counselors, who provide nonjudgmental, nondirective support to an individual who is experiencing a personal crisis.	X	X	X	X		
Mental health services in jails	Evaluation, medication management and therapy services	X	X	X	X		
Justice system-involved services-other	Outpatient mental health services provided to individuals in criminal justice setting	X	X	X	X		CICS shall pay for outpatient competency restoration (OCR) services; until a new chart of account code is identified CICS will pay for OCR services here.
Crisis prevention training	Educational and Training Services Safety training for law enforcement, first responders, etc., regarding mental health	X					

	awareness such as Crisis Intervention Training (CIT).						
Mental health court related costs	Legal & Court-Related Services (Mental Health Court related expenses).	X					
Civil commitment prescreening evaluation	Evaluations completed prior to commitment with goal to divert individual from commitment process.	X					
Additional Core Evidenced-Based Treatment							
Peer wellness/ wellness and recovery centers	Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.	X	X	X	X		
System building & sustainability – non-crisis (wellness centers, IRSH, ACT, IPR, transitional living)	Non-client related operational buildout costs to secure needed workforce and infrastructure to start-up, sustain, and expand Evidence-based and Intensive mental health services. (Actual services provided should be funded under the corresponding service chart of account code).	X	X	X	X		
Psychiatric rehabilitation (IPR)	Psychiatric Rehabilitation - is for individualized services designed to increase the consumer's ability to function independently to prevent or reduce the need for services in a hospital or residential setting and to promote the consumer's recovery of the ability to perform a valued role in society.	X					
Other Informational Services (Non-Core)							
Information & referral	Service that informs individuals of available services and programs	X	X	X	X	X	Provided through Regional Service Coordination
Consultation (except 422)	Service to assist individuals by providing advisory activities directed to a service provider to assist the provider in	X	X	X	X		

	delivering services to a specific person, or advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems; or addressing other concerns in the provider's own organization.						
Public education	To educate the general public about the realities of mental health and mental illness	X	X	X	X		
Other Community Living Support Services (Non-Core)							
Services management	Services Management - is designed to help individuals and families identify service needs and coordinate service delivery but which do not constitute case management	X	X	X	X	X	Provided through regional service coordination
Crisis care coordination	Service provided during an acute crisis episode that facilitates working together to organize a plan and service transition programing, including working agreements with inpatient behavioral health units and other community programs. The service shall include referrals to mental health services and other supports necessary to maintain community-based living capacity, including case management as defined herein.	X	X	X	X	X	
Transportation	Transportation is for individuals for essential services such as to go to and from day programs, other preauthorized needs or activities, or as otherwise contracted.	X	X	X	X		

Guardian/ Conservator	Guardian/Conservator - is activities provided as required by the court system to handle the personal business of the individual.	X	X	X	X		
Representative payee	Activities provided to manage an individual's finances.	X	X	X	X		See Co-payment and Client Participation for Adult Services
Rent payments (time limited)	Assistance for rent, utilities etc.	X	X	X	X		
Other basic needs	Other costs associated with necessities such as utilities.	X	X	X	X		
Physiological outpatient treatment	Is used for activities designed to prevent, halt, control, relieve or reverse symptoms or conditions which interfere with the normal physiological functioning of the human body.	X	X	X	X		
Prescription meds (time limited)	Prescription psychiatric medications for persons having a mental health diagnosis	X	X	X	X		
Transitional living program	Transitional living means any type of living situation that is transition with the primary purpose or mission to help the individual become a productive member of society; length of stay may vary but is not permanent housing.	X	X	X	X		
Community support programs	Community Support Programs - is for comprehensive programs to meet individual treatment and support needs of consumers which enable consumers with a mental illness, intellectual disability, brain injury, or a developmental-disability to live and work in a community setting.	X	X	X	X		
Psychiatric medications in jail	Psychiatric medication funded for individuals in jail.	X					
Adult Day Care Services	Structured social, habilitation, and health activities provided in a congregate setting to alleviate deteriorating	X	X	X	X		

	effects of isolation; to aid in transition from one living arrangement to another; to provide a supervised environment while the regular caregiver is working or otherwise unavailable or to provide a setting for receipt of multiple health services in a coordinated setting.						
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Other Congregate Services (Non-Core)

Residential care facilities (RCF)	Community facility providing care and treatment	X					Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan. It is the intent of CICS to support individual within integrated community-based service settings and according to the HCBS Quality Settings Standards. Individuals must be discharging from an inpatient setting at the time of application for RCF services. In the event that funding would need to be made available for Additional Core Services, residential care facility funding would be discontinued within 90 days.
Nursing Facility -Intermediate care facility (ICF) for persons with mental illness (PMI) 6 and over beds	Community facility providing care and treatment	X					
SCL 6 and over beds	Is for services and supports determined necessary to enable consumers to live and work in a community, and is provided in a licensed RCF facility 6 & over beds. Services are directed to enhancing the consumer's ability to	X					

	regain or attain higher levels of independence, or to maximize current levels of functioning.						
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**Children eligible for the above services are not required to have a Serious Emotional Disturbance diagnosis.

Standardized functional assessment must support the need for all services of the type and frequency identified in the individual’s case plan.

Children’s Behavioral Health Services Matrix

CICS shall fund the following core services for children who meet the criteria for the Children’s Behavioral Health Services System as identified in Iowa Code.

Service	Definition	Access Standards/Other Funding Information
Mental health outpatient therapy	Services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management, and individual, family, and group therapy	Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment. (Includes Behavioral Health Intervention Services)
Medication prescribing & management	Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.	Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment.
Assessment and evaluation	The clinical review by a mental health professional of the current functioning of the individual using the service regarding the individual’s situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	Standardized Functional Assessment will be completed within 4 weeks of request for appointment. Evaluations: Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment
Behavioral health inpatient treatment	Inpatient psychiatric services to treat an acute psychiatric condition provided in a licensed hospital with a psychiatric unit	Shall receive treatment within 24 hours. Available at inpatient mental health services at any state or private mental health unit in Iowa at host region contractual rate. In the absence of a

	or licensed freestanding psychiatric hospital	contract, CICS shall reimburse at the current Medicaid rate.
Mobile response	A mental health service which provides on-site, face-to-face mental health crisis services for individuals experiencing a mental health crisis. Mobile crisis staff have the capacity to intervene wherever the crisis is occurring including but not limited to the individual's place of residence, emergency rooms, police stations, outpatient mental health settings, schools, recovery centers or any other location where the individual lives, works, attends school, or socializes.	An individual in need of mobile response services shall have face-to-face contact with mobile crisis staff within 60 minutes of dispatch.
Crisis Stabilization community-based services	Services provided in community-based settings to de-escalate and stabilize an individual following a mental health crisis.	An individual who has been determined to need CSCBS shall receive face-to-face contact from the CSCBS provider within 120 minutes from the time of referral.
Crisis Stabilization residential services	Services provided in short-term non-community-based residential settings to de-escalate and stabilize a mental health crisis.	An individual who has been determined to need CSRS shall receive CSRS within 120 minutes of referral. The service shall be located within 120 miles from the residence of the individual.
Education	Activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning	Education activities shall be carried out at least four times a year.
Prevention	Efforts to increase awareness and understanding of the causes and nature of conditions or situations that affect and individual's functioning in society.	Prevention activities shall be carried out at least four times per year.
Early intervention	Services designed to address the social, emotional, and developmental needs of children at their earliest stages to decrease long-term effects and provide support in meeting developmental milestones	A child shall receive early intervention services within four weeks of the time the request for such services is made.
Early Identification	The process of detecting developmental delays or untreated conditions that may indicate a need for further evaluation	A child shall receive early identification services within four weeks of the time the request for such services is made.

Attachment D

Sliding Fee/Cost Share Schedule for Services

Adult Mental Health and Disability Services Sliding Fee Schedule

(Not including Adult Mental Health Outpatient Services including Therapy, Medication Prescribing & Management, and Assessment and Evaluation Cost Share Schedule)

150%	151% to 175%	176% to 200%	201% to 225%	226% to 250%	Over 250%
0%	20%	40%	60%	80%	100%

Children's Behavioral Health Services and Adult Mental Health Outpatient Services Cost Share Schedule

(Including Therapy, Medication Prescribing & Management, and Assessment and Evaluation)

Family Income as a % of FPL	Cost Share % Paid by Family
0 to 150%	0%
150 to 200%	10%
201 to 250%	15%
251% to 300%	20%
301 to 350%	35%
351 to 400%	50%
401% to 450%	65%
451% to 500%	80%
Over 500%	100%

Attachment E

Central Iowa Community Services Provider Appeal Procedures

A Provider may appeal a decision of the CICS Governing Board related to contract rates and/or terms by following the procedures outlined below:

To initiate a review of a decision, a Provider must send a written request for review to the Chief Executive Officer (CEO). The request must be postmarked or personally delivered within 10 working days from the date of decision.

1. The assigned officer shall review the decision within 10 working days of receipt of the written request for review. The assigned officer may allow the Provider to submit additional information relative to the appeal and/or may schedule a meeting with the Provider. Within 10 working days the assigned officer shall issue a written recommendation related to the appeal to the CEO.
- 2.. The CEO shall provide a written decision of their findings to the Governing Board for final decision.
3. The CICS Governing Board Chair, or designee, shall send a written explanation of action taken regarding the appeal.
4. If still dissatisfied following the above process, the Provider may appeal the decision to an Administrative Law Judge (ALJ). The request for appeal hearing by an ALJ shall be submitted in writing to the CICS CEO within 10 days of the final review decision. The ALJ will schedule and conduct a hearing and shall issue a written decision following the hearing. The decision of the ALJ shall be the final step of the process.

Glossary

Access point -- a provider, public or private institution, advocacy organization, legal representative, or educational institution with staff trained to complete applications and guide individuals with a disability to needed services.

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

Assessment and evaluation -- a service as defined in 441-25.1.

Assistive technology account -- funds in contracts, savings, trust or other financial accounts, financial instruments, or other arrangements with a definite cash value that are set aside and designated for the purchase, lease, or acquisition of assistive technology, assistive technology services, or assistive technology devices. Assistive technology accounts must be held separately from other accounts. Funds must be used to purchase, lease, or otherwise acquire assistive technology services or devices for a working individual with a disability. Any withdrawal from an assistive technology account other than for the designated purpose becomes a countable resource.

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

Chief executive officer -- the individual chosen and supervised by the governing board who serves as the single point of accountability for the Iowa Administrative Code 83.81

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

Children's behavioral health services -- behavioral health services for children who have a diagnosis of serious emotional disturbance.

Children's behavioral health system or children's system -- the behavioral health system for children implemented pursuant to Iowa Code.

Coordinator of children's behavioral health services -- a member of the regional administrative entity staff who meets the requirements described in Iowa Code and is responsible for coordinating behavioral health services for children. An action of a coordinator involving a clinical decision shall be made in conjunction with a professional who is trained in the delivery of the mental health or disability service or children's behavioral health service addressed by the clinical decision. The regional administrator shall determine whether referral to a coordinator of mental health and disability services or children's behavioral health services is required for a person or child seeking to access a service through a local access point of the regional service system or the children's behavioral health system.

Countable household income -- earned and unearned income of the family of a child according to the modified adjusted gross income methodology.

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

Clear lines of Accountability -- the structure of the governing board's organization makes it evident that the ultimate responsibility for the administration of the non-Medicaid funded mental health and disability services lies with the governing board and that the governing board directly and solely supervises the organization's chief executive officer.

Conflict-free case management -- there is no real or seeming incompatibility between the case manager's other interests and the case manager's duties to the person served in determination for services, establishing funding levels for the individual's services, and includes requirements that do not allow the case manager to perform evaluations, assessments, and plans of care if the case manager is related by blood or marriage to the individual or any of the individual's paid caregivers, financially responsible for the individual, or empowered to make financial or health-related decisions on behalf of the individual.

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

Coordinator of disability services -- as defined in Iowa Code.

Countable resource -- all liquid and nonliquid assets owned in part or in whole by the individual household that could be converted to cash to use for support and maintenance and that the individual household is not legally restricted from using for support and maintenance.

County of residence -- the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

Early identification -- the process of detecting developmental delays or untreated conditions that may indicate the need for further evaluation.

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

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

Empowerment -- that the service system ensures the rights, dignity, and ability of individuals and their families to exercise choices, take risks, provide input, and accept responsibility.

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

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

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

Income -- all gross income received by the individual's household, including but not limited to wages, income from self-employment, retirement benefits, disability benefits, dividends, annuities, public assistance, unemployment compensation, alimony, child support, investment income, rental income, and income from trust funds.

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

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

Liquid assets -- assets that can be converted to cash in 20 days. These include but are not limited to cash on hand, checking accounts, savings accounts, stocks, bonds, cash value of life insurance, individual retirement accounts, certificates of deposit, and other investments.

Managed care -- a system that provides the coordinated delivery of services and supports that are necessary and appropriate, delivered in the least restrictive settings and in the least intrusive manner. Managed care seeks to balance three factors: achieving high-quality outcomes for participants, coordinating access, and containing costs.

Managed system -- a system that integrates planning, administration, financing, and service delivery. The system consists of the financing or governing organization, the entity responsible for care management, and the network of service providers.

Medical savings account -- an account that is exempt from federal income taxation pursuant to Section 220 of the United States Internal Revenue Code (26 U.S.C. §220) as supported by documentation provided by the bank or other financial institution. Any withdrawal from a medical savings account other than for the designated purpose becomes a countable resource.

Mental health inpatient or behavioral health inpatient treatment -- inpatient psychiatric services to treat an acute psychiatric condition provided in a licensed hospital with a psychiatric unit or a licensed freestanding psychiatric hospital.

Mental health professional -- the same as defined in Iowa Code.

Modified adjusted gross income -- the methodology prescribed in 42 U.S.C. Section 1396a(e)(14) and 42 CFR 435.603.

Non-liquid assets -- assets that cannot be converted to cash in 20 days. Non-liquid assets include, but are not limited to, real estate, motor vehicles, motor vessels, livestock, tools, machinery, and personal property.

Population -- as defined in Iowa Code.

Prevention -- efforts to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society. Prevention activities are designed to convey information about the cause of conditions, situation, or problems that interfere with an individual's functioning or ways in which that knowledge can be used to prevent their occurrence or reduce their effect, and may include, but are not limited to, training events, webinars, presentations, and public meetings.

Provider -- an individual, firm, corporation, association, or institution which is providing or has been approved to provide medical assistance, is accredited under Chapter 24, holds a professional license to provide the services, is accredited by a national insurance panel, or holds other national accreditation or certification.

Regional administrator or Regional administrative entity -- the administrative office or organization formed by agreement of the counties participating in a mental health and disability services region to function on behalf of those counties.

Regional services fund -- the mental health and disability regional services fund created in Iowa Code.

Regional service system management plan -- the regional service system plan developed pursuant to Iowa Code for the funding and administration of non-Medicaid funded mental health and disability services including an annual service and budget plan, a policy and procedure manual, and an annual report and how the region will coordinate with the Department in the provision of mental health and disability services funded under the medical assistance program.

Resident -- as described in Iowa Code and as defined in 8 U.S.C. §1641.

Resources -- all liquid and non-liquid assets owned in part or in whole by the individual household that could be converted to cash to use for support and maintenance, and that the individual household is not legally restricted from using for support and maintenance.

Retirement account -- any retirement or pension fund or account listed in Iowa Code.

Retirement account in the accumulation stage -- a retirement account into which a deposit was made in the previous tax year. Any withdrawal from a retirement account becomes a countable resource.

Serious emotional disturbance -- the same as defined in Iowa Code.

“Serious emotional disturbance” means a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current diagnostic and statistical manual of mental disorders published by the American psychiatric association that results in a functional impairment. “Serious emotional disturbance” does not include substance use and developmental disorders unless such disorders co-occur with such a diagnosable mental, behavioral, or emotional disorder.

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

State case status -- the standing of an individual who has no county of residence.

State board -- the children's behavioral health system state board created in Iowa Code.

State commission -- MHDS Commission as defined in Iowa Code.

System of care -- the coordination of a system of services and supports to individuals and their families that ensures they optimally live, work, and recreate in integrated communities of their choice.

System principles -- practices that include individual choice, community and empowerment.

CICS Forms

The following forms may be found on the CICS website (www.cicsmhds.org):

- Application
- Release of Information
- Notice of Decision
- Exception to Policy
- Appeals Form