

COUNTY RURAL OFFICES OF SOCIAL SERVICES

MENTAL HEALTH AND DISABILITY SERVICE



Management Plan Policies and Procedures

Approved by CROSS Governing Board: 8/26/2023

Effective Date: 11/1/2023

*Serving the Counties of Clarke, Decatur, Lucas, Marion,
Ringgold and Wayne in Iowa*

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INTRODUCTION AND VISION

The County Rural Offices of Social Services (CROSS) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 225C.57. Within this region, CROSS will create a regional management plan designed to improve health, hope, and successful outcomes for the adults and children in our region who have mental health disabilities and intellectual/developmental disabilities, including those with multi-occurring, substance use issues, health issues, physical disabilities, brain injuries, and other complex human service needs and for children who have a diagnosis of serious emotional disturbance as defined in Iowa Code section 225C.2.

In accordance with the principles enumerated in the legislative redesign, CROSS will 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 customer-oriented
- Person and family driven
- Recovery/resiliency oriented
- Trauma-informed
- Culturally competent
- Multi-occurring capable

GUIDING PRINCIPLES

- ✦ All service participants receiving mental health, intellectual disability, and developmental disability services, including multi-occurring substance use issues, health issues, physical disabilities, brain injuries, and other complex human service needs in the Heart of Iowa Region have a right to live, work, learn, and recreate to full independence and permanence in the community.
- ✦ All service participants have the right to full community integration, and access to community resources and supports, without discrimination or stigmatization.
- ✦ All service participants and their families have a right to full participation in planning for access to needed services and supports, and to exercise reasonable choice in services and providers of services within the context of available resources and legal limitations.
- ✦ All service participants and their families have a right to responsiveness to cultural and linguistic diversity and to accommodation from service providers to overcome physical or cultural barriers to needed services and supports within the context of available resources/reasonable costs.

Basic Framework of the Regional MHDS Services Management Plan

This Regional MHDS Services Management Plan will describe both the framework for system design that CROSS will organize, the process for making progress in the direction of that vision, as well as the specific activities within the system that will be funded and monitored directly by CROSS.

This Mental Health & Disability Services Management Plan (hereafter referred to as Plan) defines standards for member counties of County Rural Offices of Social Services.

The plan meets the requirements of Iowa Code section 225C and provides for 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.

This plan is reviewed annually by the CROSS Governing Board, the CROSS Advisory boards, and the staff members of CROSS. If you have not been a part of any planning Board, and wish to make suggestions for revision, please write to the Chief Executive Officer for the CROSS Region. The address for that office is located at the bottom of this page.

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

- A. **Policies and Procedures Manual**, includes policies and procedures concerning management and administration of the MHDS plan.
- B. **Annual Service and Budget Plan** which describes our vision for the Mental Health/Developmental Disabilities system and how we plan to reach our vision. It will include:
 - Access points
 - Service coordination & targeted case management
 - Crisis planning
 - Intensive mental health services designated
 - Children's behavioral health services
 - Scope of services
 - Budget and financing provisions for the next year
 - Financial forecasting measures
 - Provider reimbursement provisions.
- C. **Annual Review** is due December 1st of each year and provides:
 - Analysis of data concerning services managed for the previous fiscal year including a confirmation of services provided
 - Status of service development
 - Actual number of children and adults served
 - Documentation that designated access centers, ACT teams, subacute and intensive residential services met service standards
 - Financial statement of actual revenues and expenditures
 - Outcomes achieved.

Contact Individual for the Plan:

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County Rural Offices of Social Services shall maintain local county offices as the foundation to the service delivery system. A current manual is available in each local County Rural Offices of Social Services office and on the Region and Department of Health and Human Services Website.

A. Organizational Structure

Governing Board

HICS Organizational structure assigns the ultimate responsibility for the non-Medicaid funded MHDS services with the Governing Board. No member shall be an employee of the Department of Health and Human Services.

- a) Member counties shall have the discretion to appoint a total of six (6) Board of Supervisors pursuant to Iowa Code 225C.57(2)(c)(1). One supervisor from each member county in the region shall be appointed as a Director. The Board of Supervisors of each member county shall select its Director and he or she shall serve indefinitely at the pleasure of the member county appointing the Director, until a successor is appointed, or unless an earlier appointment becomes necessary due to death, resignation, or the end of such person's service as a county supervisor. An alternate supervisor shall be appointed in the same manner and shall act in the temporary absence or unavailability of the Director. Any Director appointed under this Section may be removed for any reason by the county appointing the Director, upon written notice to the Region's Governing Board, which notice shall designate a successor Director to fill the vacancy.
- b) One individual who utilizes mental health and disability services or is an actively involved relative of such an individual shall be appointed pursuant to Iowa Code section 225C.57(2)(c)(2). The Director shall be appointed by the adult advisory committee given that power by the Governing Board described below, with such appointment to become effective upon approval by the Governing Board. This Director shall serve an initial term of one year, which shall begin upon the Effective Date, with appointments thereafter to be for two-year terms. A Director can be reappointed for one or more additional terms. An alternate representative shall be appointed in the same manner and shall act in the temporary absence or unavailability of the Director.
- c) At least one individual representing adult service providers in the Region shall be appointed pursuant to Iowa Code section 225C.57(2)(c)(3). This Director shall be appointed by the adult advisory committee given that power by the Governing Board described below, with such appointment to become effective upon approval by the Governing Board. This Director shall serve an initial term of one year, which shall begin upon the effective date, with appointments thereafter to be for two-year terms. A Director can be reappointed for one or more additional terms. An alternate representative shall be appointed in the same manner and shall act in the temporary absence or unavailability of the Director.
- d) One individual representing children's behavioral health service providers in the Region shall be appointed pursuant to Iowa Code section 225C.57(2)(c)(4). This Director shall be designated by the Children's advisory committee described below, with such appointment to become effective upon approval by the Governing Board. This Director shall serve an initial term of one year, which shall begin upon the Effective Date, with appointments thereafter to be for two-year terms. A Director can be re-appointed for one or more additional terms. An alternate representative shall be appointed in the same manner and shall act in the temporary absence or unavailability of the Director.
- e) One individual representing the education system in the Region shall be appointed pursuant to Iowa Code section 225C.57(2)(c)(5). This Director shall be designated by the Children's advisory committee described below, with such appointment effective upon approval by the Governing Board. This Director shall serve an initial term of one year, which shall begin upon the Effective Date, with appointments thereafter to be for two-year terms. A Director can be re-appointed for one or more additional terms. An alternate representative shall be appointed in the same manner and shall act in the temporary absence or unavailability of the Director.
- f) One individual who is a parent of a child who utilizes children's behavioral health services or is an actively involved relative of such children shall be appointed pursuant to Iowa Code section 225C.57(2)(c)(6). This Director shall be designated by the children's advisory committee described below, with such appointment effective upon approval by the Governing Board. This Director shall serve an initial term of one year, which

shall begin upon the Effective Date, with appointments thereafter to be for two-year terms. A Director can be re-appointed for one or more additional terms. An alternate representative shall be appointed in the same manner and shall act in the temporary absence or unavailability of the Director.

- g) Pursuant to Iowa Code 225C.57(2)(c)(8) one individual representing the judicial system in the Region shall be appointed by the Governing Board. This Director shall serve an initial term of one year, which shall begin upon the Effective Date, with appointments thereafter to be for two-year terms. A Director can be reappointed for one or more additional terms. An alternate representative shall be appointed in the same manner and shall act in the temporary absence or unavailability of the Director.
- h) Pursuant to Iowa Code 225C.57(2)(c)(7) one individual representing law enforcement in the Region shall be appointed by the Governing Board. This Director shall serve an initial term of one year, which shall begin upon the Effective Date, with appointments thereafter to be for two-year terms. A Director can be reappointed for one or more additional terms. An alternate representative shall be appointed in the same manner and shall act in the temporary absence or unavailability of the Director.
- i) Governing board shall not include employees of Iowa Health and Human Services or non-elected employees of the county.

Conflict of Interest: Any private interest of a board member that directly or indirectly, through business, investment, or family, affects the judgment of the board member in a manner that is adverse to the interests of the Board or might have the appearance of doing so, including:

- An ownership, investment, or compensation interest in an entity with which the Board has a transaction or arrangement;
- A potential ownership, investment, or compensation interest in an entity with which the Board is negotiating a transaction or arrangement;
- Receipt of a gift from any entity or individual with which the Board has a transaction or arrangement;
- Receipt of a gift from any entity or individual with which the Board is negotiating a transaction or arrangement;
- Performing a decision-making or oversight role for an entity or individual with which the Board has a transaction or arrangement; or
- Performing a decision-making or oversight role for an entity or individual with which the Board is negotiating a transaction or arrangement.

Disclosure: A written description of a board member's actual or possible conflict of interest that includes all material facts related thereto and is submitted to the Board for consideration and inclusion in the meeting minutes.

*The region maintains a full conflict to of interest policy in the agency policy and procedures manual.

Adult Regional Advisory Board

The Regional Advisory Board consists of a minimum of 5 members appointed by the Governing Board ensuring representation across the Region. The membership shall include individuals who utilize services or the actively involved relatives of such individuals, service providers, Governing Board members and other interested parties. They will be responsible for designating the two members to the Region's Governing Board. The Regional Advisory Board will hold regular meetings to allow for participation in the Regional system process and input from the Board will be considered and incorporated into the ongoing process of system development and enhancement

Children’s Regional Advisory Board

The Regional Advisory Board consists of 10 members appointed by the Governing Board ensuring representation across the Region. The membership shall include a parent or active family member, education representative, early childhood advocate, child welfare representative, children’s service provider, juvenile court, pediatrician, child care provider, local law enforcement, and governing board members. They will be responsible for designating the two members to the Region's Governing Board. The Regional Advisory Board will hold regular meetings to allow for participation in the Regional system process and input from the Board will be considered and incorporated into the ongoing process of system development and enhancement

Chief Executive Officer

The Governing Board will appoint the Chief Executive officer as referenced in Iowa Code Section 225C.59. The CEO functions are supervised and evaluated by the Governing Board and the CEO is the single point of accountability to the Governing Board.

B. Service System Management

CROSS shall directly administer the Region MH/DS Plan through the CROSS offices and contract with service providers to meet the service needs of individuals. The staff delegated to the perform functions of Coordinators of Disability Services shall have the qualifications required by IC 225C.57 and IAC 441-25.12(2)e.

Risk Management and Fiscal Viability (IC 441.25.21(1)f)

CROSS contracts management responsibility for the regional system of care to Heart of Iowa Community Services Region through a 28E Agreement. The CROSS Regional Board shall retain full authority for the regional system of care and the associated fixed budget.

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

CROSS 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 will be based on the expectation that individuals and families will have multi-occurring issues of all kinds, and will incorporate an organized quality improvement partnership process to achieve the vision defined at the beginning of this Plan.

We believe in service participant empowerment. It is essential that individuals have freedom of choice, and take an active role in deciding what services and supports are needed and how those services are to be delivered.

The values upon which the CROSS Mental Health Services System is based include:

1. Living in the community with all the rights and freedoms of all citizens.
2. The opportunity to be productive, for the benefit of oneself and others.
3. The respect of other community members.
4. The support of friends and of providers who deliver creative services.
5. To have the choice of circumstance and occupation, within the natural limits of income and ability.
6. To be responsible and in control of the future.

Within this vision, CROSS will 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.
- Individualized to each individual with planning that expands the involvement of the consumer.
- 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 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 Inter-agency and Multi-system Collaboration and Care Coordination

CROSS 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. CROSS shall work to build the infrastructure needed to result in positive outcomes for individuals served.

In order to accomplish this goal, CROSS will collaborate with partners in multiple systems of care including substance recovery, brain injury, mental health and intellectual disabilities. CROSS also intends to partner with other regions to develop additional services in order to continue to meet the ongoing multi-occurring needs of the individuals with complex needs served by the CROSS Region as well as other Regions within the State of Iowa. CROSS recommends that all providers participate in this initiative and encourages providers to develop multi-occurring capability for each program provided in the region, and for all staff.

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

CROSS shall create committees that focus on Training, Outcomes, Service/Resource development, and Quality Improvement, and other Boards as indicated, to organize the tasks, activities, and functions associated with building, implementing, and sustaining systems of care.

Decentralized Service Provisions

CROSS shall strive to provide services in a dispersed manner to meet the standards of core services by utilizing the strengths and assets of the regional service providers.

Utilization and Access to Service

Within the broad system approach outlined above, CROSS will oversee access and utilization to 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, CROSS will 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 will 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 will be used for future planning in the annual service budget plan, improving the system of care approach plan, collaboration with agencies, decentralizing service provisions and, provider network formation. In addition, the data

elements, indicators, metrics and performance improvement for population management will be continuously improved over time as the region develops increasing capability for managing the needs of its population.

C. Provider Network Formation and Management

CROSS shall have a network of service providers to meet the continuum of service needs of individuals.

The Region retains the right to select service providers to be a part of the CROSS provider network. Providers must be approved CROSS MH/DS 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.

To be included in the Regional MH/DS provider network, 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 CROSS or another Iowa Region.

All providers included in the CROSS MH/DS 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.

Non-traditional providers will be considered on an as needed basis subject to a favorable background check.

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:
 - a) Priority for core and core plus services
 - b) Unmet need for the proposed services
 - c) Unmet access standard for proposed services
 - d) Provider experience in providing the services
 - e) Documented individual outcomes, and family/ individual satisfaction
 - f) Retention of individuals in other programs
 - g) Coordination with other provider agencies
 - h) Evidence of individualized services
 - i) Relationship with other regions the agency serves
 - j) Funding source for the service
 - k) Financial viability of the agency

CROSS shall manage the provider network to ensure individual needs are met. CROSS will contract with licensed and accredited providers to ensure that each required core service domain is provided. CROSS shall ensure an adequate number of providers are available to avoid waiting lists by contracting with outpatient mental health providers, Community Mental Health Centers, and other providers of core services.

Network Providers

Providers that are part of the Regional network are required to submit the following to the Administrator's office:

- Trauma-informed, evidence-based, co-occurring, systems of care approach.
- Documentation of appropriate corporate structure and governance as evidenced by a copy of agency by-laws.
- Current license, certification, and/or accreditation.
- Current accreditation survey from Inspections and Appeals and/or similar accrediting body along with any corrective action recommendations and plan for corrective action by agency.
- Independent financial audit.
- Cost reports as required by the Region.
- Documentation of appropriate credentialing of program staff.
- Summary of previous year's appeals and outcomes (due Sept. 1st).
- Copy of the agency's Quality Assurance management plan and report.
- List of current board of directors.
- Organizational chart.

Designation of Targeted Case Management Providers

Designated Case Management agencies serving the CROSS region must be accredited by the Department of Health and Human Services. Targeted Case Managers must meet the qualifications as defined in IAC441-24.1(225C). Targeted Case Management and Service Coordination Services shall meet the following expectations:

- Performance and outcome measures relating to the health, safety, school attendance and performance, work performance and community residency of the individuals receiving the service.
- Standards including but not limited to social history, assessment, services planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 25.21 which may include the use of electronic record keeping and remote or internet-based training.

Service Provider Payment Provisions

Each service provider shall provide monthly billing invoices 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
- Number of units of service delivered to each individual served
- Unit rate and total cost of the units provided to each individual
- Copayments or other charges billed to other sources as deductions on the billing
- Actual amount to be charged to the Region of each individual for the period
- Number of leave days from a residential facility for tracking/trending purposes.

CROSS staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Services delivered without service authorization will be checked against region service authorization protocols to assure delivery was permitted (i.e.; crisis services). Any service units delivered and charged to the region not meeting these criteria will be deducted from the bill.

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 CROSS unless there is a statutory obligation or unforeseen circumstances exist as approved by the CEO. Fiscal year for CROSS is July 1-June 30.

D. Financing and Delivery of Services and Support

NOTE: This section, and the following sections, except for sections I and J, focus specifically on services directly funded by CROSS, 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 County Rural Offices of Social Services (CROSS) Governing Board in accordance with Iowa Administrative Code 441-25.13 (225C.58). The CROSS 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 CROSS Chief Executive Officer and Administrative Team (Team) shall prepare a proposed annual budget. The proposed budget shall be reviewed by the CROSS governing board for final approval. The Team shall be responsible for managing and monitoring the adopted budget. Services funded by CROSS are subject to change or termination with the development of the regional MH/DS budget each fiscal year for the period of July 1 to June 30.

The CROSS Governing Board has designated Dallas County to act as the Regional Fiscal Agent.

Accounting System and Financial Reporting

The accounting system and financial reporting to the department conforms to Iowa Code 441- 25.13 (2) (225C.58) 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 Board 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

CROSS will contract with MH/DS providers whose base of operation is in the region. The region may also honor contracts that other regions have with their local providers. CROSS may also choose to contract with providers outside of the Region. CROSS will honor contracts providers have in place with their host region. The provider's designated host region will be the region where their corporate office is located. A contract shall not be required with providers that provide one-time or as needed services.

All approved provider contracts shall be between the provider and the CROSS region (rather than individual counties). All contracts shall be annual contracts utilizing the standard regional contracting agreement. All contracts must be approved and signed by the Governing Board Chair or designee.

CROSS 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.

Regions support individual choice, and will place no geographic restriction on service providers other than they must provide services in Iowa. Regions are interested in obtaining the best service value for individuals served based on individual needs.

Providers wishing to terminate services will provide a 30-day notice of intent to terminate to the individual/guardian, the service coordinator, and the Regional Administrator, and will cooperate with discharge planning efforts to ensure the individual's health and safety.

CROSS service contracts require that providers meet all applicable licensure, accreditation or certification standards. However, CROSS makes serious efforts to stimulate access to more natural supports in its service provider network. CROSS will include providers of non-traditional services that do not require state certification, as long as they provide high quality services, positive outcomes and satisfaction, cost effectiveness, and are willing to comply with the CROSS Regional Management Plan.

Funding

Funding shall be provided for appropriate, flexible, cost-effective community services and supports to meet consumer needs in the least restrictive environment possible. CROSS 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 publicly funded services and other support must apply for and accept 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.

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

E. Enrollment

Application and Enrollment

The CROSS Region will function as the planning and management entity for individuals in need of mental health and disability services. CROSS Coordinators of Disability Services will assist individuals with accessing all funding sources to which they are eligible including private insurance, Medicaid, Medicare and any other funding mechanisms. The CEO will collaborate with county public health boards, mental health providers and service providers to identify service needs of the community, trends and potential gaps in services or coverage for individuals in need of services as outlined in the Annual Service and Budget Plan.

Individuals residing in CROSS counties, or their legal representative, may apply for regional funding for services by contacting any CROSS Community Services office or may contact one of the designated access points (Attachment A) to complete an application (Attachment B). All applications shall be forwarded to the Community Services office in a county within the region. That office shall determine eligibility for funding.

The CROSS application shall be used for all applications. If language or other barriers exist, the access points shall contact an appropriate person to assist the applicant in the intake process or contact the local Community Services office to make such arrangements. The completed application shall be forwarded by access points to the local Community Services office.

CROSS 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 application shall be returned to the applicant requesting additional information. Failure to respond with necessary information and/or to provide a fully completed application may result in a delay or denial of funding.

Notice of Enrollment Decision

Once a fully completed application is received in a Community Services office, CROSS Coordinators of Disability Services shall determine if the applicant meets the general eligibility criteria within 10 days.

A Notice of Decision shall inform the individual of the decision and information to schedule a standardized assessment within 90 days.

Service and Functional Assessment

If an individual is referred to case management, integrated health home or service coordination, a Standardized functional assessment shall be completed within 90 days of application. The results will support the need for services including the type and frequency of service in the individual's case plan. Crisis and Urgent Services are not subject to a Standardized Functional Assessment. The need for Outpatient Services will be based on the mental health provider's intake assessment and treatment plan and according to the access standards outlined in Attachment D.

The Targeted Case Manager or Coordinator of Disability Services will invite providers to participate in the development of the individual's Individual Comprehensive Plan (ICP) 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 representatives, friends or family during the service planning process.

Service Funding Authorization

After the Coordinator of Disability Services verifies that region funded services are the least restrictive and most cost effective services appropriate for the individual's needs, and that alternative funding and supports were considered first, a service funding request is submitted to the Chief Executive Officer.

The funding request decision will not supersede approval of services mandated by federal or state statute, code, or rule and be within current service utilization guidelines. Services will be authorized based on the criteria outlined in Attachment D.

Notice of Decision

The Notice of Decision, as issued by the Chief Executive Officer, shall inform the individual the action taken on the application, reason for the action, service provider, services and units of services approved based on results from the standardized assessment, the applicants right to appeal and the appeal process. The Notice of Decision will be issued by the CEO within 10 days of the completion of the Standardized Functional Assessment. The applicant shall be sent a copy of the region's appeal process and informed that they have the right to appeal the decision.

Re-enrollment

Individual must reapply for services on at least an annual basis. Services will be authorized for one year from the date of a signed Application however; services may be authorized for a lesser duration if so, deemed by the CEO.

All individuals that receive ongoing MH/DS services 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 CROSS Coordinators of Disability Services.

It is the intent of CROSS that only CROSS staff shall authorize services for residents of the CROSS region. Due to that, it is the policy of CROSS that if another county, or the State, determines residency in error or approves services for persons who do not have residency in their region, CROSS may not assume retroactive payment. When written notification is received by CROSS of the error, CROSS staff shall authorize service according to the policies and procedures set forth in this manual.

Co-Payment for Services

Adult individuals above 150% of the federal poverty level are responsible for 100% of the cost of their services. However, 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 include, but are not limited to:

- Client participation for maintenance in a Residential Care Facility (RCF) through the state supplementary assistance program. Eligibility for RCF funding is contingent on the individual's ability to pay room, board and medical. For individuals with a pending application for SSI/SSDI, an Interim Assistance Reimbursement Agreement must be signed.
- The financial liability for institutional services paid by counties as provided in Iowa Code sections 230.15.
- The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.19.
- HICS will not pay a copayment, deductible, or spend down required by the Medicare or Medicaid programs or any other third-party insurance coverage.
- Co-payments in this section are related to core services to target populations as defined in Iowa Code 225C.65. 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.

Exception to Policy

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 CROSS Chief Executive Officer will review the exception and a response will be given to the individual and, when appropriate, the service coordinator within 10 working days. Decisions on requests shall be used in the annual report to identify future changes in policy.

Confidentiality

CROSS is committed to respecting individual privacy. To that end, all persons, including CROSS 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 will be maintained for seven years following termination of service to the individual.

Procedures to assure confidentiality shall include:

- Individual's (or their parents for children/legal guardian) written consent shall be obtained prior to release of any confidential information, unless an emergency as stated above.
 - 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 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 confidential information disposed of shall be shredded.
- Steps shall be taken to assure 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 shall not be an automatic reason for denial; however, CROSS staff inability to obtain sufficient information to make an eligibility determination may result in denial of regional funding.

F. ELIGIBILITY CRITERIA FOR ADULTS IN NEED OF SERVICES

The following threshold criteria must be met to determine if an adult applicant is eligible for enrollment County Rural Offices of Social Services Regional Service System:

GENERAL ELIGIBILITY

All residents of counties in the CROSS Region are eligible for Information & Referral and Crisis Services regardless of eligibility criteria.

What happens after I submit my completed Funding Application form and supporting documents? You may receive funding if you meet our eligibility requirements as follows:

- The individual is at least eighteen years of age.
- **OR.....** 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.
- 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 this bullet point, 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 legal resident of the state.

Residency

If an applicant has complied with all information requests, their access to services shall not be delayed while awaiting a determination of legal residence. In these instances, CROSS shall fund services and later seek reimbursement from the county of legal residence.

“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.

- The individual must have a diagnosis of Mental Illness or Intellectual Disability.
- Individuals with eligible MI or ID, who also have co-occurring SED, Brain Injury, or Physical Disabilities, are welcomed for care and eligible for services.
- The results of a standardized assessment completed within 90 days, support the need for services of the type and frequency identified in the individual’s case plan.

FINANCIAL ELIGIBILITY

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

Income Guidelines: (IC225C.62)

1. Gross incomes 150% or below of the current Federal Poverty Guidelines. (Attachment B) At the discretion of the CROSS, applicants with income above 150% may be eligible for regional funding with an individual copayment as specified in this manual. (Attachment D)
2. The income eligibility standards specified herein shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program. The income guidelines established for programs funded through Medicaid (Waiver programs, Habilitative Services, etc.) shall be followed if different than those established in this manual.
3. 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 the CROSS in determining income eligibility. Applicants are expected to provide proof of income (including pay stubs, income tax return, etc.) as requested by CROSS.
4. Any exceptions to the basic eligibility standards set forth in this plan will be made on a case-by-case basis by the Regional CEO and only if it will result in a less restrictive outcome for the individual.

Resources Guidelines: (IC225C.62)

1. An 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.
2. The countable value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this sub rule.
3. 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.
4. The following resources shall be exempt:
 - a) 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.
 - b) One automobile used for transportation.
 - c) Tools of an actively pursued trade.
 - d) General household furnishings and personal items.
 - e) Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
 - f) Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.
 - g) 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.
- A burial account or trust limited in value as to that allowed in the Medical Assistance Program. An individual who is eligible for federally funded services and other support must apply for and accept such funding and support.

Co-payment for 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 include, but are not limited to:

- Client participation for maintenance in a residential care facility through the state supplementary assistance program.
- The financial liability for institutional services paid by counties as provided in Iowa Code sections 230.15.
- The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.19.

Co-payments in this section are related to core services to target populations as defined in Iowa Code 225C.65. 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%-250% of poverty. This amount is collected by the service agency.

Diagnostic Eligibility

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

1. 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.

2. Intellectual Disability – Individuals who meet the following three conditions:

- a. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly sub average intellectual functioning) as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, American Psychiatric Association.
- b. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.
- c. The onset is before the age of 18.

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.

(Criteria from "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revision (DSM IV)," 1994 revision, American Psychiatric Association) or the most recent approved by the State of Iowa.

1.

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

If funds are available and the population category was covered in at least one of the county's previous MH/DS plan, HICS shall fund services to individuals who have a diagnosis of a developmental disability other than an intellectual disability and children to the extent allowable by law.

- *"Persons with developmental disabilities"* means a person with a severe, chronic disability which:
 - a) Is attributable to mental or physical impairment or a combination of mental and physical impairments.
 - b) Is manifested before the person attains the age of 22.
 - c) Is likely to continue indefinitely.
 - d) Results in substantial functional limitations in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
 - e) Reflects the person's need for a combination and sequence of services which are of lifelong or extended duration.

Acceptable verification for Diagnostic requirements

If a psychological or psychiatric evaluation or other acceptable verification of diagnosis is not available, CROSS may refer the applicant to an appropriate mental health professional for evaluation to verify and document a diagnosis.

ELIGIBILITY CRITERIA FOR CHILDREN’S BEHAVIORAL HEALTH SERVICES

The following threshold criteria must be met to determine if an applicant under the age of eighteen is eligible for enrollment into the County Rural Offices of Social Services Regional Service System:

Diagnostic and Functional Eligibility

- The individual is a child under eighteen years of age.
- The child’s custodial parent is a resident of the state of Iowa and the child is physically present in the state.
- The child’s family meets financial eligibility requirements in rule 25.16.
- The child has been diagnosed with a serious emotional disturbance, except for comprehensive facility and community-based crisis services according to 225C.66

Financial Eligibility

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

- 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.
- 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 sub rule 441-25.16(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.
- *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.
- 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.

Cost share requirements

Cost share amounts for children’s behavioral health services are applicable to core services as defined in Iowa Code section 225C.66.

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 Federal Poverty Level	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%

Children’s Behavioral Health Core Services

As of July 1, 2020:

1. Assessment and evaluation relating to eligibility for services. [COA 43-301] (Financial Eligibility Based only)
2. Behavioral health outpatient therapy. [COA 42-305] (Eligibility Based)
3. Education services. [COA 05-373] (Non-Eligibility Based)
4. Medication prescribing and management. [COA 42-306] (Eligibility Based)
5. Prevention. [COA 05-373] (Non-Eligibility Based)

As of July 1, 2021:

1. Crisis stabilization community-based services. [COA 44-312] (Non-Eligibility Based)
2. Crisis stabilization residential services. [COA 44-313] (Non- Eligibility Based)
3. Mobile response. [COA 44-307] (Non-Eligibility Based)
4. Behavioral health inpatient treatment. [COA 73-319] (Eligibility Based)
5. Early identification. [COA 43-301] (Non-Eligibility Based)
6. Early intervention. [COA 04-372] (Non-Eligibility Based)

G. Appeals Processes

Non-Expedited Appeal Process

Individuals, families, 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.

Definitions:

Aggrieved person is one who has a complaint regardless of whether the complaint is appealable or non-appealable.

Appealable issue:

1. Claims for financial assistance or services from CROSS have been denied.
2. Application for financial assistance or services from CROSS has not been acted upon with reasonable promptness.
3. Notification that CROSS will suspend, reduce or discontinue services or financial assistance.
4. Other situations as determined by the Region.

Non-appealable issue:

1. Decisions regarding licenses or certification issues by Iowa HHS, DIAL, or any other licensing or accrediting body.
2. Competence to engage in the practice of a discipline or profession.
3. Diagnostic decisions.
4. Determinations by an individual provider that the provider cannot meet the needs of the individual.
5. Discharge decisions of providers.
6. Decision to place an individual on a waiting list.

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, a completed appeal form must be sent to the Chief Executive Officer of CROSS within fifteen (15) working days of receipt of the Notice of Decision.

Step 1. Reconsideration - The Chief Executive Officer shall review appeals and grievances. After reviewing an appeal, the Chief Executive Officer shall contact the appellant not more than five (5) working days after the written appeal is received. The Chief Executive 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.

Step 2. Administrative Law Judge - If a resolution is not agreed upon through the Reconsideration process, 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.

County Rural Offices of Social 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 Appeal Process

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 CROSS 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 will be attached to the Notice of Decision form:

1. The appeal shall be filed within 5 days of receiving the Notice of Decision by CROSS. The expedited review, by the Division Administrator or designees shall take place within 2 days of receiving the request, unless more information is needed. 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. Quality Management and Improvement

CROSS 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:

- Evaluation of individual satisfaction, including empowerment and quality of life; provider satisfaction; patterns of service utilization; responsiveness to individual needs and desires.
- Improvement of welcoming, person/family centered, hopeful, strength based, trauma informed, multi-occurring capable care.
- 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.
- The number and disposition of individual appeals and the implementation of corrective action plans based on these appeals.
- Cost-effectiveness.

Annually, CROSS Governing Board shall assess the region's performance and develop a list of priority areas needing improvement. All staff shall participate in developing a program plan that includes measurable goals and action steps with a process of collecting data. Based on the data, areas needing improvement shall be addressed.

The Chief Executive Officer shall evaluate the levels of improvement resulting from the program plan and determine if further action is needed with the assistance of staff. This shall be documented in the annual summary.

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.

Evidenced Based Practices

CROSS shall provide information and the Evidenced Based Practice Toolkits to the service providers who serve on the CROSS Advisory Board as well as making the information available to other regional providers. The CEO will be responsible for collaborating and planning with our providers to ensure that Evidenced Based Practices are planned for during the development of the service and upon implementation. The following Evidenced Based Practices will be supported and verified by CROSS:

- Assertive Community Treatment
- Integrated Treatment of Co-occurring substance abuse and mental health disorders
- Supported Employment
- Family Psychoeducation
- Illness Management and Recovery
- Permanent Supportive Housing

Providers of Evidenced Based Practices will be required to document and report outcomes to the CEO on annual basis.

Methods Utilized for Quality Improvement

County Rural Offices of Social Services Region shall utilize the County Services Network (CSN) program for data tracking and management of the MH/DS Service System. CROSS will maintain a contract with a CSN expert user to provide technical assistance, maintenance, system integrity and training of regional personnel. Utilizing the CSN program will enable CROSS to comply with all data reporting, any other information technology requirements identified by the department and also to meet HIPAA compliance as a Regional entity. County Rural Offices of Social Services Region contracts for HIPAA consultation and training.

All documents pertaining to an individual in need of services will be uploaded and stored within the system. County Rural Offices of Social Services staff will utilize CSN to generate reports that include the following: Client Data, Claims Information, Financial Reports, Services and Regional Provider Contracts. This system will provide us with the ability to track potential waiting list information, funding request, active client status reports and outcomes. It will also provide uniformity in coding of claims and labeling information/definitions on a consistent basis.

Tracking changes and trends in the disability services system and providing reports to the Department of Health and Human Services annually on or before December 1, for the preceding fiscal year the following information for each individual served:

- Demographic information
- Expenditure data

- Data concerning the services and other support provided to each individual, as specified by the Department of Health and Human Services
- Actual numbers of individuals served

Central	Data	Repository	Regional	Requirements
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The data collection and management information system utilized shall have the capacity to exchange information with the department, counties and regions, contractors, and others involved with services to persons with a disability who have authorized access to the central data repository.

The information exchanged shall be labeled consistently and share the same definitions.

The outcome and performance measures applied to the regional service system shall utilize measurement domains. The department may identify other measurement domains in consultation with system stakeholders to be utilized in addition to the following initial set of measurement domains:

- Access to services
- Life in the community
- Person-centeredness
- Health and wellness
- Quality of life and safety
- Family and natural supports

I. Service Provider Payment Provisions

Each service provider shall provide monthly billing invoices and other information requested of the provider for utilization review. The monthly billings shall include the following information:

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

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

It is the intent of CROSS that only CROSS staff shall authorize services for residents of the CROSS region. Due to that, it is the policy of CROSS that if another county, or the State, determines residency in error or approves services for persons who do not have residency in their region, CROSS may not assume retroactive payment. When written notification is received by CROSS of the error, CROSS staff shall authorize services according to the policies and procedures set forth in this manual.

J. Waiting List Criteria

The CROSS requires each individual’s interdisciplinary team to continuously and actively utilize the following strategies to prevent the need to implement a waiting list or shorten the length of time on a waiting list:

- Seek ways to move individuals to the least restrictive environments.

- Assist individuals to utilize or learn to utilize natural supports whenever possible.
- Determine that, services reflect the individual's needs based on assessment.
- Ensure that individual's access and accept all other funding sources for which they qualify prior to accessing CROSS funding.

The CROSS will only implement a waiting list if all dollars available to the region have been fully encumbered. Core Services to core populations will be a priority. Additional Core Services will be the next priority. Additional populations served will be the next priority and other services determined to be necessary for the well-being of individuals living in the region will be the final priority. Core Services for target populations shall be considered priority services. Waiting lists and service reductions may take place for all other populations and services

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

The waiting list shall be centrally maintained by the Chief Executive Officer.

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

K. Amendments

Amendments to this Policy and Procedures Manual shall be reviewed by the Regional Advisory Board who shall make recommendations to the Regional Governance Board. After approval by the Regional Governance Board, amendments shall be submitted to the Department of Health and Human Services for approval at least 45 days before the planned date of implementation.

Access Points

CROSS 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 MH/DS funding applications for persons with a disability and forward them to the local Community Services Office.

Access Point	Address	Phone number
County Rural Offices of Social Services	109 S. Main St. Osceola, IA 50213	(641)-414-2968
County Rural Offices of Social Services	201 NE Idaho Leon, IA 50144	(641)-446-7178
County Rural Offices of Social Services	125 South Grand Chariton, IA 50049	(641)-774-0423
County Rural Offices of Social Services	2003 N. Lincoln St. Knoxville, IA 50138	(641)-828-2238
County Rural Offices of Social Services	109 West Madison St. Mount Ayr, IA 50854	(641)-464-0691
County Rural Offices of Social Services	101 North Lafayette Corydon, IA 50060	(641)-872-13-1
Crossroads Behavioral Health	405 E McLane Osceola, IA 50213	(641)-342-4888
Knoxville Hospital and Clinics	1002 S Lincoln St. Knoxville, IA 50138	(641)-842-2151
Pella Regional Health Center	404 Jefferson St. Pella, IA 50219	(641)-628-3150
Lucas County Health Center	1200 N. 7 th St. Chariton, IA 50049	(641)-774-3000
Wayne County Hospital	417 S East St Corydon, IA 50060	(641)-872-2260
Decatur County Hospital	1405 NW Church St. Leon, IA 50144	(641)-446-4871
Clarke County Hospital	800 S Fillmore St. Osceola, IA 50213	(641)-342-2184
Ringgold County Hospital	504 N Cleveland St. Mount Ayr, IA 50854	(641)-464-3226

CROSS has designated the following access points for children’s behavioral health services:

Access Point	Address	Phone number
County Rural Offices of Social Services	109 S. Main St. Osceola, IA 50213	(641)-414-2968
County Rural Offices of Social Services	201 NE Idaho Leon, IA 50144	(641)-446-7178
County Rural Offices of Social Services	125 South Grand Chariton, IA 50049	(641)-774-0423
County Rural Offices of Social Services	2003 N. Lincoln St. Knoxville, IA 50138	(641)-828-2238
County Rural Offices of Social Services	109 West Madison St. Mount Ayr, IA 50854	(641)-464-0691
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Decatur County Hospital	1405 NW Church St. Leon, IA 50144	(641)-446-4871
Clarke County Hospital	800 S Fillmore St. Osceola, IA 50213	(641)-342-2184
Ringgold County Hospital	504 N Cleveland St. Mount Ayr, IA 50854	(641)-464-3226

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 mental health and disability services region including, but not limited to, planning, budgeting, monitoring county and regional expenditures, and ensuring the delivery of quality services that achieve expected outcomes for the individuals served.

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 managers other interests and the case managers duties to the person served determination for services; establishing funding levels for the individual's services; and include requirements that do not allow the case manager from performing 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 225C.57

Countable resource – means 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.

County/region of residence -- means the county/region 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/region for a permanent or indefinite period of time. The county/region of residence of a person who is a homeless person is the county/region where the homeless person usually sleeps. A person maintains residency in the county/region in which the person last resided while the person is present in another county/region 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 individuals with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

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.

Household -- for an individual who is 18 years of age or over, the individual, the individual's spouse or domestic partner, and any children, step-children, 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.

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 professional -- the same as defined in Iowa code section 228.1.

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 225C.55.

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 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 section 225C.7A.

Regional service system management plan -- the regional service system plan developed pursuant to Iowa Code 225C.60 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.

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 section 627.6(8)"f".

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.

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

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.

Additional Definitions effective 7/1/20

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

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

Children’s behavioral health system or **children’s system** means the behavioral health system for children implemented pursuant to Iowa Code Chapter 225C.

Coordinator of children’s behavioral health services means a member of the regional administrative entity staff who meets the requirements described in Iowa Code section 225C.57 and is responsible for coordinating behavioral health services for children.

The regional administrator staff shall include one or more coordinators of mental health and disability services and one or more coordinators of children’s behavioral health services. A coordinator shall possess a bachelor’s or higher level degree in a human services-related or administration-related field, including but not limited to social work, psychology, nursing, or public or business administration, from an accredited college or university. However, in lieu of a degree in public or business administration, a coordinator may provide documentation of relevant management experience. 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 shall mean earned and unearned income of the family of a child according to the modified adjusted gross income methodology.

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

Early intervention means 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 means activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual’s development and functioning.

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

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

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

Prevention means 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.

Serious emotional disturbance means the same as defined in Iowa code section 225C.2.

“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.

State board means the children’s behavioral health system state board created in code section 225C.51.

Service Matrix

All individuals that apply are eligible for the following services, provided they meet the financial and residency eligibility criteria per this Management Plan.

CORE SERVICES	DESCRIPTION	CORE POPULATION	NON-CORE POPULATION DD & BI	CRITERIA OR CONDITIONS ACCESS STANDARD
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.	MI & ID	Subject to funding availability.	An individual who has received inpatient services shall be assessed and evaluated within four weeks.
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 within their community.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual’s case Plan.
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 determine appropriate services or referral during an acute crisis episode.	MI & ID	Available to all diagnostic groups.	Must be provided within 24 hours.
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.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual’s case Plan.
Family Support	Services provided by a family support peer specialist that assist 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.	MI & ID	Subject to funding availability.	Referral from Service Provider Standardized functional assessment must support the need for services of the type and frequency identified in the individual’s case Plan. Must be provided within thirty days of request.

CORE SERVICES	DESCRIPTION	CORE POPULATION	NON-CORE POPULATION DD & BI	CRITERIA OR CONDITIONS ACCESS STANDARD
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.	MI & ID	Subject to funding availability.	Provided by the Integrated Health Home – Plains Area Mental Health
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 increase or maintain independence.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual’s case Plan. *A lifetime limit equal to that established for the home and community-based waiver for individuals with intellectual disabilities in the medical assistance program. *A provider reimbursement payment will be no lower than that provided through the home and community-based services waiver for individuals with intellectual disabilities in the medical assistance program.
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 doctor.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual’s case Plan.

CORE SERVICES	DESCRIPTION	CORE POPULATION	NON-CORE POPULATION DD & BI	CRITERIA OR CONDITIONS ACCESS STANDARD
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, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case Plan.
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 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.	MI & ID	Subject to funding availability.	<p>Provider intake/assessment must support the need for services of the type and frequency identified in the individual's treatment Plan.</p> <p>*Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.</p> <p>*Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.</p> <p>*Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.</p> <p>*Distance: Outpatient and Recovery services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.</p>

CORE SERVICES	DESCRIPTION	CORE POPULATION	NON-CORE POPULATION DD & BI	CRITERIA OR CONDITIONS ACCESS STANDARD
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.	MI & ID	Subject to funding availability.	<p>Provider intake/assessment must support the need for services of the type and frequency identified in the individual's treatment Plan.</p> <p>*Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.</p> <p>*Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.</p> <p>*Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.</p> <p>*Distance: Outpatient and Recovery services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.</p>
Mental Health Inpatient Treatment	Acute inpatient mental health services are 24-hour settings that provide service 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.	MI & ID	Subject to funding availability.	<p>*An individual in need of emergency inpatient services shall receive treatment within 24 hours.</p> <p>*Inpatient services shall be available within reasonably close proximity to the region.</p> <p>*Individual must meet pre-screen criteria through an assessment with Plains Area Mental Health Center in order to be eligible for funding.</p>

CORE SERVICES	DESCRIPTION	CORE POPULATION	NON-CORE POPULATION DD & BI	CRITERIA OR CONDITIONS ACCESS STANDARD
Mental Health Outpatient Therapy	Services shall consist of evaluation and treatment services provided on an outpatient basis for the target population including psychiatric evaluation, medication management and individual, family and group therapy.	MI & ID	Subject to funding availability.	<p>Provider intake/assessment must support the need for services of the type and frequency identified in the individual's treatment Plan.</p> <p>*Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.</p> <p>*Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.</p> <p>*Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.</p> <p>*Distance: Outpatient and Recovery services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.</p>
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 achieving stability in the community.	MI & ID	Subject to funding availability.	<p>Referral from Service Provider Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case Plan.</p> <p>Must be provided within thirty days of request.</p>
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.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case Plan.
Prevocational Services	Services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case Plan.

CORE SERVICES	DESCRIPTION	CORE POPULATION	NON-CORE POPULATION DD & BI	CRITERIA OR CONDITIONS ACCESS STANDARD
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.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case Plan.
Supported Employment	<p>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 standards published by the Substance Abuse and Mental Health Services Administration.</p> <p>*Individualized Job Placement Grants Definition: Jobs anyone can apply for, pay at least minimum wage/same pay as coworkers with similar duties, and have no artificial time limits imposed by the social service agency. Incentives will not be paid for enclaves. Incentive Dollars available for successful individualized job placement and job retention for individuals with residence in the Heart of Iowa Region.</p>	MI & ID	Subject to funding availability.	<p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case Plan.</p> <p>*The initial referral shall take place within 60 days of the individual's request of support for employment.</p>
Supported Community Living Services	Services provided in a non-institutional setting to adult individuals with mental illness, intellectual or developmental disabilities to meet the person's daily living needs.	MI & ID	Subject to funding availability.	<p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case Plan.</p> <p>*The first appointment shall occur within four weeks of the individual's request of support for community living.</p>

CORE SERVICES	DESCRIPTION	CORE POPULATION	NON-CORE POPULATION DD & BI	CRITERIA OR CONDITIONS ACCESS STANDARD
Twenty-Four Hour Crisis Response	A 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, 365 days per year 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 services.	MI & ID	DD & BI	Available through Community Mental Health Centers to anyone within the region.
Commitment Related (Evaluations, Sheriff, Transport, Legal Representation, Mental Health Advocates)	Court ordered services related to mental health commitments.	MI		Court Order
Service Coordination	As defined in this Plan in reference to the Coordinators of Disability Services.	MI, ID	DD, BI	<p>*An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.</p> <p>*An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.</p> <p>*All individuals will be provided options counseling to ensure access to appropriate services and supports.</p>
Access Center	<i>“Access center”</i> means the coordinated provision of intake assessment, screening for multi-occurring conditions, care coordination, crisis stabilization residential services, subacute mental health services, and substance abuse treatment for individuals experiencing a mental health or substance abuse crisis who do not need inpatient psychiatric hospital treatment, but who do need significant amounts of supports and services not available in other home- and community-based settings.	MI, ID	DD, BI	<p>A minimum of six access centers shall be operational statewide.</p> <p>An access center shall be located within 120 miles of the residence of the individual or be available within 120 minutes from the time of the determination that the individual needs access center services.</p> <p>Region is responsible for developing services to meet the access center standards.</p>

CORE SERVICES	DESCRIPTION	CORE POPULATION	NON-CORE POPULATION DD & BI	CRITERIA OR CONDITIONS ACCESS STANDARD
Assertive Community Treatment	<p><i>“Assertive community treatment” or “ACT” means a program of comprehensive outpatient services consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration, provided in the community and directed toward the amelioration of symptoms and the rehabilitation of behavioral, functional, and social deficits of individuals with severe and persistent mental illness and individuals with complex symptomology who require multiple mental health and supportive services to live in the community.</i></p>	SPMI		<p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual’s case Plan.</p> <p>A minimum of 22 ACT teams shall be operational statewide.</p> <p>A sufficient number of ACT teams shall be available to serve the number of individuals in 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. The region may identify multiple geographic areas within the region for ACT team coverage. Regions may work with one or more other regions to identify geographic areas for ACT team coverage.</p>
Mobile Response	<p>Mobile Response means 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.</p>	MI, ID	Available to all diagnostic groups.	<p>An individual in need of mobile response services shall have face-to-face contact with mobile crisis staff within 60 minutes of dispatch.</p>
23 Hour Observation and Holding	<p>23 Hour Observation and Holding” means a level of care provided up to 23 hours in a secure and protected, medically staffed, psychiatrically supervised treatment environment.</p>	Any individual in crisis	Any individual in crisis	<p>Crisis evaluation must support the need for services.</p> <p>An individual who has been determined to need 23-hour observation and holding shall receive 23-hour observation and holding within 120 minutes of referral. The service shall be located within 120 miles from the residence of the individual.</p>
Crisis Stabilization Community Based Services	<p>Crisis Stabilization Community-Based Services (CSCBS) means services provided in community-based settings to de-escalate and stabilize an individual following a mental health crisis.</p>	Any individual in crisis	Any individual in crisis	<p>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.</p> <p>Crisis evaluation must support the need for services.</p>

CORE SERVICES	DESCRIPTION	CORE POPULATION	NON-CORE POPULATION DD & BI	CRITERIA OR CONDITIONS ACCESS STANDARD
Crisis Stabilization Residential Services	Crisis Stabilization Residential Service” (CSRS) means services provided in short-term non community-based residential settings to de-escalate and stabilize a mental health crisis.	Any individual in crisis	Any individual in 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. Crisis evaluation must support the need for services.
Subacute Services	A comprehensive set of wraparound services 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 the 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, subject to the professional’s scope of practice, not to need inpatient acute hospital services.	Eligibility per Chapter 71.13 (2)	NA	An individual shall receive subacute facility-based mental health services within 24 hours of referral. The service shall be located within 120 miles of the residence of the individual. Crisis evaluation must support the need for services.
Intensive Residential Service Homes	“Intensive residential service homes” or “intensive residential services” means intensive, community-based services provided 24 hours a day, 7 days a week, 365 days a year to individuals with a severe and persistent mental illness who have functional impairments and may also have multi-occurring conditions. Providers of intensive residential service homes are enrolled with Medicaid as providers of HCBS habilitation or HCBS intellectual disability waiver supported community living and meet additional criteria specified in sub rule 25.6(8).	SPMI	NA	An individual receiving intensive residential services shall have the service available within two hours of the individual’s residence. An individual shall be admitted to intensive residential services within four weeks from referral. Standardized functional assessment must support the need for services of the type and frequency identified in the individual’s case Plan.

ADDITIONAL CORE SERVICES	DESCRIPTION	CORE POPULATION	CONDITIONS
Crisis Intervention Training	Safety training for law enforcement, first responders, etc. regarding mental health awareness such as Crisis Intervention Training (CIT)	MI & ID	Program is taught at ILEA by Heart of Iowa Region staff. They train approximately 250 -300 new law enforcement officers each year. This provides the officers certification in Mental Health First Aid and CIT.
Civil Commitment Pre-Screening	Evaluations completed prior to commitment with goal to divert individuals from commitment process.	MI & ID	Mobile Crisis evaluates in the field or ITP is accessed at the local ED. Referrals made to Crisis Center if needed or assisted in community.
Jail Diversion	Program that offers outpatient mental health services provided to individuals in criminal justice settings. Goal for Jail Diversion is to reduce recidivism and maintain individuals within the community with the proper supports.	MI, ID	Eligibility based on CROSS Jail Diversion Policies

Forms Appendix

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County Rural Offices of Social Services Release of Information

For individuals living in: Clarke, Decatur, Lucas, Marion, Ringgold and Wayne Counties

CLIENT: _____

ADDRESS: _____ DATE OF BIRTH: _____

I, the undersigned, hereby authorize the staff of County Rural Offices of Social Services to release and / or obtain the information indicated below, regarding the above-named consumer, with:

Name of Person or Agency

Complete Mailing Address

The information being released will be used for the following purpose:

- | | |
|--|---|
| <input type="checkbox"/> Planning and implementation of Services | <input type="checkbox"/> Referral for new or other services |
| <input type="checkbox"/> Coordination of services | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Monitoring of services | |

Your eligibility for services or funding is is not dependent upon signing this release. {See CFR 164.508(b)(4)}

INFORMATION TO BE RELEASED FROM

COMMUNITY SERVICES:

Yes No

- SOCIAL HISTORY
 PROGRESS SUMMARY REPORT
 INDIVIDUAL COMPREHENSIVE PLAN
 ANNUAL REVIEW
 DISCHARGE SUMMARY
 RE-RELEASE OF 3RD PARTY INFO (Specify)
(Your information will not be re-released without a signed authorization)

OTHER (Specify) _____

FINANCIAL DOCUMENTATION

This authorization shall expire on: _____
(Not to exceed 12 months)

INFORMATION TO BE OBTAINED FROM

THE AGENCY INDICATED ABOVE:

Yes No

- SOCIAL HISTORY
 EDUCATIONAL / VOCATIONAL PLANS
 PROGRESS SUMMARY
 PSYCHOLOGICAL EVALUATION / REPORTS
 PSYCHIATRIC ASSESSMENT / REPORTS
 MEDICAL HISTORY
 TREATMENT PLAN
 DISCHARGE SUMMARY
 RE-RELEASE OF 3RD PARTY INFO (Specify)

OTHER (Specify) _____

At that time, no express revocation shall be needed to terminate my consent. I understand that this consent is voluntary and I may revoke this consent at any time by sending a written notice to County Rural Offices of Social Services. I understand that any information released prior to the revocation may be used for the purposes listed above and does not constitute a breach of my rights to confidentiality. I understand that any disclosure of information carries with it the potential for un-authorized re-disclosure and once the information is disclosed, it may no longer be protected by federal privacy regulations. I understand that I may review the disclosed information by contacting the recipient named or Heart of Iowa Community Services.

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW:

I specifically authorize the release of data and information relating to Mental Health.

Signature of Client or Legal Guardian: _____

Date

Relationship if NOT the Client

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAWS:

I specifically authorize the release of data and information relating to:

- Substance Abuse (must be signed by the consumer) HIV-Related Information

Client Signature

Date

Guardian Signature

Date

In order for this information to be released, you must sign here and on the signature line above.

Copy given to Client on: _____

OR

Client refused copy on: _____

COUNTY RURAL OFFICES OF SOCIAL SERVICES

25747 N Avenue, Suite D

Adel, IA 50003

NOTICE OF DECISION

I. --APPLICANT INFORMATION--		
Applicant's Name & Address:	State ID#:	
	Applicant CSN ID#: (Optional)	

II. --SERVICES--							
<p><i>The decision to approve, deny or pend each of the services listed below is printed in the Authorized Service Decision box.</i></p> <p><i>Information on the appeal process is listed on the back of this form.</i></p>							
Provider Information	Service	Number of Units	Units Per	Unit Rate	Service Start Date	Service End Date	Authorized Service Decision
1							
	Details:						
2							
	Details:						
3							
	Details:						
Notes:							

III. --CONTACT INFORMATION--	
Name:	Phone:

IV. --AUTHORIZATION--			
Administrator (Printed): --Authorizing County--		Phone:	
Administrator (Printed): --County of Legal Residence--		Phone:	
Administrator Signature:		Date:	
CPC Administrator Signature:		Date:	

V. --BILLING ADDRESS--			
Region to be billed for payment of the approved services:	COUNTY RURAL OFFICES OF SOCIAL SERVICES		
Address:	25747 N Avenue, Suite D - Adel IA 50003		
Phone:	515.993.5869	Fax:	515.993.5872

COUNTY RURAL OFFICES OF SOCIAL SERVICES

25747 N AVENUE, SUITE D
ADEL, IA 50003

EXCEPTION TO POLICY

I. --APPLICANT INFORMATION--

Applicant's Name & Address:	State ID:
	Applicant CSN ID#: (Optional)

II. --CURRENT SERVICES--

The decision to approve, deny or pend each of the services listed below is printed in the Authorized Service Decision box. Information on the appeal process is listed on the back of this form.

Provider Information	Service	Number of Units	Units Per	Unit Rate	Service Start Date	Service End Date	Authorized Service Decision
1.							
	Details:						
2.							
	Details:						
3.							
	Details:						
4.							
	Details:						

III. --POLICY AND SERVICE FOR WHICH EXCEPTION IS REQUESTED--

--

Provider Information	Service	Number of Units	Units Per	Unit Rate	Service Start Date	Service End Date	Authorized Service Decision
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IV. --REASON FOR EXCEPTION--

--

Name:	Address:	
	Phone:	Fax:

COUNTY RURAL OFFICES OF SOCIAL SERVICES

25747 N AVENUE, SUITE D
ADEL, IA 50003

APPEAL

TO: County Rural Offices of Social Services

The reason for this appeal is:

I, therefore, respectfully make application for a review by County Rural Offices of Social Services of the grievance as stated above.

DATE: _____

SIGNATURE OF APPELLANT: _____

ADDRESS: _____

TELEPHONE (if applicable): _____

COUNTY RURAL OFFICES OF SOCIAL SERVICES

Funding Application

Date Received: _____

NOTICE: A COPY OF YOUR DRIVER'S LICENSE OR PHOTO ID IS REQUIRED WITH THIS APPLICATION

Application Date: _____

LAST Name: _____ FIRST Name: _____ MI: _____

Phone #: _____ Birth Date: _____ SSN#: _____

Current Address: _____
Street City State Zip County

Primary Language: English Spanish Bosnian Croatian Sex: Male Female

Ethnic Background: White African American Native American Asian Hispanic Other _____

Guardian/Conservator appointed by the Court? Yes No

Protective Payee Appointed by Social Security? Yes No

<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Protective Payee <input type="checkbox"/> Conservator (Please check those that apply & write in name, address etc.) Name: _____ Address: _____ Phone: _____
--

<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Protective Payee <input type="checkbox"/> Conservator (Please check those that apply & write in name, address etc.) Name: _____ Address: _____ Phone: _____
--

Veteran Status: Yes No Branch & Type of Discharge: _____ Dates of Service: _____

Are you currently on commitment? Yes No If Yes, please explain: _____

Marital Status: Never married Married Divorced Separated Widowed

Legal Status: Voluntary Involuntary-Civil Involuntary-Criminal Probation Parole Jail/Prison

Are you a US Citizen & residing in the U.S. legally? Yes No

Living Arrangement: Alone With relatives With unrelated persons

Current Residential Arrangement: (Check applicable arrangement)

- | | | | |
|---|--|----------------------------------|---|
| <input type="checkbox"/> Private Residence | <input type="checkbox"/> State Resource Center | <input type="checkbox"/> ICF | <input type="checkbox"/> Supported Comm. Living |
| <input type="checkbox"/> Foster Care/Family Life Home | <input type="checkbox"/> RCF | <input type="checkbox"/> ICF/ MR | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Homeless/Shelter/Street | <input type="checkbox"/> RCF/MR | <input type="checkbox"/> ICF/PMI | |
| <input type="checkbox"/> State MHI | <input type="checkbox"/> RCF/PMI | <input type="checkbox"/> Other | |

Disability Group/Primary Diagnosis:

- Mental Illness Chronic Mental Illness Intellectual Disability Developmental Disability Substance Abuse Brain Injury

Specific Diagnosis determined by: _____ Date: _____

Axis I: _____ Dx Code: _____

Axis II: _____ Dx Code: _____

If agency referral, name of agency/contact person and contact information: _____

Referral Source:

- | | |
|---|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Community Corrections |
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Social Service Agency |
| <input type="checkbox"/> Targeted Case Management | <input type="checkbox"/> Hospital / Physician |
| <input type="checkbox"/> Other Case Management | <input type="checkbox"/> RCF/ICF |
| <input type="checkbox"/> Other _____ | |

Education:

Years of Education: _____
GED: Yes No
H.S. Diploma: Yes No
College Degree: _____

Why are you here today? What services do you NEED? (This section must be completed as part of this application!)

CURRENT EMPLOYMENT: (Check applicable employment)

- | | | |
|---|---|---|
| <input type="checkbox"/> Unemployed, available for work | <input type="checkbox"/> Unemployed, unavailable for work | <input type="checkbox"/> Employed, Full time |
| <input type="checkbox"/> Employed, Part time | <input type="checkbox"/> Retired | <input type="checkbox"/> Student |
| <input type="checkbox"/> Work Activity | <input type="checkbox"/> Sheltered Work Employment | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Seasonally Employed | <input type="checkbox"/> Armed Forces |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other _____ |

Current Employer: _____ **Position:** _____

Dates of employment: _____ **Hourly Wage:** _____ **Hours worked weekly:** _____

HAVE YOU APPLIED FOR ANY PUBLIC PROGRAMS listed below?

(Please check those you have applied for and the status of your referral)

Has your application has been Approved or Denied. (If you appealed the denial, advise of the date of appeal: _____ . Please advise if you have applied for reconsideration. Advise if you have had a hearing with an Administrative Law Judge and the date of the scheduled hearing: _____)

- | | | |
|--|---|--|
| <input type="checkbox"/> Social Security _____ | <input type="checkbox"/> SSDI _____ | <input type="checkbox"/> Medicare _____ |
| <input type="checkbox"/> SSI _____ | <input type="checkbox"/> Medicaid _____ | <input type="checkbox"/> DHS Food Assistance _____ |
| <input type="checkbox"/> Veterans _____ | <input type="checkbox"/> Unemployment _____ | <input type="checkbox"/> FIP _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |

HEALTH INSURANCE Information: (Check all that apply)

PRIMARY Carrier (pays 1st)

- | | | |
|--|--|---|
| <input type="checkbox"/> Applicant Pays | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Family Planning only |
| <input type="checkbox"/> Medicare A,B,D | <input type="checkbox"/> Medically Needy | <input type="checkbox"/> MEPD |
| <input type="checkbox"/> No Insurance | <input type="checkbox"/> HAWK-I | <input type="checkbox"/> IA Cares |
| <input type="checkbox"/> Private Insurance (list below): | | |

Company Name _____

Address _____

Policy Number: _____

(or Medicaid/Title 19 or Medicare Claim Number)

SECONDARY Carrier (pays 2nd)

- | | | |
|--|--|---|
| <input type="checkbox"/> Applicant Pays | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Family Planning only |
| <input type="checkbox"/> Medicare A,B,D | <input type="checkbox"/> Medically Needy | <input type="checkbox"/> MEPD |
| <input type="checkbox"/> No Insurance | <input type="checkbox"/> HAWK-I | <input type="checkbox"/> IA Cares |
| <input type="checkbox"/> Private Insurance (list below): | | |

Company Name _____

Address _____

Policy Number: _____

(or Medicaid/Title 19 or Medicare Claim Number)

What is the name and location of your current psychiatrist/therapist and location: _____

What is the name and location of your current Pharmacy? _____

OTHERS IN HOUSEHOLD:

Name	Date of Birth	Relationship
1.		
2.		
3.		
4.		
5.		



THIS APPLICATION WILL NOT BE CONSIDERED UNLESS THE FOLLOWING INFORMATION IS PROVIDED.

NOTICE: Proof of income will be required with this application – a pay-stub(s) or tax-return will be required.

Gross Monthly Income (before taxes):
(Check Type & fill in amount)

- Social Security
- SSDI
- SSI
- Veteran's Benefits
- Employment Wages
- FIP
- Child Support
- Workers Compensation
- Short-Term Disability
- Annuity Benefits
- Pension/RR Pension
- Other

Applicant
Amount:

Others in Household
Amount:

Total Monthly Income: _____

If you have reported NO income above, how do you pay your bills? (DO NOT LEAVE BLANK if no income is reported!)

Household Resources: (Check and fill in amount and location):

Type	Amount	Bank, Trustee, or Company
<input type="checkbox"/> Cash	_____	_____
<input type="checkbox"/> Checking Account	_____	_____
<input type="checkbox"/> Savings Account	_____	_____
<input type="checkbox"/> Certificates of Deposit	_____	_____
<input type="checkbox"/> Trust Funds	_____	_____
<input type="checkbox"/> Stocks and Bonds (cash value?)	_____	_____
<input type="checkbox"/> Burial Fund/Life Ins (cash value?)	_____	_____
<input type="checkbox"/> Retirement Funds (cash value?)	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Other _____	_____	_____

Total Resources: _____

Motor Vehicles: Yes No (include car, truck, motorcycle, boat, Recreational vehicle, etc.)

1. Make & Year:		Estimated value:	
2. Make & Year:		Estimated value:	
3. Make & Year:		Estimated value:	

Do you, your spouse or dependent children own or are buying the following:

House including the one you live in Any other real-estate or land Other _____

If yes to any of the above, please explain: _____

Have you sold or given away any property in the last five (5) years? Yes No **If yes, what did you sell or give away?**



THIS APPLICATION WILL NOT BE CONSIDERED UNLESS THE FOLLOWING INFORMATION IS PROVIDED.

1. _____
CURRENT Address City State County
Dates of Residency at this address (month/year): _____ to _____

2. _____
PREVIOUS Address City State County
Dates of Residency at this address (month/year): _____ to _____

3. _____
PREVIOUS Address City State County
Dates of Residency at this address (month/year): _____ to _____

Contact Person: (including Case Manager, Social Worker, Case Worker, DHS IMW, Agency Staff, Etc.)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Other Interested person(s):

Name: _____ Relationship: _____

Address: _____ Phone: _____

As a signatory of this document, I certify that the above information is true and complete to the best of my knowledge, and I authorize County staff to check for verification of the information provided including verification with Iowa county government and the state Iowa Dept. of Health and Human Services (DHS) staff. I understand that the information gathered in this document is for the use of an Iowa County in establishing my ability to pay. for services requested, in assuring t appropriateness of services requested, and in confirming legal residence. I understand that information in this ocument will remain confidential.

Applicant's Signature (or Legal Guardian) Date

Signature of other completing form if not Applicant or legal Guardian Date

COUNTY RURAL OFFICES OF SOCIAL SERVICES

25747 N AVENUE, SUITE D
ADEL, IA 50003

Phone (515)-993-5869 | Fax (515)993-5872

SERVICE AUTHORIZATION REQUEST

Consumer Name: _____ D.O.B.: _____

Therapist/Doctor: _____

Diagnosis (DSM-IV): _____

Intake Date: _____ Next Appointment: _____ CPC application completed? Yes No

Ongoing Services

This individual is currently being seen and we are requesting a written authorization of services covered through your county.

Quantity	CPT CODE	Service Requested	Rate	Dates of Service
		Initial Therapy Intake		
		Initial Psychological Evaluation		
		Individual Psychotherapy		
		Psychological Testing		
		Individual Psychotherapy (20 – 30 Min)		
		Group Therapy		
		Medication Management		
		Adult Partial Hospitalization		
		Other Service (Please Explain)		

Provider Name _____

Address: _____ Phone # _____

Requested by: _____ Date: _____

PLEASE NOTE: Payment will not be paid by Heart of Iowa Community Services until this form is received and a diagnosis for this client is determined. Please submit request for additional funding upon acceptance by the County of Residence.

--PLEASE COMPLETE PAGE 2--

BASIS FOR DETERMINING DIAGNOSIS:

PLAN FOR STABILIZATION: (What services will be provided in the first 90 days of treatment?)

CPC USE ONLY:

This individual has been determined to have (_____) County Residency: Yes No

This individual has Residency in _____ County. Please forward bills to County of Residency.

Authorized by: _____ Date: _____

Comments:

NOTICE OF PRIVACY PRACTICES FOR COUNTY RURAL OFFICES OF SOCIAL SERVICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

**If you have any questions about this Notice of Privacy Practices contact
County Rural Offices of Social Services' privacy officer, Darci Alt at 515-993-1736.**

This Notice of Privacy Practices describes how County Rural Offices of Social Services may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

County Rural Offices of Social Services is required to abide by the terms of this Notice of Privacy Practices. County Rural Offices of Social Services may change the terms of this notice, at any time. The new notice will be effective for all protected health information that County Rural Offices of Social Services maintains at that time. Upon request, County Rural Offices of Social Services will provide you with any revised Notice of Privacy Practices.

PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by Heart of Iowa Community Services for the purpose of providing or accessing health care services or you. Your protected health information may also be used and disclosed to pay your health care bills and to support the business operation of County Rural Offices of Social Services.

The following categories describe ways that County Rural Offices of Social Services is permitted to use and disclose health care information. Examples of types of uses and disclosures are listed in each category. Not every use or disclosure for each category is listed; however, all of the ways County Rural Offices of Social Services is permitted to use and disclose information falls into one of these categories:

1) Treatment:

County Rural Offices of Social Services may use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, County Rural Offices of Social Services would disclose your protected health information, as necessary, to a home health agency that provides care to you. Another example is that protected health information may be provided to a facility to which you have been referred to ensure that the facility has the necessary information to treat you.

2) Payment

County Rural Offices of Social Services may use and disclose health care information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. County Rural Offices of Social Services may also discuss your protected health information about a service you are going to receive to determine whether you are eligible for the service, and for undertaking utilization review activities. For example, authorizing a service may require that your relevant protected health information be discussed with a provider to determine your need and eligibility for the service.

3) Healthcare Operations

County Rural Offices of Social Services may use or disclose, as needed, your protected health information in order to support its business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing and conducting or arranging for other business activities. For example, County Rural Offices of Social Services may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment or to provide information about alternate services or other health-related benefits.

County Rural Offices of Social Services may share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for County Rural Offices of Social Services. Whenever an arrangement between County Rural Offices of Social Services and a business associate involves the use or disclosure of your protected health information, County Rural Offices of Social Services will have a written contract that contains terms that will protect the privacy of your protected health information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that County Rural Offices of Social Services has taken an action in reliance on the use or disclosure indicated in the authorization.

County Rural Offices of Social Services may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then County Rural Offices of Social Services may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

1) Others Involved in Your Healthcare

Unless you object, County Rural Offices of Social Services may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, County Rural Offices of Social Services may disclose such information as necessary if County Rural Offices of Social Services, based on its professional judgment, determines that it is in your best interest. County Rural Offices of Social Services may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, County Rural Offices of Social Services may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

2) Emergencies

County Rural Offices of Social Services may use or disclose your protected health information in an emergency treatment situation. If this happens, County Rural Offices of Social Services shall try to obtain your acknowledgment of receipt of the Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

County Rural Offices of Social Services may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

1) Required by Law

County Rural Offices of Social Services may use or disclose your protected health information to the extent that the use or disclosure is required by law. You will be notified, as required by law, of any such uses or disclosures.

2) Public Health

County Rural Offices of Social Services may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. County Rural Offices of Social Services may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

3) Communicable Diseases

County Rural Offices of Social Services may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease.

4) Health Oversight

County Rural Offices of Social Services may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

5) Abuse or Neglect

County Rural Offices of Social Services may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, County Rural Offices of Social Services may disclose your protected health information if it believes that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

6) Food and Drug Administration

County Rural Offices of Social Services may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

7) Legal Proceedings

County Rural Offices of Social Services may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

8) Law Enforcement

County Rural Offices of Social Services may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on county premises, and (6) medical emergency (not on County Rural Offices of Social Services' premises) and it is likely that a crime has occurred.

9) Coroners, Funeral Directors, and Organ Donation

County Rural Offices of Social Services may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

10) Research

County Rural Offices of Social Services may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

11) Criminal Activity

Consistent with applicable federal and state laws, County Rural Offices of Social Services may disclose your protected health information, if it believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. County Rural Offices of Social Services may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

12) Military Activity and National Security

When the appropriate conditions apply, County Rural Offices of Social Services may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. Heart of Iowa Community Services may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

13) Workers' Compensation

Your protected health information may be disclosed by County Rural Offices of Social Services as authorized to comply with workers' compensation laws and other similar legally-established programs.

14) Inmates

County Rural Offices of Social Services may use or disclose your protected health information if you are an inmate of a correctional facility and County Rural Offices of Social Services created or received your protected health information in the course of providing care to you.

15) Required Uses and Disclosures

Under the law, County Rural Offices of Social Services must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine County compliance with the requirements of 45 C.F.R. section 164.500 et. seq.

YOUR RIGHTS

The following are a list of your rights with respect to your protected health information and a brief description of how you may exercise these rights:

- **RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION**

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as County Rural Offices of Social Services maintains the protected health information. A "designated record set" contains medical and billing records and any other records that County Rural Offices of Social Services uses in making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact County Rural Offices of Social Services Privacy Contact if you have questions about access to your medical record.

- **RIGHT TO REQUEST A RESTRICTION OF YOUR PROTECTED HEALTH INFORMATION**

This means you may ask County Rural Offices of Social Services not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

County Rural Offices of Social Services is not required to agree to a restriction that you may request. If County Rural Offices of Social Services believes that it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If County Rural Offices of Social Services does agree to the requested restriction, it may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with County Rural Offices of Social Services. You may request a restriction in writing to County Rural Offices of Social Services Privacy Officer.

- **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS FROM COUNTY RURAL OFFICES OF SOCIAL SERVICES BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION**

County Rural Offices of Social Services will accommodate reasonable requests. County Rural Offices of Social Services may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. County Rural Offices of Social Services will not request an explanation from you as to the basis for the request. Please make this request in writing to County Rural Offices of Social Services Privacy Contact.

- **RIGHT TO REQUEST AN AMENDMENT TO YOUR PROTECTED HEALTH INFORMATION**

This means you may request an amendment of protected health information about you in a designated record set for as long as County Rural Offices of Social Services maintains this information. In certain cases, County Rural Offices of Social Services may deny your request for an amendment. If County Rural Offices of Social Services denies your request for amendment, you have the right to file a statement of disagreement with County Rural Offices of Social Services and County Rural Offices of Social Services may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

- **RIGHT TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures County Rural Offices of Social Services may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003.

- **RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE**

You have the right to obtain a paper copy of this notice, upon request, even if you have agreed to accept this notice electronically.

- **COMPLAINTS**

You may file a complaint with County Rural Offices of Social Services or the Secretary of Health and Human Services if you believe your privacy rights have been violated by County Rural Offices of Social Services. You may file a complaint against County Rural Offices of Social Services by notifying the County Rural Offices of Social Services privacy officer. County Rural Offices of Social Services will not retaliate against you for filing a complaint.

**COUNTY RURAL OFFICES OF SOCIAL SERVICES
ACKNOWLEDGMENT
OF RECEIPT OF
NOTICE OF PRIVACY PRACTICE**

I, _____, do hereby acknowledge receipt of a copy of the Notice of Privacy Practice for County Rural Offices of Social Services.

Signature of Consumer Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL’S PERSONAL REPRESENTATIVE:

Signature of personal representative Date

Legal authority of personal representative