



EASTERN IOWA MENTAL HEALTH AND DISABILITIES SERVICES REGION

MANAGEMENT PLAN

POLICIES AND PROCEDURES MANUAL

Geographic Area: Cedar, Clinton, Jackson, Muscatine and Scott Counties

Approved on: 5/18/2020
By Governing Board of Directors
Approved on: 6/18/2020
By Iowa MHDS Commission

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A. Introduction

As the Eastern Iowa MH/DS Region was approved by the Department of Human Services, now known in this document as the *Iowa Department of Health and Human Services (HHS)*, we were tasked with working together as community partners whereby forming a Region to support and promote community integration for individuals diagnosed with mental health conditions, intellectual disabilities, developmental disabilities and/or traumatic brain injuries.

Furthermore, the EI Region, in accordance with the principles in the legislative redesign, partnered with local agencies to develop a system of care approach that is characterized by principles and values for its citizens that are:

- Welcoming and individually-oriented;
- Person and family driven;
- Recovery and resiliency oriented;
- Trauma-informed; and
- Culturally competent.

The Eastern Iowa MH/DS Region, hereafter referred to as the EI Region or Region, was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region and serves Cedar, Clinton, Jackson, Muscatine, and Scott Counties. The population total for the Region is 301,099 per FY 21 census.

The EI Region shall maintain local county offices as the foundation for the service delivery system.

Basic Framework of the Regional MH/DS Services Management Plan:

The Mental Health and Disability Service Management Plan, hereafter referred to as the *Plan*, defines the standards for member counties of the EI Region.

The Plan meets the requirements of Iowa Code and provides for cost-effective, individualized services and supports that assist individuals to be as independent, productive, and integrated into the community as possible within the constraints of available resources.

In compliance with Iowa Administrative Code, the Region must have three (3) documents:

- a) **The Annual Service and Budget Plan** is due April 1st and includes the services to be provided; the cost of those services; the local access points; service coordination and targeted case management agencies; crisis planning; intensive mental health services; children's behavioral health services; the scope of services; budget and financing provisions; financial forecasting measures; and provider reimbursement provisions.
- b) **The Annual Report**, due December 1st to the Iowa Department of Health and Human Services, provides an analysis of data concerning services managed for the previous fiscal year.
- c) **The Policies and Procedures Manual** includes policies and procedures concerning management of the MH/DS services and plan administration.

A copy of the Plan is available upon request at each county office, online at the Iowa Department of Health and Human Services <https://hhs.iowa.gov> and the Region www.easterniowamhds.org websites.

B. Organizational Structure

Governing Board of Directors:

The EI Region’s organizational structure assigns the ultimate responsibility for the non-Medicaid funded services with the Governing Board of Directors.

The Region shall be under the direction and control of the Governing Board of Directors and the Chief Executive Officer. The Governing Board of Directors, hereafter known as the Governing Board, shall serve as the Regional Administrative Entity, as defined in the Iowa Code.

The purpose, goals and objectives of the EI Regional Governing Board of Directors is to create a mental health and disability service regional administrative entity as described in the Iowa Code, to provide local access to mental health and disability services (MHDS) for *adults* and behavioral health services for *children*; to ensure MHDS services are available as defined in this Regional Management Plan; to meet the Department of Health and Human Services (HHS) Performance Based Contract statewide outcomes and; to engage in any other related activity in which an Iowa 28E organization may lawfully be engaged

The Governing Board shall contain the following Directors, listed below, as either “*County-Appointed*” and/or “*Committee-Appointed.*” All Directors shall have one (1) vote.

- One (1) of each member county’s supervisors or, a person designated by the board of each county, as well as an “alternate” who would fill in during an absence, will be appointed to serve as a *County Appointed Director*.
- One (1) adult person who utilizes mental health and disability services or is an actively involved relative of such a person, will serve as a *Committee-Appointed Director*.
- One (1) individual representing adult service providers in the Region will serve as a *Committee-Appointed Director*.
- One (1) individual representing children’s behavioral health service providers in the Region will serve as a *Committee-Appointed Director*.
- One (1) individual representing the education system in the Region will serve as a *Committee-Appointed Director*.
- One (1) individual who is a parent of a child who utilizes children’s behavioral health services or an actively involved relative of such child will serve as a *Committee Appointed Director*.
- One (1) individual representing law enforcement in the Region will serve as a “*Committee-Appointed*” *Director*.
- One (1) individual representing the judicial system in the Region will serve as a “*Committee-Appointed*” *Director*.

Regional Advisory Committees:

The Adult Advisory Committee, as confirmed by the Eastern Iowa MHDS Governing Board, will include individuals who utilize services or actively involved relatives of such individuals and service providers as stated in Iowa Code and include a Director from the Governing Board.

The Advisory Committee will advise the Governing Board as requested and shall also make designations to the Governing Board as described above. A quorum shall be the majority of the committee members attending in person.

The Children's Advisory Committee, as confirmed by the Eastern Iowa MHDS Governing Board, will have the following members as stated in Iowa Code: parents of children who utilize services or actively involved relatives of such children, a member of the education system, an early childhood advocate, a child welfare advocate, a children's behavioral health service provider, a member of juvenile court, a pediatrician, a child care provider, a local law enforcement representative and regional Governing Board member.

The Child Advisory committee will advise the Governing Board as requested and shall also make designations to the Governing Board as described above. A quorum shall be the majority of the committee members attending in person.

Members of any committee of the Region will be designated by the EI Region's Governing Board and serve at the pleasure of the Governing Board. The CEO and Management Team will attend Advisory Committee meetings. The two (2) Advisory Committees may meet together or separate and meet at a minimum of twice a year.

Chief Executive Officer:

The Governing Board will appoint the Chief Executive Officer, hereafter known as the CEO, who will be the primary point of accountability for the Region and shall be responsible for entering into performance-based contracts with HHS. The CEO will report to the Governing Board and serve as the contact person for all requests for information or other inquiries from HHS or the State of Iowa regarding the provision of services, quality of services and expenditure of regional funds.

The CEO will serve at the pleasure of the Governing Board and shall be under its direct supervision, evaluation, and control. For employment purposes, the CEO will be considered a shared employee of the Region/County. The CEO will be considered an employee of the county employer of record.

Regional Management Team:

The Region will also have a Regional Management Team, hereafter referred to as the Management Team, who will consist of the Coordinators of Disability Services (CDS) representing each member county including a Children's Coordinator of Behavioral Health Services. The Management Team shall remain employees of their respective counties.

Duties shall include activities such as meeting with individuals/families regarding needed services, assisting the CEO develop and revise, as needed, policies and procedures, reviewing exceptions to policies, ensuring that data is collected and submitted to the CEO for inclusion in reports, reporting accurate financial data, assisting in the development of the regional budget, monitoring of revenues and expenditures, assuring evidence based practices are used, and making recommendations for agenda items before the Governing Board and Regional Advisory Committees.

Additional information on the Governance of the Region can be found in the 28E Agreement. The 28E Agreement can be found on the Region's Website: www.easterniowamhds.org.

C. Service System Management

Service Coordination and Targeted Case Management:

The EI Region shall directly administer the Plan through the local county Community Services offices and contract with service providers to meet the service needs of the individuals. The staff delegated to perform the functions of Coordinator of Disability Services (CDS) shall have the qualifications as stated in the Iowa Code. Also included is a Children’s Coordinator of Behavioral Health Services, referred to as the Children’s Coordinator. The position of Children’s Coordinator means a member of the administrative entity staff who meets the requirements described in the Iowa Code and who is responsible for coordinating behavioral health services for children and families in the EI Region.

The Region shall offer choice and access to cost-effective, evidence based, conflict free Targeted Case Management as described in the Iowa Administrative Code. The designated case management agencies serving the Region must be accredited by the HHS.

Targeted case managers or other persons providing service coordination while working for the designated provider, must meet the qualifications of qualified case managers and supervisors as defined in Iowa Administrative Code.

The Region continues to provide Service Coordination to individuals who are *not* eligible for a Community Based Case Manager or an Integrated Health Home Service (IHH) provider.

The EI Region shall maintain local county offices as the foundation for the service delivery system. Listed below are the name, addresses and phone numbers to the local county Community Services Offices:

Local County Offices	Serves Adult/Child/Both	Location	Contact Information
Cedar County	Both Adult and Child	400 Cedar St. Tipton IA 52772	563-886-1726
Clinton County	Both Adult and Child	1900 N. 3 rd St. Clinton IA 52732	563-244-0563
Jackson County	Both Adult and Child	311 W. Platt St. Maquoketa IA 52060	563-652-1743
Muscatine County	Both Adult and Child	315 Iowa Ave Suite 1 Muscatine IA 52761	563-263-7512
Scott County	Both Adult and Child	600 W. 4 th St. Davenport IA 52801	563-326-8723

Regional Access Points:

For Adult Applicants, the EI Region has designated the following access points:

Access Point	Location	Contact Information
Abbe Center for Community Mental Health	1039 Arthur St. Iowa City, IA 52240	(319) 338-7884
Bridgeview Community Mental Health	1320 19 th Ave NW Clinton, IA 52732	(563) 243-5633

Cedar County Community Services	400 Cedar St. Tipton, IA 52772	(563) 886-1726
Clinton County Community Supports Dept	1900 N. 3 rd St. Clinton, IA 52732	(563) 244-0563
Eagle View Behavioral Health	770 Tanglefoot Lane Bettendorf, IA 52722	(563) 396-2100
Genesis Medical Center	1227 E Rusholme St. Davenport, IA 52804	(563) 421-1000
Hillcrest Mental Health Center	115 S. Olive St. Maquoketa, IA 52060	(563) 652-4958
Jackson County Mental Health Dept	311 W. Platt Maquoketa, IA 52060	(563) 652-1743
MercyOne- Clinton	1410 N. 4 th St. Clinton, IA 52732	(563) 244-5000
Muscatine County Community Services	315 Iowa Ave Suite 1 Muscatine, IA 52761	(563) 263-7512
Robert Young Center	1616 Cedar Muscatine, IA 52761	(563) 262-6263 (309) 779-2100
Scott County Community Services	600 W. 4 th St. Davenport, IA 52801	(563) 326-8723
Vera French Community Mental Health Center	1441 W. Central Park Ave Davenport, IA 52804	(563) 383-1900

For Children Applicants, the EI Region has designated the following access points:

Access Point	Location	Contact Information
Abbe Center for Community Mental Health	1039 Arthur St. Iowa City, IA 52240	(319) 338-7884
Bethany for Children & Families	2195 E 53 rd St. Davenport, IA 52807	(563) 324-9169
Bridgeview Community Mental Health	1320 19 th Ave. NW Clinton, IA 52732	(563) 243-5633
Child Health Specialty Clinics	865 Lincoln Rd. Suite 500 Bettendorf, IA 52722	(563) 344-2250
Child Health Specialty Clinics	1663 Lincoln Way Suite E Clinton, IA 52732	(563) 243-0295
Cedar County Community Services	400 Cedar St. Tipton, IA 52772	(563) 886-1726
Clinton County Community Supports Dept	1900 N. 3 rd St. Clinton, IA 52732	(563) 244-0563
Eagle View Behavioral Health	770 Tanglefoot Lane Bettendorf, IA 52722	(563) 396-2100
Families, Inc.	233 S 2 nd St. West Branch, IA 52358	(319) 643-2532
Family Resources, Inc.	2800 Eastern Ave. Davenport, IA 52803	(563) 326-6431
Genesis Medical Center	1227 E Rusholme St. Davenport, IA 52804	(563) 421-1000

Grant Wood AEA	4401 Sixth St. SW Cedar Rapids, IA 52404	(319) 399-6700
Hillcrest Mental Health Center	115 S. Olive St. Maquoketa, IA 52060	(563) 652-4958
Jackson County Mental Health Dept	311 W. Platt Maquoketa, IA 52060	(563) 652-1743
MercyOne- Clinton	1410 N. 4 th St. Clinton, IA 52732	(563) 244-5000
Mississippi Bend AEA	729 21 st St. Bettendorf, IA 52722	(563) 359-5967
Mississippi Bend AEA	2001 Manufacturing Court Clinton, IA 52732	(563) 242-6454
Mississippi Bend AEA	1422 Houser St. Muscatine, IA 52761	(563) 263-8476
Muscatine County Community Services	315 Iowa Ave., Suite 1 Muscatine, IA 52761	(563) 263-7512
Robert Young Center	1616 Cedar Muscatine, IA 52761	(563) 262-6263
Scott County Community Services	600 W. 4 th St. Davenport, IA 52801	(563) 326-8723
Vera French Community Mental Health Center	1441 W. Central Park Ave. Davenport, IA 52804	(563) 383-1900

Risk Management and Fiscal Viability:

The EI Regional Governing Board shall retain full authority for the regional system of care and the associated fixed budget in accordance with the Iowa Code.

The Region may contract for service functions and responsibilities, including but not limited to; service development and management, communications, strategic plan development, risk management, annual audit, provider network- development, contracting, quality and performance, quality assurance, and fidelity reviews, information technology, HIPAA, marketing, legal counsel, and trainings.

The Region shall comply with the Iowa Code for deposit and investment of region funds. Through the budgeting process, it strives to maintain the appropriate amount of fund balance per Iowa Code.

Conflict of Interest:

Funding authorization decisions shall be made in each county office by Coordinators of Disability Services who have no conflicted fiduciary interest or relational connections with the individual to the services or support provided. In the event such a situation occurs, that interest must be fully disclosed in the Notice of Decision to the individuals, the counties, and other stakeholders.

Annually, the EI Region’s Governing Board, Regional Management Team, along with all Advisory Committee members, will review and sign the required conflict-of-interest statement. The document addresses disclosing any potential conflict of interest, as well as, prohibiting participating in or influencing any vote in which there is a potential financial or other beneficial impact on the board member or any organization they represent.

D. System Management

System of Care Approach:

The Region exists to support improved access to health care and to promote full linkage to services for children and adults with mental illness, intellectual disabilities, developmental disabilities, or brain injury. It promotes and provides services to individuals with a qualifying diagnosis by:

- Partnering with community service organizations, individuals with disabilities, their families, and the community to promote improved health care and integrated living and working opportunities;
- Identifying, developing, and maintaining efficient, effective, and responsive service delivery systems; and
- Educating communities and businesses to increase acceptance and awareness of the need for full participation within the community.

The Region also works in partnership with providers and other stakeholders to create a continuum of care which is:

- Accessible and welcoming;
- Able to emphasize early identification and early intervention;
- High quality and, wherever possible, evidence based;
- Organized into a seamless continuum of community based support;
- Individualized to meet the person's needs;
- Provided in the least restrictive and most appropriate setting using natural supports whenever possible;
- Designed to empower the individuals and the families as partners in their own care;
- Designed to utilize all funding sources available within the Region including increased use of Medicaid funded services and the Iowa Health and Wellness Plan; and
- Supported by the provision of training and technical assistance to individuals and families, as well as to the providers and other partners.

Developing an Integrated Multi-Occurring Capable Trauma Informed System of Care:

An individual with multi-occurring conditions is defined as any individual of any age with ANY combination of any mental illness (including trauma), developmental disability, intellectual disability, brain injury and/or substance abuse condition, including gambling and nicotine dependence, whether they have been diagnosed. Individuals with multi-occurring conditions commonly also have medical, legal, housing, financial and parenting issues, and other complex needs.

The Region shall maintain a service delivery approach for individuals with multi-occurring conditions that build partnerships to create a broad and integrated process for meeting multiple needs. This approach is based on the principles of interagency collaborations; individualized, strengths-based, or evidence-based practices; cultural competencies; community-based services; accountability; and the full participation of the individuals served at all levels of the system.

The Region shall fund individuals with multi-occurring conditions that meet the eligibility criteria in this manual. Services and support will be offered through the enrollment process.

Implementation of Interagency and Multi-system Collaboration and Care Coordination:

The Region shall collaborate with the courts for alternatives to involuntary mental health commitments and to coordinate the funding for services for individuals under a mental health commitment.

The Region will also work in partnership with other Regions to provide smooth transitions for individuals moving from one Region to another to ensure continuity of care. Additionally, the Region will join forces with adjoining Regions when agencies provide services in multiple counties.

The Region will collaborate with the Iowa Department of Health and Human Services, the Iowa Department of Education, the Iowa Department of Corrections, local law enforcement agencies, other regions, service providers, coordinators of services, case management, individuals, families, and advocates to ensure the authorized services and supports are responsive to the individuals' needs and consistent with the system principles and cost-effective service provisions.

The EI Region will also partner with other stakeholders, as follows:

- Third-party Payers
 - Prior to authorizing funds for services, providers and CDS Staff must seek approval from Medicaid, Medicare, or any other third-party payer for any service.
 - The Region may fund additional services and support for individuals who meet all other regional eligibility criteria or those ineligible for, or whose needs cannot be fully met, based upon the functional assessment.

- Judicial and Criminal Justice System
 - The EI Region has a partnership with mental health providers and the courts to ensure alternatives to commitment to coordinate funding for services for individuals under commitment. The Region utilizes local hospitals for involuntary hospitalizations under the Iowa Code.
 - The EI Region will utilize crisis services, including jail-based Care Coordinators, to help identify county jail inmates needing mental health treatment and for securing such treatment in jail and upon release.
 - Mental health evaluation and treatment services will be available at the county jails through contracts with a qualified provider.

- Employment
 - The Region works with local and regional Workforce Development initiatives that support integrating employment, training, education, and support services for all job seekers, workers, and employers, in accordance with the Workforce Investment Act. The Region will advocate that this includes integrating services for people with disabilities.

- Education
 - The Region's network of providers works with schools, AEA's and Vocational Rehabilitation on transition plans for individuals in Special Education who will be leaving the school systems. Additionally, the Region will continue to support post-secondary educational efforts for people with disabilities.

- Transitioning Youth to the Adult System
 - The Region works with HHS social workers in transitioning youth to the adult system and will continue being a resource to explore options for children with complex needs.
- Behavioral Health Services for Children
 - The Region will collaborate with the Education System, Early Childhood Advocates, Child Welfare Advocates, Children’s Behavioral Health Service Providers, the Juvenile Court System, Pediatricians, and Child Care Providers to promote early identification, intervention, and prevention services for Children.
- Other Regions and Associations
 - The EI Regional Management Team is very active in training and coordination on a statewide basis. It is the policy of the Region to work with other regions to help coordinate funding for mutually beneficial service developmental activities. If an individual within the EI Region has complied with all requested information, their access to services shall not be delayed while awaiting a determination of legal residence. If the need presents and there is a disagreement over residency on an individual who is physically located in the Region, their services shall be funded while working with another Region or the State to resolve the residency dispute. At the time of the dispute resolution, the EI Region shall expect reimbursement from the other Region in the event the individual is determined not to have residency within the Region.
 - Statewide, the CEO will take the lead in collaboration with the other regions, HHS, Iowa Medicaid Enterprise (IME) and the managed care organizations (MCO) by attending regularly scheduled meetings.
 - The EI Region also participates in the Iowa Community Services Association, Iowa State Association of Counties (ISAC) affiliates including the BOS (Board of Supervisors) and Sheriff’s affiliates, and its subcommittees, as well as the CSN (Community Services Network) committees.

Decentralized Service Provisions:

The EI Region will strive to provide services in a dispersed manner to meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. The Region and providers will work cooperatively to ensure that various service options are geographically distributed through the counties. In areas where services are not available within the Region, providers shall be encouraged to expand or begin services. The following shall be used to ensure services are available in all parts of the Region:

- Analyzing the gaps by assessing unmet needs;
- Incorporating feedback from community stakeholders;
- Identifying costs and exploring alternative funding streams;
- Developing or expanding services to meet gaps;
- Identifying service providers willing to provide services within the area;
- Ensuring core services are available;
- Exploring technological innovations and modalities to meet needs more efficiently.

Utilization and Access to Services:

The EI Region shall oversee access and utilization of services and outcomes of the populations in the Region to continuously improve system design and better meet the needs of individuals with complex challenges. To do this, the EI Region integrates planning, administration, financing, and service delivery using utilization reports from both the region and state including the following:

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

The results will be analyzed to determine if there are gaps in services or if barriers exist due to:

- insufficient services offered;
- inadequate provider network;
- restrictions on eligibility;
- restrictions on availability;
- and location.

Results will be used to review the *System of Care* approach plan, guide the Region in collaboration with agencies, and to increase access and decentralize services. Additionally, the data elements, indicators, metrics, and performance improvements for population management shall be continuously improved over time as the EI Region develops increased capacity for managing the needs of its individuals with disabilities.

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

The EI Region may also contract with other Regions to provide and ensure core services are met.

The Region will continue to work with HHS and the Managed Care Organizations (MCO's) to facilitate regional access and information sharing on disability services funded by Medicaid to coordinate the Regional funded services and services managed by the State and the MCO's.

Case Managers, Coordinators of Disability Services, and Integrated Health Home (IHH) Care Coordinators will serve as gatekeepers to Region and Medicaid funded community-based services.

E. Financing & Delivery of Services and Supports

Funding for the mental health and disability services shall be under the control of the Region's Governing Board in accordance with the Iowa Administrative Code. The Governing Board shall retain full authority and financial risk for the Plan. The finances of the Region shall be maintained to limit the administrative burden and to provide public transparency.

The Governing Board, through its budget adoption, authorizes the expenditure of funds at the regional level. The Management Team will assist the CEO in preparation of the Region's annual budget. The

Management Team will recommend new services as well as the projected cost. All Regional funding for MHDS services is provided by the State of Iowa.

The Governing Board is responsible for adopting and approving an annual budget for mental health and disability services for the fiscal period July 1 to June 30 of each year. It is the Governing Board's duty to ensure a fair, equitable and transparent budgeting process. The Regional budget will be submitted to the Governing Board, for their review and approval based on the recommendations of the CEO.

The CEO and Management Team will notify providers of one-time funding opportunities three (3) times a year (October, January, and May) if the financial status of the Region is strong. The Governing Board will approve all budget amendments through a vote at the Governing Board meeting.

The Management Team will be expected to do a two-week time study every October. This will be done to determine administrative and service costs and support needed when developing the annual budget.

Services delivered on a regional level will be through a service provider agreement/contract and a payment method according to agreement/contract.

The Governing Board will approve financial reports provided by the Fiscal Agent at their regularly scheduled monthly meetings.

The services funded by the EI Region are subject to change or termination with the development of the regional budget for each fiscal year.

Accounting System and Financial Reporting:

The accounting system and the financial reporting requirements to the State of Iowa Department of Health and Human Services conform to the Iowa Administrative Code and includes all the mental health and disability expenditures funded by the Region. Information is separated and identified in the most recent Uniform Chart of Accounts approved by the State County Finance Committee including, but not limited to, the following: revenues, expenses for administration and purchase of services.

Contracting/Rate Agreements:

- The Region may contract with MH/DS providers whose base of operation is in the EI Region or they may use a rate agreement.
- The Region may also honor contracts/rate agreements with other Regions and may also have a contract/rate agreement with providers not based in the Region.
- A contract/rate agreement may not be required for a one-time or "as needed" service.

The EI Region may also contract with other Regions for Intensive Mental Health Services such as Access Centers, Sub-Acute Services, and Intensive Residential Service Homes. The EI Region may enter performance-based contracts through competitive procurement.

Funding:

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

An individual, who may be eligible for other publicly funded services and support, must apply and accept such funding and support. Failure to do so will render the individual ineligible for regional funds unless the EI Region is mandated by a state or federal law to pay for said services.

The EI Region shall be responsible for funding only the services and the support authorized in accordance with the process described in the Plan, within the constraints of the budgeted dollars.

The Region shall be the payer of last resort and regional funds shall not replace other available funding.

Data Reporting and Other Information Technology Requirements:

The Region uses the Community Services Network (CSN) software package for data collection, billing, and data reporting, including providing data and fiscal information in response to a request from HHS.

The Region reviews data and claims using the most current Uniform Chart of Account for Iowa County Governments.

F. Enrollment Process

Application and Enrollment:

Individuals residing in the EI Region, or their legal representative, may apply for funding for services by contacting the designated county office or may contact one of the designated access points (found in this document under Service System Management in the Annual Service and Budget Plan) to complete an application or use another Region's application.

Applications are also available online at the EI Region's website at: <https://easterniowamhds.org>

All applications shall be forwarded to the office located in the county where the individual resides for determination of eligibility for funding.

The application shall be used by all designated access points. If a language or other barrier exists, the access point shall contact an appropriate person to assist the individual in the intake process or contact the local county office to make such arrangements. For those services that need an application, a completed application shall be forwarded by the access point to the local county office.

The designated staff of the local office shall review the application within ten (10) business days to determine if all necessary information is present and complete on the application. If the application is incomplete, the individual will be notified informing them of the additional items that must be submitted. Failure to respond within thirty (30) calendar days with the necessary information and/or to provide a fully completed application may result in a delay or denial of funding.

Residency:

If an individual has complied with all requested information, their access to services shall not be delayed while awaiting a determination of legal residence. The Region shall notify any region of an individual that is physically located in one (1) of the Eastern Iowa MHDS Region counties that appears to have residency in that region prior to approving services that are not emergent in nature.

“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. 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.

Exception to Policy:

An Exception to Policy may be considered in cases when an individual is adversely affected by the regional eligibility guidelines. To request an Exception to Policy, the individual or the individual’s legal representative shall submit the following information to the local county office within thirty (30) calendar days from the date of the Notice of Decision:

- Individual’s first and last name
- Physical and mailing address
- Current services the individual is receiving
- Type of service being requested
- The policy for which the exception is being requested
- Reason why the exception should be granted

The Management Team/CEO will review the exception and a response will be given to the individual, the individual’s legal representative, and, when appropriate, the designated county staff within ten (10) business days. The exception period may not exceed six (6) months and may be renewed following the Exception to Policy procedure. Exceptions to Policy may not be appealed. Decisions on exceptions shall be used in the annual report to identify future changes in policy.

Confidentiality:

The Region is committed to respecting individual privacy. To that end, all persons, including county designated staff, Governing Board of Directors, and others with legal access to individual information, will have an obligation to keep individual information confidential. Information will only be released in accordance with the Health Insurance Portability and Accountability Act, hereafter known as HIPAA, and other federal and state laws and in accordance with professional ethics and standards. Protected Health Information, hereafter referred to as PHI, will be released only when it is in the best interest of the individual to whom the information pertains or when required by law.

PHI may be released without written permission of the individual or their guardian for medical or psychological emergencies, inspections by certifying or licensing agencies of the state or federal government, or when required by law to report criminal wounds/child abuse/dependent adult abuse.

Individual files will be maintained in a secure location for seven (7) years following termination of service to the individual.

Procedures to assure PHI include:

- An individual or their legal representative's written consent will be obtained prior to release of any PHI, unless an emergency as stated above.
- Information or records released will be limited to only those documents needed for a specific purpose.
- Individual, or a legal representative, will be allowed to review and copy the individual record.
- Individual and related interviews will be conducted in private settings.
- All discussion and review of an individual's status and/or records by designated county staff, and others will be conducted in private settings.
- All paper and computer files will be maintained in a manner that prevents public access to them.
- All PHI disposed of will be shredded.
- Steps will be taken to assure that all fax, email, and cellular phone transmissions are secure and private.
- Staff will receive initial and ongoing training concerning confidentiality and staff will sign a statement agreeing to confidentiality terms.
- Access to PHI will be by designated staff.
- A Privacy Officer for the Region will be appointed.

To determine eligibility for regional funding, to perform ongoing eligibility review, and to provide service coordination and monitoring, individuals or their legal representatives will be asked to sign release forms. Failure of individuals to sign or authorize a release of information will not be an automatic reason for denial, however, designated county staff's inability to obtain sufficient information to make an eligibility determination may result in denial of regional funding.

A copy of the EI Region's Privacy Notice, covering confidentiality, may be viewed at any of the local county offices.

G. Eligibility

All residents are eligible for Information & Referral, 24 Hour Crisis Line and Mobile Response Services regardless of eligibility criteria.

The following threshold criteria must be met to determine if an applicant is eligible for enrollment in the EI Regional service system:

General Eligibility:

Adult Applicant:

Uninsured adult applicants must apply for health insurance. In the event they choose to not apply for insurance, an application for funding can still be made at the local county office where the applicant resides, but it may not be approved as there are other funding sources that need to be used first.

Adults who need and are awaiting approval and receipt of assistance under other programs may be considered eligible for up to sixty (60) days, if all other eligibility criteria are met. If it is known that a good faith effort is being made to obtain funding under other programs, additional funding may be authorized.

Staff shall review the application to determine General Eligibility of:

1. Is at least eighteen years of age and a resident of this state or is 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 3 (three) month period preceding the individual's eighteenth birthday to provide a smooth transition from children's to adult services.
2. Is a resident of one (1) of the counties within the Region; or
3. Is a United States citizen or in the United States legally.

Child Applicant:

Uninsured child applicant must apply for health insurance. In the event they choose to not apply for insurance, an application for funding can still be made at the local county office where the applicant resides, but it may not be approved as there are other funding sources that need to be used first.

Staff shall review the application to determine if the child applicant meets General Eligibility including:

1. The individual is a child under the age of 18.
2. The child's custodial parent is a resident of the State of Iowa, and the child is physically present in the state.
3. The child's family meets financial eligibility requirements in the Iowa Administrative Code.
4. The child has been diagnosed with a serious emotional disturbance (SED) except for comprehensive facility and community-based crisis services according to the Iowa Code.

Financial Eligibility:

Adult Applicant

Unless otherwise specified in law, the EI Region is always the funder of last resort. The adult must comply with financial eligibility requirements as stated in the Iowa Administrative Code.

(1) Income Guidelines from Iowa Code:

- Gross income at or below 150% of the current Federal Poverty Guidelines.

- Gross income above 150% to 300% may be eligible for regional funding with a copayment as specified in this Plan.
- Co-payment requirements are changed on an annual basis effective July 1st and are included in the Annual Service and Budget Plan.
- The income eligibility standards specified in this Plan 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, Habilitation Services, etc.) shall be followed if different than those established in this manual.
- In determining income eligibility, the average gross monthly income for the past three (3) months will be considered. However, recent employment and/or income changes may be considered by the Coordinators of Disability Services in determining income eligibility. An individual is expected to provide proof of income (including pay stubs, income tax return, etc.) as requested.

Child Applicant

Unless otherwise specified in law, the EI Region is always the funder of last resort.

The child's *family* must comply with financial eligibility requirements as stated in the Iowa Administrative Code.

(2) Income Guidelines from Iowa Code:

Cost share amounts for children's behavioral health services are applicable to core services.

- The *family* of a child receiving regional funding for behavioral health services shall be responsible for a cost-share amount based on the *family's* household income.
- Gross *family* household income above 150% to 500% may be eligible for regional funding with a cost-share as specified in this Plan. Cost-share requirements are changed on an annual basis effective July 1st and are included in the Annual Service and Budget Plan.
- *Family* household income shall be verified using the best information available and include pay stubs, tip records, and employers' statements of earned income. Self-employment Income that can be verified through business records from the previous year is acceptable if it is representative of anticipated earnings. If business records from the previous year are not representative of anticipated earnings, an average of the business records from the previous two (2) or three (3) years may be used if that average is representative of anticipated earnings.
- A *family* of a child applicant who is eligible for federally funded services and other support must apply for such services and support.

Resources Guidelines

Adult Applicant

- An adult must have resources that are equal to or less than \$2000 in countable value for a single person *household* or \$3000 in countable value for a multi- person household or follow the most recent federal supplemental security income guidelines.

- The value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this sub-rule.
- A transfer of property or other assets within five (5) years of the time of application with the result of, or intent to, qualify for assistance may result in the denial or the discontinuation of funding.
- The following resources shall be exempt:
 1. The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence. The homestead shall include all land that is contiguous to the home and the buildings located on the land.
 2. One (1) automobile used for transportation.
 3. Tools of an actively pursued trade.
 4. General household furnishings and personal items.
 5. Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
 6. Cash surrender value of life insurance with a face value of less than \$1,500 on anyone (1) person.
 7. Any resource determined excludable by the Social Security Administration because of an approved Social Security Administration work incentive.
- If an adult does not qualify for federally funded or state funded services or other support, but meets all income, resource, and diagnostic eligibility requirements, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:
 1. A retirement account that is in the accumulation stage.
 2. A medical savings account.
 3. An assistive technology account.
 4. A burial account or trust limited in value as to that allowed in the Medical Assistance Program.
- An adult who is eligible for federally funded services and other support must apply for and accept such funding and support.

Child Applicant

Resource Requirements: There are no resource limits for the family of a child seeking children's behavioral health services.

Both adult and child applicants are responsible to report any changes in income, finances, resources, or other changes in eligibility criteria, including household composition.

Failure to report may result in repayment to the region and/or denial of service funding.

Diagnostic Eligibility:

Adult Applicants

The adult must have a diagnosis of Mental Illness and/or Intellectual Disability. Adults with a covered diagnosis are eligible for all services designated in the Annual Service and Budget Plan if a standardized assessment verifies the need for these services.

a. Mental Illness:

Adults who at any time during the preceding twelve-month period have 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.

b. Intellectual Disability

Is a diagnosis of intellectual disability (intellectual developmental disorder), global developmental delay, or unspecified intellectual disability (intellectual developmental disorder) which shall be made only when the onset of the person's condition was during the developmental period and shall be based on an assessment of the person's intellectual functioning and level of adaptive skills. The diagnosis shall be made by a person who is a licensed psychologist or psychiatrist who is professionally trained to administer the tests required to assess intellectual functioning and to evaluate a person's adaptive skills. The diagnosis shall be made in accordance with the criteria provided in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), published by the American Psychiatric Association

Child Applicant

a. Serious Emotional Disturbance

A serious emotional disturbance (SED) 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. SED does not include substance use and development disorders unless such disorders co-occur with such a diagnosable mental, behavioral, or emotional disorder.

Acceptable Verification for Diagnostic Requirements:

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

Assistance to Other than Adult Core:

If funds are available, the Region shall fund services to populations of adults who have a diagnosis of a developmental disability other than an intellectual disability as defined in Iowa Administrative Code and brain injury as defined in Iowa Code and to children to the extent allowable by law. These populations were funded in at least one (1) member county's MHDS plan prior to July 1, 2014. The additional populations covered will be determined annually and specified in the Annual Service and Budget Plan.

b. Developmental Disability

Developmental Disability means a severe, chronic disability that:

Is attributable to a mental or physical impairment or combination of mental and physical impairments and;

- Is manifested before age 22.
- Is likely to continue indefinitely.
- Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-directions, capacity for independent living and economic self-sufficiency.

c. Brain Injury

Brain injury means clinically evident damage to the brain resulting directly or indirectly from trauma, infection, anoxia, vascular lesions, or tumor of the brain, not primarily related to degenerative or aging process, which temporarily or permanently impairs a person’s physical, cognitive, or behavioral functions.

Reasons for Funding Denial:

Adult and Children Applicants

Applicants may be denied funding. The following are reasons for denial include but are not limited to:

1. Not a resident of Iowa
2. Over Income Guidelines
3. Over Resource Guidelines (Adults only)
4. Does not meet diagnostic criteria
5. Refusal to utilize private insurance or enroll/apply for health insurance
6. Refusal to apply and accept other publicly funded services if eligible
7. Failure to provide necessary information or a completed application
8. A Regional waiting list has been implemented

Notice of Decisions/Timeframes and Notice of Eligibility for Assessment:

Once a fully completed application is received in the Region’s local Community Services office, a Coordinator of Disability Services (CDS), or their designee, shall determine if applicant meets all eligibility criteria. The CDS will send to all applicants, or their authorized representatives, written notices of the enrollment decision within ten (10) days of a completed application. If the individual is being placed on a waiting list for funding, the notice of decision will include an estimate of how long the individual is expected to be on the waiting list and the process, for the individual or authorized representative, to obtain information regarding the individual’s status on the waiting list.

The written notice of the decision will contain clear information on the process to appeal any decisions of the EI Region about the application. The individual shall be sent a copy of the Region’s appeal process and informed that they have the right to appeal the decision.

Service and Functional Assessment:

An individual applying for funding must meet financial, diagnostic and residency requirements to be eligible for assistance. An assessment or evaluation will be available for review by the Coordinator of Disability Services, if necessary, to determine the appropriate services to meet the individual’s needs. The goal is to ensure eligible individual’s needs are met while being mindful of budget constraints and safety concerns.

A standardized functional assessment methodology, as identified in the Iowa Administrative Code, shall be completed on individuals requesting services more intense than *outpatient therapy, psychiatry, and crisis involved services*.

- Individuals eligible for services more intense than outpatient therapy and psychiatry may be referred to service coordination, care coordination or case management.
- A functional assessment will be completed.
- Utilizing the information from the functional assessment, a LOCUS/CALOCUS will be completed.
- The results will determine if there is a need for services, including the type and frequency of service.
- For individuals identified as having a diagnosis of either Intellectual Disability, Developmental Disability or a Brain Injury, an assessment tool designated by Iowa Code will be completed and reviewed prior to authorizing assistance.

Funding assistance may be offered on a temporary basis while the necessary assessments are being completed if a higher level of care is immediately needed.

Service Funding Authorization:

The Notice of Decision shall inform eligible individuals and/or their legal representatives and service providers of the approval or denial of funding, the reason for the action, what the share of the cost is, if any, and appeal rights if the individual is dissatisfied with the action specified in the NOD. The NOD also specifies the services, provider, services type, units of services approved and shall be issued within ten (10) days.

Re-Enrollment:

Annually, Coordinators of Disability Services must update client information in CSN. This includes address, insurance, and financial information. Information must be updated as changes occur or if circumstances change.

Copayment for Services:

Adult Applicant

Any co-payment or other client participation required by any federal, state, or regional program in which the individual participates shall be required to be paid by the individual. Such copayments 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 the Iowa Code.
- The financial liability for advocate and attorney fees related to commitment as provided by Iowa Code.
- Co-payments, including “patient responsibility” for outpatient services are based on a sliding fee scale if the individual income is over the established guidelines.
- The copayment amounts are collected by the provider agency, except for mental health commitment costs.

The sliding fee amounts in this section are related to services to target populations as defined in the Iowa Code. No co-payment shall be assessed to individuals with income equal to or less than 150% 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 and effective July 1st of each year. The Region chooses to use the effective date of July 1st of each year.

Adult income as a % of FPL	Co Payment % Paid by Adult
0% to 150%	0%
150% to 175%	15%
176% to 200 %	30%
201% to 225 %	45%
226 % to 250%	60%
251% to 300%	75%
Over 300%	100%

Children Applicant

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

No cost share amounts shall be assessed to families with income equal to or less than 150% of the federal poverty level, as defined by the most recently revised Federal Poverty Income Guidelines published by the U.S. Department of Health and Human Services in January of each year. The Region chooses to use the effective date of July 1st of each year.

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

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

H. Appeals Process

Non-Expedited Appeal Process:

Adult and Children Applicants

Every individual, whether they have been granted assistance or not, shall be informed of the decision by the CDS through a written Notice of Decision and of their right to appeal such decision. The Notice of Decision shall be generated from the local Community Services office.

An individual or the individual's legal representative may appeal the decisions of the Region or any of its designees.

How to Appeal:

1. **The Written Appeal** - An appeal by the individual shall be made to the County of Residence CDS within ten (10) business days from the date of receipt of the Notice of Decision. The request shall include:

- The current mailing address and telephone number of the appellant;
- The reason for the appeal, including the specific action that is being appealed;
- Signature and date of the appellant;

If the appeal is filed late, it cannot be considered. Assistance in completing a written appeal, hereafter known as "reconsideration", will be provided upon request by contacting the local community CDS office.

2. **The Reconsideration** - The CDS, from the local office that sent the Notice of Decision, shall review the individual's request for reconsideration. After reviewing the provided information, the CDS may need to contact the individual or, with consent, other sources for additional information.

Following a review of all information and all relevant facts, a written decision will be issued to the individual by the CDS within five (5) business days of receipt of the written reconsideration and mailed by certified delivery to the last available address.

3. **State Administrative Law Judge (ALJ)** - If a resolution is not agreed upon through the informal reconsideration process, the individual, or their legal representative, will need to contact the State ALJ at the Department of Inspections and Appeals, Iowa Code, within 10 (ten) business days of the receipt of the written reconsideration to request the appeal to be heard in a contested case proceeding. The individual may contact another person to assist with the appeal. This could be an attorney, an organizational representative, or a friend. The local office can assist the individual in contacting the State ALJ office.

The local office shall not pay legal fees for the individual. If the individual cannot afford legal representation, he/she may contact:

- Legal Services of Iowa at 1-800-532-1275 or <http://www.iowalegalaid.org>
- Disability Rights Iowa at 1-800-779-2502 or <http://www.disabilityrightsiowa.org>

Expedited Appeals Process:

Adult and Children Applicants

The process is to be used when the decision of the CDS in the local Community Services office 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.

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.

How to Appeal

1. The request for the expedited review shall be filed within five (5) business days of receiving the notice of decision by the regional administrator. The request must be in writing and be supported by written documentation from the mental health professional that made the clinical determination stating how the Notice of Decision on services could cause an immediate danger to the person's health or safety.
2. The expedited review 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.
3. The expedited review shall be performed within two (2) business days of the time the request is filed. The reviewer can request submission of additional information and the review shall be performed within two (2) business days of the time that adequate information is received.
4. The Administrator or designee 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.

The decision of the Administrator or designee shall be considered a final agency action and is subject to judicial review in accordance with the Iowa Administrative Code.

I. Provider Network Formation and Management

The Region shall have a network of service providers, including *traditional* and *non-traditional* providers, to meet the continuum of service needs of individuals in accordance with the Iowa Administrative Code. The Region will have contracts/rate agreements with licensed and accredited providers to provide each service in the required core services domains. The Region retains the right to select service providers to be a part of the regional provider network and all must be approved network providers to be eligible for regional funding. Commitment related sheriff transportation, court-appointed attorneys, and other incidental, temporary, or emergency services are not part of the provider network for purposes of contracting.

The EI Region shall manage the provider network to ensure individual needs are met and shall ensure an adequate number of providers are available to avoid waiting lists by contracting with outpatient mental

health providers, Community Mental Health Centers, at least one (1) reasonably close inpatient psychiatric hospital and other providers of services.

To be included in the Region's network, a traditional provider must meet at least one (1) of the following criteria:

- Currently licensed, accredited or certified by the State of Iowa, or
- Currently enrolled as an Iowa 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) or
- Currently have a contract or rate agreement with the Region or another Iowa region, and
- If the Region does not have a contract for needed services with an established provider, a request from a *Non-Traditional* Provider may be considered.
- The providers will use evidence-based practices that the region has independently verified as meeting established fidelity to evidenced based service models required in Iowa Administrative Code.
- The Region will have service providers who are trained to provide effective services to individuals with two (2) or more of the co-occurring conditions listed in the Iowa Administrative Code.
- The service providers will also be trained to provide effective trauma informed care as described in the Iowa Administrative Code.
- The Region's current provider network is included in the Annual Service and Budget Plan.

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

1. A referral or a request for a new network provider may be made by an individual, an individual's legal representative, a consumer's case manager or a social worker, or directly by a provider. All requests to become a member shall be directed to the CEO.
2. The provider's application shall be screened by the Management Team/CEO. A Provider may be asked to meet for an interview or provide additional information.
3. The CEO shall inform the provider in writing of the acceptance or the denial.
4. Meet the contracting standards via the Regions contractual template.
5. New network providers shall receive an appropriate orientation and training concerning the Region's Plan.
- 6.

All providers included in the Region's provider networks that are 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 will no longer be eligible to receive Region funding.

The Region will make efforts to recruit and approve non-traditional providers as part of the service provider network not currently subject to license, certification, or other state approval standards. The Region will request a Taxpayer Identification Number and Certification (W 9) for claims submission.

J. Quality Management and Improvement Process

The Region shall have a quality improvement process, in accordance with the Iowa Administrative Code, that provides for ongoing and periodic evaluation of the service system, and of the providers of services and the support in the system. Stakeholders, with emphasis on individual input, shall be involved in the development and the implementation of the quality improvement program.

System Evaluation:

The system evaluation shall include, but is not limited to:

1. Access to service;
2. Life in the community;
3. Person centeredness;
4. Health and wellness;
5. Quality of life and safety;
6. Family natural supports

The Management Team/CEO shall assess the Region's performance, develop a list of areas that need improvements and provide a report to the Governing Board of Directors. The Management Team/CEO shall participate in developing a performance plan that includes measurable goals and action steps with a process of collecting the data. Based on the data, the areas needing improvement shall be addressed. The Management Team/CEO shall evaluate the areas of improvement and determine if further action is needed for documentation and reporting in the annual report.

Quality of Provider Services:

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

1. The evaluation of the quality of provider services and supports based on an individual's satisfaction and achievement of desired outcomes.
2. The cost-effectiveness of the services and the supports developed and provided by the individual providers.
3. The number and disposition of appeals of provider actions and the implementation of corrective action plans based on these appeals.
4. The evaluations shall ensure services and supports are provided in accordance with provider contracts.

Methods Utilized for Quality Improvement:

1. The direct interaction and feedback from individuals, families, providers, case managers, designated county staff, and other stakeholders.
2. A needs assessment, satisfaction surveys, and other written questionnaires.
3. The establishment and the maintenance of a data collection and a management information system oriented to the needs of the individuals, the providers, and other programs or facilities.
4. Changes and trends in the disability services system shall be tracked and reported to the IHHS to provide the following information for everyone served:
 - demographic information;

- expenditure data;
 - data concerning the services and other supports provided to each individual, as specified in the administrative rule adopted by the commission.
5. The Region collects data using the Iowa Association of Counties Community Services Network (CSN), a data management system to connect counties and agencies with a shared system which captures and reports standardized information for Iowans accessing the community services system while abiding by HIPAA, State, and Federal Laws. CSN has the data capacity to exchange information in compliance with reporting requirements including IHHS established client identifier, demographic information, expenditure data concerning the services and other support provided to each individual, as specified by the department.

K. Service Provider Payment Provisions

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

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

- provider name and address
- name and unique identifier of each individual served during the reporting period
- identifier and name of service(s) provided
- dates of service
- number of units of service, unit rate and total cost of units provided to each individual
- amount billed to other sources (including client participation or cost-sharing), and therefore deducted from the county costs, for each individual
- copy of Explanation of Benefits for services partially paid by insurance when requested, attendance records and/or other documentation substantiating service provision when requested.

Providers will be asked to submit billings in an electronic format if possible. Providers may choose to file by mail or fax paper claims to local county offices. Information of local county offices is identified below:

Local County Offices	Location	Contact Information
Cedar County	400 Cedar St. Tipton IA 52772	Phone: 563-886-1726 Fax:
Clinton County	1900 N. 3 rd St. Clinton IA 52732	Phone: 563-244-0563 Fax:
Jackson County	311 W. Platt St. Maquoketa IA 52060	Phone: 563-652-1743 Fax:
Muscatine County	315 Iowa Ave Suite 1 Muscatine IA 52761	Phone: 563-263-7512 Fax:
Scott County	600 W. 4 th St. Davenport IA 52801	Phone: 563-326-8723 Fax:

- Providers are expected to submit invoices within sixty (60) days of the service unless the provider is waiting for third party payment.
- No bill will be paid that is over one year old from the date of service rendered without specific approval from the CEO or unless there is a statutory obligation.
- All eligible bills shall be paid within sixty (60) days of receipt of required documentation unless unforeseen circumstances exist.
- Remittance advice will be provided to each provider showing the amount paid and explaining any reductions or denials in payment.
- The fiscal year for the EI Region is July 1 to June 30.
- It is the intent of EI Region that only EI Region staff shall authorize services for residents of the region.

L. Waiting List Criteria

The Region may implement a waiting list in accordance with the Iowa Administrative Code if encumbered expenses for a given fiscal year exceed the regional funds available.

If fund balances are depleted, and encumbered expenses in the given fiscal year exceed available regional funds, the following waiting list criteria would be utilized in the order given:

- *Other Services* determined to be necessary for the well-being of individuals living in the region
- *Additional Populations* served (Individuals with an eligible BI or DD diagnosis)
- *Additional Core Services*
- *Core Services* to core populations (Individuals with an eligible MI or ID diagnosis)

If a waiting list is implemented, individuals placed on the waiting list will be notified and provided the estimated length of time before funding will be available. When funding becomes available, the Region will determine the services and individuals approved for funding in accordance with the date placed on the waiting list.

The waiting list applies to all new recipients, individuals requesting an increase in services or additional services, and may include renewal of identified services as they come up for reauthorization. Exceptions to Policy may be granted based on safety or when mandated by Iowa Code.

- The waiting list shall be centrally maintained by the CEO or their designee.
- The Region will notify the Department of Health and Human Services when a waiting list is implemented.

Any waiting list that may exist shall be reviewed annually when planning for future budgeting needs and future development of services. Data from any implemented waiting list will be compiled and used in any future planning.

M. Amendments

The manual has been approved by the Governing Board of Directors and is subject to approval by the Director of the HHS under Iowa Administrative Code.

Amendments to this Policy and Procedures Manual (Plan) shall be reviewed by the Regional Advisory Committees who shall make recommendations to the Governing Board of Directors. After approval by the Governing Board of Directors, any amendments shall be submitted to the HHS for approval at least forty-five (45) days before the planned date of implementation.

N. Glossary

DEFINITIONS:

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

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

Assessment and Evaluation -- a service as defined in the Iowa Administrative Code.

Assistive Technology Account -- funds in contracts, savings, trust or other financial accounts, financial instruments, or other arrangements with a definite cash value 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.

Chief Executive Officer (CEO) -- the individual chosen and supervised by the Governing Board who serves as the single point of accountability for the Iowa Administrative Code.

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 the Iowa Code.

Choice -- the individual or legal representative may choose the services, support, and goods needed to best meet the individual’s goals and accept 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 CEO.

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

Coordinator of Disability Services -- designated county staff, formerly known as Central Point of Coordination (CPCs) or Community Services Directors as defined in Iowa Code.

Coordinator of Children’s Behavioral Health Services -- means a member of the regional administrative entity staff who meets the requirements described in the Iowa Code and is responsible for coordinating behavioral health services for children.

Cost Share Amounts for Children’s Behavioral Health Services -- are applicable to core services as defined in Iowa Code.

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

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

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. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

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

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

Empowerment -- the service system ensures the rights, dignity, and ability of individual's and their families to exercise choice, take risk, provide input, and accept responsibility.

Exempt Resource -- a resource disregarded in the determination of eligibility for publicly funded assistance and in the calculation of client participation amounts.

Federal Poverty Levels -- federal poverty levels are defined by the most recently revised poverty income guidelines published by the U.S. Department of Health and Human Services effective in January of each year. The Region chooses to use the effective date of July 1st of each year.

Household -- for an individual who is 18 years of age or over it is defined as; the individual, the individual's spouse, 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, the household is defined as the individual, the individual's parent(s), step-parents or guardians, and any children, step-children, or wards under the age of 18 of the individual's parents (or parent) 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 -- persons seeking or receiving services in a regional service system.

Individualized Services -- a service and support tailored to meet the personalized needs of the individual.

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

Liquid Assets -- are 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, certificates of deposit, and other investments.

Managed Care -- a system that provides the coordinated delivery of services and support that are necessary and appropriate, delivered in the least restrictive settings and in the least intrusive manner. Managed care seeks to balance three (3) factors: achieving high-quality outcomes for participants, coordinating access, and containing costs.

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

Medical Savings Account -- an account 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 -- as defined in Iowa Code.

Modified Adjusted Gross Income -- the methodology prescribed in 42 U.S.C. Section 1396a(e)(14) and 42 CFR 435.603.

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

Non-Traditional Provider -- referred to as using a "non-mainstream" approach to providing services in place of a "conventional" approach to providing services.

Population -- as defined in Iowa Code.

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 causes of conditions, situations or problems that interfere with an individual's functioning or ways in which the knowledge can be used to prevent their occurrence or reduce their effect and may include, but are not limited to, training events, webinars, presentations, and public meetings.

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

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

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

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

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

Retirement Account (in the Accumulation Stage) -- a retirement account into which a contribution was made in the previous tax year. Any withdrawal from a retirement account becomes a countable resource.

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

Service System -- refers to the mental health and disability services and support administered and paid for from the regional services fund.

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

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

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

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