

Sioux Rivers Regional Mental Health and Disabilities Services

Serving the Counties of Dickinson, Emmet, Lyon, O'Brien, Plymouth and Sioux

**Sioux
Rivers**



Regional Mental Health & Disabilities Services

**Management Plan
Policies and Procedures**
July 01, 2022

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Introduction and Vision

Sioux Rivers Regional Mental Health and Disabilities Services (Sioux Rivers) was formed under Iowa Code Chapter 28E to create a mental health and disabilities service region in compliance with Iowa Code 331.390. This management plan is designed to provide access, information, and coordination of funding, while providing for the health, hope, and successful outcomes of the adults and children (*in 2019, the state legislature added children with serious emotional disturbances to the population groups that the MHDS Regions have responsibility to serve*) in our region who have mental health and intellectual/developmental disabilities, including those with multi-occurring substance use issues, health issues, physical disabilities, brain injuries, and other complex human service needs.

In accordance with the principles enumerated in legislative redesign of the mental health delivery system, Sioux Rivers 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 individualized
- Person and family driven
- Recovery focused
- Trauma-informed
- Service to individuals with multiple diagnoses

Basic Framework of the Sioux Rivers Regional MHDS Management Plan

This regional Mental Health & Disability Services Management Plan describes both the framework for system design that Sioux Rivers 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 Sioux Rivers.

This Mental Health & Disability Services Management Plan (hereafter referred to as Management Plan or Plan) defines standards for member counties of the Sioux Rivers Regional Mental Health and Disability Services.

The plan 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.

In compliance with Iowa Administrative Code (IAC) 441-25 the Management Plan includes three parts: Annual Service & Budget Plan, Annual Report, and Policies & Procedures Manual. The Annual Service & Budget Plan includes the services to be provided and the budgeted cost of those services, local access points, targeted case management agencies, a plan for ensuring effective crisis prevention and a description of the scope of services, projection of need and cost to meet the need, and provider reimbursement provisions. The Annual Report provides an analysis of data concerning services managed for the previous fiscal year. The Policies & Procedures Manual includes policies and procedures concerning management of mental health services and plan administration.

Sioux Rivers shall maintain local county offices as the foundation to the service delivery system. A current plan is available in the regional county offices, on the Regional website (SiouxRivers.com), and on the Department of Human Services website.

Emergency & Crisis Management

Individuals, children and adults, experiencing an emergency or crisis, may access twenty-four-hour emergency and crisis response services coordinated by the mental health center and statewide crisis provider, or by calling 911.

IOWA CRISIS LINE	statewide 24- hour crisis line	988
YourLifelowa:	Statewide 24-Hour Crisis Line	1(855)581-8111
Plains Area Mental Health Center Emergency Line		1(888)546-0730
Creative Living Center Emergency Line		1(800)345-9724
Seasons Behavioral Health Center Crisis Line		1(844)345-4569
Rosecrance/Jackson: Children's crisis services		1(800)472-9018
Assessment & Stabilization Center		1(712)560-7996
Avera Behavioral Health Urgent Care 24-hour crisis services		1(800)691-4336

Services are directed to the assessment and rapid stabilization of acute symptoms of mental illness or emotional distress. *The definition of emergency for purposes of this plan is: the sudden appearance of a severe mental and/or nervous condition in which the absence of medical or clinical treatment, the person's mental or physical well-being could reasonably be threatened, or the physical well-being of another is endangered.*

Seasons Center for Behavioral Health provides mobile crisis response services 24 hours a day, 7 days a week throughout the region. This service may be initiated by law enforcement, emergency room/hospital personnel, teachers and counselors, as well as parents.

The Assessment and Stabilization Center located in Sioux City, Iowa, provides mental health assessment and stabilization in both a 23 hour and residential setting, on a 24 hour/7 day a week basis.

During their normal office hours, emergency services shall be available from the designated local Mental Health Center/Provider clinical professionals. At all other times, emergency services shall be arranged via telephone linkage, or face-to-face intervention when needed with an on-call professional. Outside of regular business hours, the Mental Health Centers/Providers maintain a recorded message, which provides instructions and phone numbers of on-call staff. The Mental Health Centers/Providers are responsible to protect the confidentiality of all crisis calls/interventions.

Crisis intervention services may include (but are not limited to): the provision of emotional support in collaboration with others to offer a continuity of care. It can also involve referrals and assistance with community and social services, notification of family members, determination of need for hospitalization, and facilitating the communication of information as necessary to protect you or another from harm.

A. Organizational Structure

Governing Board (Iowa Code 331.390)

The Sioux Rivers Regional MHDS organizational structure assigns the ultimate responsibility for funding the non-Medicaid funded MHDS services, and oversight of the entire mental health delivery system with the governing board. Each member county shall appoint two Supervisors to serve as Directors on the Governing Board, who will serve indefinitely at the request of the county appointing the Directors, until a successor is appointed, or until the earlier death, resignation, or the end of such person's service as a County Supervisor. Any Director

appointed under this section may be removed for any reason by the county appointing the Director, upon written notice to the Sioux Rivers Governing Board of Directors, which notice shall designate a successor Director to fill the vacancy.

Additionally, the following members have been added to complete the governance board membership:

At least one individual who utilizes adult mental health and disabilities services or is an actively involved relative of such an individual. This Director shall be nominated by the adult advisory committee, with such appointment to become effective upon approval by the Sioux Rivers Governing Board. This Director shall serve as a voting Director. 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.

At least one individual representing adult services providers in the Counties that comprise the Sioux Rivers Region. This Director shall be nominated by the advisory committee described below, with such appointment to become effective upon approval by the Governing Board. This Director shall serve as ex-officio, non-voting Director. This Director shall be appointed to two-year terms, with the initial term beginning upon the effective date.

A parent of a child receiving behavioral health services, or an actively involved relative of such an individual. This Director shall be designated by the children's advisory committee, with such appointment to become effective on the effective date. This Director shall serve as a voting Director.

At least one individual representing the educational system in the Counties that comprise the Sioux Rivers Region. This Director shall be designated by the children's advisory committee described below, with such appointment to become effective upon the effective date. This Director shall serve as a voting Director.

At least one individual representing children's behavioral health services providers in the Counties that comprise the Sioux Rivers Region. This Director shall be designated by the children's advisory committee described below, with such appointment to become effective upon the effective date. This Director shall serve as ex-officio, non-voting Director.

MHDS Advisory Board (Iowa Code 331.390(2)e; 331.392.(2)i; IAC 441-25.14.(1)"i")

Sioux Rivers shall encourage stakeholder involvement by maintaining regional advisory boards (committees) which will assist in developing and monitoring the plan, goals and objectives identified for the adult MHDS and children's behavioral health service systems, and to serve as a public forum for other related MHDS issues. The Advisory Committees, as appointed by the Governing Board, shall have the following membership respectively: Adult Advisory Committee shall have up to nine members, including individuals who utilize services or actively involved relatives of such individuals; service providers; a County Service Coordinator and a County Supervisor representative of the Governing Board of Directors. This Advisory Committee shall advise the Governing Board as requested by said Board and shall also make recommendations for the voting (adult receiving services or actively involved relative) and the ex-officio member (regional adult services provider) to the Governing Board as described above. The Children's Advisory Committee shall have a minimum of ten members and shall include parents or actively involved relatives of a child receiving behavioral health services, a representative of the educational system, an early childhood advocate, a child welfare advocate, a children's behavioral health services provider, a representative of

the juvenile court system, a pediatrician, a child care provider, a law enforcement representative and a member of the Regional MHDS Governance Board. This Advisory Committee shall advise the Governing Board as requested by said Board and shall also designate representatives to the Governance Board for the voting (parent/relative of a child receiving services, educational system rep) and ex -officio members (regional children's behavioral health services provider) to the Governing Board as described above.

The Governing Board may take action to create additional committees that focus on training, communications, finance, policy development, information systems, resource development, service delivery system design, and quality improvement, and various other committees as it deems appropriate, to organize the tasks, activities, and functions associated with building, implementing, and sustaining systems of care.

Chief Executive Officer (Iowa Code 331.392)

The Sioux Rivers Regional Governing Board of Directors shall serve as the “regional administrative entity” and shall enter into an agreement with an individual to serve as a regional mental health & Disabilities services administrator, known as the Chief Executive Officer (“CEO”). While the CEO will be considered a Sioux Rivers employee, this individual may be an employee of any member county for other purposes.

The Chief Executive Officer shall be the single point of accountability for Sioux Rivers Regional Mental Health & Disabilities Services.

The Governing Board shall conduct annual evaluations of the CEO. The Governing Board may conduct additional evaluations of the CEO at any time, as it deems necessary in a given situation. The Governing Board shall annually review the agreement with the CEO and shall operate under the terms of the agreement in the event an amendment or termination of the agreement is necessary in light of the CEO's performance.

B. Service System Management

At the direction of the governing board, the CEO will develop an agreement and job description to be used with member counties in order to meet the staffing needs of the region. The Regional CEO will be responsible to recruit and employ staff on behalf of the region, with input from the County on whose behalf the staff will be delivering services and will recommend appropriate compensation for each to the Regional Board. Regional staff shall include one or more regional coordinators of adult disabilities services, known as Service Coordinators, one or more regional coordinators of children's behavioral health services, and necessary support staff.

As per IAC 331.390, 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.

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Service Coordinators, with direction and oversight from the CEO, will have the following functions and responsibilities, among other assigned duties, which will be enumerated in their respective job descriptions:

- a) Strategic Plan Development;
- b) Budget Planning and Financial Reports;
- c) Operations – personnel, benefits, space, training, etc.;
- d) Risk Management;
- e) Compliance and Reporting, Coordination with CEO;
- f) Service Processing, Authorization and Access;
- g) Provider Network- development, contracting, quality and performance;
- h) Payment of Claims;
- i) Quality Assurance;
- j) Appeals and Grievances;
- k) Information Technology; and
- l) Functional Assessment (may be a specialized function of 1 or more Coordinators)

The Governing Board reserves the right to amend this list on its own motion without member approval as a non-substantive amendment as provided for in Section 8.1.

All personnel employed to service the mental health functions of the region will be considered regional employees. Counties will serve as the “Employer of Record” for the provision of salaries and benefits to be paid to regional staff, and will be compensated for all costs incurred on behalf of the region. For services outside of mental health, the County may contract with the region for the delivery of county services, such as general assistance, substance abuse, juvenile and related services on a per capita basis. While responsible to coordinate with County Boards, regional staff shall be accountable to the regional CEO and governing board of directors.

In addition to facilitating the functions detailed in the previous section, the CEO will act as liaison to the Department of Human Services, and will ascertain regional compliance with applicable standards. The CEO will assure on-going compliance with the Regional Mental Health and Disabilities Services Management Plan (Policies & Procedures). This plan, which defines the type and method of service delivery to residents of the Sioux Rivers Region, is developed by the CEO with the cooperation and input of the regional staff and stakeholders. When deemed necessary, the CEO will submit updates to this plan to the governing board not later than December 31st. An Annual Service and Budget Plan (ASBP) will be completed each spring and presented to the Governing Board for their endorsement. Subsequent to Board approval, the ASBP will be forwarded to DHS by April 1st. In addition to the preceding documents, the CEO will submit a Quarterly Report, or update, regarding the state of regional services, to the Department of Human Services by the 15th of the month following the end of each quarter. While these documents are approved by the Sioux Rivers Governing Board of Directors, they are effective only upon the subsequent approval of the Department of Human Services.

Sioux Rivers Regional Office	Address	Phone
Plymouth County	19 2 nd Avenue NW Le Mars, Iowa 51031	(712)546-4352
Sioux County	210 Central Ave SW, Box 233 Orange City 51041	(712)737-2999
Lyon County	315 1 st Ave, Ste 200, Rock Rapids, IA 51246	(712)472-8240
Dickinson County	1802 Hill Ave. Ste 2502, Spirit Lake, IA 51360	(712)336-0775
O'Brien County	155 S. Hayes Primghar, IA 51245	(712)336-0775
Emmet County	609 1st Ave N. Suite #5 Estherville, IA 51334	(712)362-2452

Risk Management and Fiscal Viability (IAC 441-25.21(1)“f”)

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

Conflict of Interest

Funding authorization decisions shall be made by the Sioux Rivers Regional Service Coordinators, with oversight from the CEO. These individuals should have no financial interest in the services or supports to be provided. In the event that such a situation occurs, that interest must be fully disclosed to the applicant, region, and other stakeholders.

C. System Management

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

Sioux Rivers shall provide leadership and management at the local level for designing a regional system of care for mental health and disability services. The design of the system shall be based on the expectation that individuals and families may have multi-occurring issues, and it shall incorporate an organized quality improvement partnership process to achieve the vision delineated in the introduction to this plan.

Within this vision, Sioux Rivers will work in partnership with providers and other stakeholders to develop services that are:

- Welcoming and accessible
- Able to refer for integrated screening, early identification and early intervention
- High quality and, wherever possible, evidence based
- Organized into community-based support
- Individualized planning provided in the most appropriate, least restrictive setting
- Designed to include 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 Interagency and Multi-system Collaboration and Care Coordination (IAC 441-25.21(1)n; 441-25.21(1)“m”)

An individual with multi-occurring conditions is defined as any person of any age with ANY combination of mental health conditions (including trauma) and/or developmental or cognitive disability and/or any substance abuse condition, whether or not they have been diagnosed. Individuals with multi-occurring conditions commonly have accompanying medical, legal, housing, financial, and parenting issues and other complex needs. Individuals with multi-

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occurring needs may receive funding approval if they meet the eligibility criteria identified elsewhere in this plan.

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

In order to accomplish this goal, Sioux Rivers will utilize a comprehensive continuous integrated system of care approach and engage all of the region's stakeholder partners, including mental health, disability, and substance abuse providers, in a process to utilize the framework to make progress. This approach represents a framework for system design, and a process for getting there, in which all programs and all persons providing care become welcoming, accessible, person/family centered, hopeful, strength-based (recovery-oriented) trauma informed, and multi-occurring capable. Sioux Rivers 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, Sioux Rivers shall partner with courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. Sioux Rivers shall collaborate with the Iowa Department of Human Services, Iowa Department of Public Health, Department of Corrections, Iowa Medicaid Enterprises, other regions, service providers, case management, Individual Health Home (IHH) providers, individuals, families and advocates to ensure the authorized services and supports are responsive to individuals' needs consistent with system principles, and cost effective.

Sioux Rivers has developed planning committees, which meet on a regular basis, to identify priorities and needs of the region, for example, crisis stabilization and alternatives to hospitalization, and will make recommendations to the governing board for meeting these needs ongoing, to be incorporated into the Annual Service and Budget Plan, with efforts documented in the annual report each year.

Iowa Medicaid Managed Care System

Prior to authorizing regional-financed services, treatment providers and coordinators of services must request that the Iowa Medicaid managed care companies or the Iowa Health and Wellness Plan cover services for eligible consumers and pursue all available levels of appeal in the event of denials by the Medicaid managed care company. Sioux Rivers will monitor the utilization of programs that constitute supported community living and those that are part of special initiatives to ensure proper coordination with regional-financed services. Sioux Rivers does not supplement rates, nor does it pay for services provided to individuals who have been decertified based on the contractor's medical necessity criteria.

Third-party Payers

Prior to authorizing regional-financed services, treatment providers and coordinators of services must seek approval from Medicaid, Medicare, or any other third-party payer for any service that is similar to the regional-financed services being considered. If a provider licensed or certified by the state loses that license or certification and, as a result, may no longer participate in the Medicaid or Medicare program or be eligible for reimbursement from third party payers, Sioux Rivers will not assume financial responsibility for the portion of the

service costs which could have been billed to Medicaid or Medicare or third-party payers. If a provider has responsibility for filing reports necessary to maintain Medicaid eligibility for an individual consumer and fails to do so, resulting in the consumer's loss of Medicaid, the region will not assume financial responsibility for the share of service costs which could have been billed to Medicaid.

Chemical Dependency Services

Sioux Rivers will partner with regional providers to offer training and technical assistance to agency staff to ensure that they can serve individuals with multi-occurring disorders, including chemical dependency. Provided funds are readily available, Sioux Rivers will subsidize mental health and intellectual/developmental disability services that fully integrate chemical dependency treatment and recovery supports.

Jail Diversion

As stated elsewhere in this plan, Sioux Rivers will partner with the courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. To better coordinate services between the mental health system and the judicial system, Sioux Rivers has developed protocols for identifying county jail inmates needing mental health treatment and for securing such treatment. The Service Coordinators collaborate with law enforcement in order to provide alternatives to incarceration for inmates and individuals with a mental health diagnosis.

Housing

Service Coordinators will advocate on behalf of consumers to ascertain safe and affordable housing options within their respective communities and will assist consumers who wish to access rent subsidies through local rental assistance programs, County General Assistance and the Iowa Finance Authority.

Employment

Sioux Rivers will collaborate 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 and will insist that this include integrating services for people with disabilities. In addition to regional support for supported employment, network providers will be encouraged to access federal, state, and private funding sources and programs that encourage competitive and supported employment. This may include Ticket to Work, Social Security Work Incentives, and Medicaid.

Education and Transitioning Children to the Adult System

Sioux Rivers will continue its involvement with transitioning children with mental health and other disabilities into the adult MHDS system. Service Coordinators will collaborate with schools, social workers and Vocational Rehabilitation on transition plans and to explore options for children with serious emotional disorders and other complex needs, who will be leaving school within two years.

Primary Care Services

Sioux Rivers will collaborate with network providers to ensure the provision of primary care services to all eligible regional consumers.

Cooperation Across Regions

Sioux Rivers encourages and supports representation on the Iowa Community Services Association Board and its subcommittees, the Electronic Transactions Clearinghouse

Advisory Committee and the ISAC Board of Directors. Sioux Rivers has been and shall continue to be active in activities involving training and coordination on a statewide basis with other regions and counties. The regional CEO regularly attends Regional Leadership/CEO meetings with other regions and the Department of Human Services.

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

Sioux Rivers shall notify any region of a client that is physically located in a regional county that appears to have residency in that region prior to approving services that are not emergent in nature. If the need presents and there is a disagreement over residency on a consumer who is physically located in a Sioux Rivers county, Sioux Rivers shall fund services for the client while working with the other region or the state to resolve the residency dispute. At the time of the dispute resolution, Sioux Rivers shall expect reimbursement from the region (or the state) that the consumer is determined to have residency in.

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

Sioux Rivers will provide services that meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. In areas within the region where services are not currently available, providers will be encouraged to expand or begin services. The following measures shall be implemented to ensure services are available throughout 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 within 30 miles in urban areas or 45 miles in rural areas
- Exploring technological innovations and modalities to meet needs more efficiently

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

Sioux Rivers 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 services, to include documentation that required access standards are met

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

The Regional Service Coordinators will gather this information and it 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. Additionally, the data elements, indicators, metrics and performance improvement for population management shall be continuously improved over time as Sioux Rivers develops increasing capability for managing the needs of its residents. Sioux Rivers staff will work with DHS to facilitate regional access and data sharing on disability services funded by Medicaid in order to coordinate regionally funded service and the services managed by the State.

D. Financing and Delivery of Services and Support

Financing & Service/Support Delivery within the Region (IAC 441-25.21(1)"a")

Non-Medicaid mental health and disability services funding shall be under the control of the Sioux Rivers Regional Governing Board in accordance with Iowa Administrative Code 441-25.13 (331.391). The 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 Sioux Rivers Chief Executive Officer, in cooperation with the Service Coordinators, shall prepare a proposed annual budget. The priority in the budgeting process is to project the cost for funding core services for target populations by gathering information from each member county to include data on measuring compliance with access standards as defined in Iowa Code 441-25.4 Subsequent to that is a projection of those costs associated with an increase or enhancement of services necessary to meet access standards. Additional funds will be budgeted to allow for an expansion of services in addition to core for target populations and if funds are available, core services for non-target populations.

The proposed budget shall be reviewed by the Governing Board for final approval. The CEO and Service Coordinators shall be responsible for managing and monitoring the adopted budget. Services funded by Sioux Rivers 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.

Process for Funding Regional Operations & Common Regional Fund

The Region will receive a per capita quarterly payment from the State of Iowa for the funding of mental health services within the region, which will be paid directly to the Regional Fiscal Agent. All MHDS funds shall be under the control of the Sioux Rivers Regional MHDS Governing Board, and shall be maintained in a common "Regional Fund" administered by the fiscal agent. All services to eligible residents of the region, regardless of in which county they reside, shall be billed directly to the fiscal agent and will be paid from this fund.

Prior to June 30, 2022, all Fund 10 monies shall have been forwarded from County Auditors to the fiscal agent. Likewise, prior to July 1, 2022 the fiscal agent will have made a quarterly payment to each County that acts as an employer of record, equal to one fourth of the amount budgeted for staff payroll, benefits and office expense for the entirety of the fiscal year. Subsequent quarterly payments will be provided to employing counties in advance, during the last week of each preceding quarter or as close to that as possible. Actual staff personnel and administrative costs will be reconciled on a semiannual basis going forward. Each County will create a local "Administrative Fund" within the general fund (with direction from the fiscal agent and DOM), into which mental health dollars will be deposited when received from the fiscal agent. Administrative costs (non-personnel) incurred in the course of doing business in each

member county and on behalf of the region, as much as possible, shall be forwarded to the fiscal agent for payment. Personnel costs (CEO, Service Coordinators, Advocate and Support staff), shall be paid from the administrative fund in each county. Miscellaneous administrative costs incurred on behalf of the region by the CEO or the governing board (such as meeting mileage), may be paid from either a county's administrative fund or the regional fund, as deemed necessary and as allowed within the budget.

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All regional funds, whether deposited in the regional fund or local administrative fund, shall be expended only for costs approved in the regional management plan, and in compliance with the law, direction from the governing board, CEO and other written policies of the region.

All funds and expenditures will receive management oversight from the Chief Executive Officer on behalf of the Regional Board.

The governing board shall appoint a fiscal agent annually for management of the regional fund, which shall be compensated for services to the region at a rate established by the regional governing board.

Use of Savings for Reinvestment

Sioux Rivers Regional MHDS will make use of the budgeting process to devise a method for using surplus funds for the enhancement of existing services and the development of additional services, in order to benefit consumers throughout the region. In effecting the above, the region will comply with Chapters 12B and 12C of the Iowa Code for deposit and investment of regional funds.

Process for Annual Independent Audit

Administrative fund accounts of Sioux Rivers Regional MHDS shall be audited annually by a certified public accountant licensed in the state of Iowa, as selected by the Governing Board, or as prescribed by the State of Iowa.

Accounting System and Financial Reporting

The accounting system and financial reporting to the department conforms to Iowa Code 441-25.13 (2) (331.391) and includes all non-Medicaid mental health and disability expenditures funded by the Region. Information is separated and identified in the most recent Uniform Chart of Accounts approved by the State County Finance Committee including but not limited to the following: expenses for administration; purchase of services; and enterprise costs for which the region is a service provider or is directly billing and collecting payments.

Contracting

Sioux Rivers shall contract with mental health providers whose base of operation is in the region, however, may choose to contract with providers outside of the region as deemed necessary. The Sioux Rivers Region will in most cases honor contracts negotiated between its providers and other regions. A contract may not be required with a provider that provides one-time or as needed services.

Funding

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

An individual who is eligible for other publicly funded services and 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 such funding.

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.

Sioux Rivers shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the Management Plan, within the constraints of budgeted dollars. The individual must also apply for, accept, and maintain eligibility for any other benefits or funds they are eligible to receive before the Region will reimburse for services. The services funded by Sioux Rivers shall be similar to and like those funded by IME. Sioux Rivers shall be the funder of last resort and regional funds shall not replace other funding that is available.

For individuals satisfying diagnostic eligibility criteria, the type and frequency of services provided shall be determined by the results of a standardized assessment as designated by the director of the Department of Human Services. A comprehensive list of supports and services by eligibility group can be found in the Services Matrix included in this manual.

E. Enrollment

Application and Enrollment/Timeframes Iowa Administrative Code (IAC) 441-25.21(1)"b"

Individuals residing in the Sioux Rivers counties, or their legal representative, may apply for regional funding for services by contacting any Regional office or may contact one of the designated access points to complete an application (Forms Appendix). All applications shall be forwarded to the Service Coordination office in the county where the applicant lives. That office shall determine eligibility for funding.

The Sioux Rivers Regional Mental Health and Disabilities Services application shall be used in all member counties. 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 Service Coordination office to make such arrangements. The completed application shall be forwarded by access points to the local County Service Coordination office by the end of the business day.

Sioux Rivers Service Coordinators 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.

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, Sioux Rivers shall fund services and later seek reimbursement from the county/region 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. (Iowa Code 331.394(1)"a")

Exception to Policy

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

- Name
- Current services
- The policy for which an exception is being sought
- Reason for granting exception

The Service Coordinators and CEO shall review the exception and a response shall be made to the individual. Decisions on requests shall be documented and used in the annual report to identify future changes to policy.

Confidentiality

Sioux Rivers is committed to respecting individual privacy. To that end, all persons, including Sioux Rivers 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 legal guardian's) 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 Sioux Rivers staff, case managers, and others shall be conducted in private settings.
- Paper and computer files shall be maintained in a manner that prevents public access.
- 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, the inability of Sioux Rivers staff to obtain sufficient information to make an eligibility determination may result in denial of regional funding.

A copy of the Sioux Rivers HIPAA Policies and Procedures covering confidentiality related to protected health information (PHI) may be viewed in any member county office.

Notice of Enrollment Decision

The office determining eligibility will send to all applicants, or their authorized representatives, written notice of the enrollment decision within 30 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.

F. Eligibility

General Eligibility (IAC 441-25.21(1)"c")

The following threshold criteria must be met for an applicant to be deemed eligible for enrollment in the Regional service system. Sioux Rivers shall review the application to determine if the applicant meets the general eligibility criteria of the Regional Plan.

Adult Applicant

1. The individual is at least eighteen years of age, or
 - a. An individual who is seventeen years of age, is a resident of this state, and is receiving publicly funded children's services may be considered eligible for services through the regional service system during the three-month period preceding the individual's eighteenth birthday in order to provide a smooth transition from children's to adult services.
 - b. An individual less than 18 years of age and a resident of the state may be considered eligible for those mental health services made available to all or a portion of the residents of the region of the same age and eligibility class under the county management plan of one or more counties of the region applicable prior to formation of the region. Eligibility for services under paragraph "b" is limited to availability of regional service system funds without limiting or reducing core services, and if part of the approved regional service system management plan.
2. Proof of US Citizenship or Legal Resident
3. Proof of Identity – a State approved picture ID

Child Applicant

Eligibility for children's behavioral health services.

1. The individual is a child under eighteen years of age.
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 **IAC 441-25.16**
4. The child has been diagnosed with a serious emotional disturbance, except for comprehensive facility and community based crisis services according to 331.397A (4)"b". Serious emotional disorder means the same as defined in Iowa code section 225C.2. (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.)

Financial Eligibility

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

Income Guidelines: (Iowa Code 331.395.1)

Gross incomes 150% or below of the current Federal Poverty Guidelines.

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.

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 Sioux Rivers in determining income eligibility. Applicants are expected to provide proof of income (including pay stubs, income tax return, etc.) as requested by Sioux Rivers.

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

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

- (1) The child's family has countable household income equal to or less than 500% of the federal poverty level. Countable household income and family size shall be determined using the modified adjusted gross income methodology.
- (2) An eligible child whose countable household income is at least 150% and not more than 500% of the federal poverty level shall be subject to a cost share as described in sub-rule 441-25.16(3).
- (3) Verification of income. Income shall be verified using the best information available.
 - Pay stubs, tip records and employers' statements are acceptable forms of verification of earned income.
 - Self-employment income can be verified through business records from the previous year if they are representative of anticipated earnings. If business records from the previous year are not representative of anticipated earnings, an average of the business records or from the previous two or three years may be used if that average is representative of anticipated earnings.

- (4) *Changes in income.* Financial eligibility shall be reviewed on an annual basis and may be reviewed more often in response to increases or decrease in income.
- (5) A child who is eligible for federally funded services and other support must apply for such services and support.

Co-payment for Services

Adult Applicant

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 331.397. 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 with an exception to policy. A co-payment may be required for those individuals with incomes between 150%-250% of poverty if circumstances warrant. This amount will be determined by and collected by the Coordinator.

Cost Share for Children’s Services

Cost share amounts for children’s behavioral health services are applicable to core services as defined in Iowa Code section 331.397A.

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

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

Resources Guidelines: Iowa Code 331.395

Adult Applicant

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.

- a) 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.
- b) 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.
- c) 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 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 any one person.
 - (7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.
- d) 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:
 - (1) A retirement account that is in the accumulation stage.
 - (2) A medical savings accounts.
 - (3) An assistive technology accounts.
 - (4) A burial account or trust limited in value as to that allowed in the Medical Assistance Program.
- e) An individual who is eligible for federally funded services and other support must apply for and accept such funding and support.

Child Applicant

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

Diagnostic Eligibility

The individual must have a diagnosis of Mental Illness or Intellectual Disability,

Mental Illness

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

occurring with another diagnosable mental illness.

Intellectual Disability

Individuals who meet the following three conditions:

1. 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, Fifth Edition, American Psychiatric Association.
2. 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.
3. The onset is before the age of 18.

(Criteria from "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revision (DSM IV)," 1994 revision, American Psychiatric Association)

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

Child Applicant

Serious Emotional Disturbance (SED)

The child has been diagnosed with a serious emotional disturbance, except for comprehensive facility and community-based crisis services according to IAC 331.397 A (4) "b". Serious emotional disorder means the same as defined in Iowa code section 225C.2. (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).

Acceptable verification for Diagnostic requirements

If a copy of a psychological or psychiatric evaluation or other acceptable verification of diagnosis does not accompany the application, Sioux Rivers may refer the applicant to an appropriate mental health professional for evaluation to verify and document a diagnosis.

Assistance to Other than Core Populations (IAC 441-25.21(1)"g")

If funds are available and the population category was covered in at least one of the county's previous management plan, Sioux Rivers shall fund services to individuals who have a diagnosis of a developmental disability other than an intellectual disability and brain injury as defined in Iowa code chapter 441, IAC 83.60.

Individuals with Developmental Disabilities that were funded prior to the effective date of this plan will be deemed eligible for future funding subject to the results of a standardized functional assessment, but only to the extent that funding is available. Individuals with Developmental Disabilities are a population that was previously served in regional counties,

and as such will continue to receive funding for services as long as they meet the criteria set forth in this plan. This will be documented each year in the Annual Service and Budget Plan.

Developmental Disabilities

1. Attributable to mental or physical impairment or a combination of mental and physical impairments.
2. Manifested before the person attains the age of 22.
3. Likely to continue indefinitely.
4. 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.
5. Reflects the person's need for a combination and sequence of services which are of lifelong or extended duration.

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

Emergency Determinations

Applicants seeking emergency, crisis and necessary services do not require a Notice of Decision to receive those services. Eligibility determination for funding of services shall not exceed 10 days (IAC 441-25.21).

Once a fully completed application is received in a Sioux Rivers Service Coordination office, the Service Coordinator or designee shall determine if the applicant meets the general eligibility criteria within 10 business days. A Notice of Decision shall inform the individual of the decision and information to schedule the standardized assessment within 90 days, as defined in section F of this manual and shall be relayed to the applicant within that 10-business day timeframe. The Notice of Decision shall include a copy of the region's appeals process which informs the applicant of his/her right to appeal the decision and how to go about it.

Service and Functional Assessment (IAC 441-25.21(1)"o")

If an individual is referred to case management, integrated health home, or service coordination, a standardized functional assessment methodology, which may be developed and adopted by the Region, and designated by the director of Human Services, shall be completed within 90 days of application, for all but urgent, crisis and outpatient services. The results will support the need for services including the type and frequency of service in the individual's case plan.

Together with the individuals, guardians, family members, case managers, care coordinators, service providers, and service coordinators will develop and implement individualized plans for services and supports. The individual will actively participate in the development of the service plan. If the consumer 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. Consumers may be represented by advocates, other consumer representatives, friends or family during the service planning process.

Each plan for individuals receiving services under the Sioux Rivers Management Plan, will specify time frames for utilization review and re-authorization of the plan or individual services within the plan.

Service Funding Authorization

The Notice of Decision 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 and criteria set forth in the Service Matrix. Within 10 days of the funding decision, the applicant shall be sent a copy of the region's appeal process and informed that they have the right to appeal the decision (must within 15 business days of the decision).

All individuals that receive ongoing 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 Regional Service Coordinators.

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

Re-enrollment

Individual must reapply for services on at least an annual basis, or whenever there is a significant change in circumstances (household size and/or income).

G. Appeals Processes

Non-Expedited Appeal Process (IAC 441.25.21(l)(1))

How to Appeal a Decision of the County Service Coordinator

Applicants for regional funding of services have the right to appeal a decision of the Services Coordinator if deemed adverse. Adverse decisions may include decisions involving eligibility determinations, funding and/or service levels, placements on waiting list for services. The Service Coordinator, or designee, makes initial decisions regarding eligibility for services and whether a person may be placed on a wait list for the requested service. These Notices of Decision shall be in writing and shall explain the reasons for the decision. If a decision is subject to appeal, the Notice of Decision will inform the applicant of his/her right to appeal, and how to file the appeal.

Step One: Filing the Appeal

As stated above, applicants/consumers or their representatives (with consent of the consumer) may appeal an adverse decision by the Service Coordinator. The appeal must be in writing and must be filed with the Sioux Rivers Regional Mental Health & Disabilities Services CEO within fifteen (15) business days of the date of the decision. If the appeal is filed late, it cannot be considered, except in situations that are out of the applicant's control. The appeal shall state: (1) the reasons why the Service Coordinator's decision should be reversed; (2) the relief requested; (3) applicant's name, address, and telephone number and the name, address, and telephone number of a representative if appointed.

Step Two: Discussing the Problem

After the appeal is filed, the Sioux Rivers CEO will contact the applicant to schedule a meeting to discuss the appeal. This meeting must be held within 10 business days, unless the parties agree to extend the time to meet. The applicant may bring someone to the meeting to help explain his/her position. The applicant and the CEO may ask another person to serve as a mediator. At the meeting, the CEO will explain the reason for the decision. The applicant may ask questions or give the CEO other information deemed important. The applicant should provide the CEO with a proposed resolution. If an agreement is reached, the County Service Coordinator will issue a revised Notice of Decision within 10 business days. At the end of the meeting, the applicant and the CEO will sign a status form, indicating whether there is a resolution or whether the appeal will continue. A revised Notice of Decision will be issued.

Step Three: The Appeal

If the parties are unable to resolve the problem at the meeting, within 10 business days of the date of the meeting, the CEO will contact an Administrative Law Judge at the Department of Inspections and Appeals (Iowa Code § 10A.801 - Judge). The CEO shall arrange for payment of the cost of the Judge. The Judge will set a pre-hearing conference to discuss hearing procedures and set a time for the hearing. The Judge will provide written notice of the pre-hearing conference, and the hearing. The applicant has the right to present evidence and argument at the hearing. The Judge will consider the evidence and will issue a written ruling. The decision of the Judge is final. Applicants have the right to receive notification in an accessible format and may receive assistance with the appeal. This could be an attorney, an organizational representative, or a friend. The Service Coordinator's office may help locate someone to assist the applicant with the appeal. The Sioux Rivers CEO will not provide legal assistance. Two places that may provide legal assistance include:

- Legal Aid: 1-800-532-1275
- Disability Rights Iowa Law Center
For Protection and Advocacy: 1-800-779-2502

Expedited Appeal Process (IAC 441-25.21(l)(2))

This appeals process shall be performed by a mental health professional who is either the Administrator of the Division of Mental Health and Disability Services of the Iowa Dept. of Human Services, or the Administrator's designee. This process is to be used when the decision of Sioux Rivers staff 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 appeals form attached to the Notice of Decision:

1. The appeal shall be filed within 5 days of receiving the notice of decision by Sioux Rivers. The Expedited Review, by the Division Administrator or designee shall take place within 2

days of receiving the request, unless more information is needed. There will then be an extension of 2 days from the time the new information is received, granted.

2. The Administrator shall issue an order, including a brief statement of finding 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 and 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 practical to the 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 17A.19.

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

Sioux Rivers shall have a network of service providers to meet the continuum of service needs of individuals, to include services in all of the required service domains. All providers shall have a current contract with the Region.

Sioux Rivers retains the right to select services providers to be a part of the Sioux Rivers provider network. Providers must be approved Sioux Rivers Regional 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 Sioux Rivers Regional 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 Sioux Rivers Regional Mental Health & Disabilities Services or another Iowa region

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

In order to become welcoming, person/family centered, trauma informed, and multi-occurring capable, Sioux Rivers is currently encouraging, and will eventually require, that all regional providers participate in the quality improvement partnership for system development. Regional providers will also be required to satisfy the mandate to provide high quality and, wherever possible, evidence-based practices (441-25.5(3)) that Sioux Rivers has verified meet established fidelity standards including, but not limited to:

- 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 must arrange and complete training for their staff to accomplish these requirements by the end of Fiscal Year 2016 and will provide documentation of this to the Sioux Rivers CEO. Sioux Rivers will partner with providers in this endeavor by awarding financial assistance for this training if funds are available.

The current Sioux Rivers MH/DS 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 an individual will benefit from the service (as determined by the individual's inter-disciplinary team), or, that 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 request for a new network provider may be made by an individual (or authorized representative), consumer's case manager or social worker, or directly by a provider. All requests to become a member shall be directed to the CEO.
2. Provider applicant shall be screened by the CEO. Provider may be asked to meet for an interview or provide additional information.
3. The Sioux Rivers CEO shall inform the provider of acceptance or denial.
4. New network providers shall receive appropriate orientation and training concerning Sioux Rivers MH/DS Plan.

Sioux Rivers shall manage the provider network to ensure individual needs are met. Sioux Rivers 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 inpatient psychiatric hospital and other providers of core services.

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

Sioux Rivers shall offer a choice and access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)"g". Sioux Rivers shall designate Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program.

Designated Case Management agencies serving the Sioux Rivers must be accredited by the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in IAC 441.

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

- Performance and outcome measures relating to the safety, work performance and community residency of the individuals receiving the service

- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-24.1 (225C), which may include the use of electronic recording keeping and remote or internet-based training

The Region's TCM providers are, as long as the above criteria is satisfied, chosen by the Board of Supervisors in each of the Region's counties or the MCO's and are approved by the Sioux Rivers Regional Governing Board. The agencies that were contracted to provide TCM services to consumers in their respective counties have been designated to serve the Sioux Rivers Region in Fiscal Year 2020 and are identified in the Annual Service and Budget plan. The County Board of Supervisors and the Sioux Rivers Regional Board will review these agreements at the end of each fiscal year and will consider new applicants on a predetermined basis. A multi-year contract will be offered to the successful applicants. This agreement will be renewed every three years at which time new agencies will be allowed to submit an application.

I. Quality Management and Improvement

Quality Improvement (IAC 441-25.21(1)"e")

Sioux Rivers 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.

The basic framework of the quality improvement process will be aligned with the integrated systems of care process and will incorporate measurement of progress by each provider partner in organizing its own QI activity to make progress toward trauma informed, multi-occurring capability.

Central Data Repository Regional Requirements:

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 exchange 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

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 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.
- Additional outcomes and performance measures outlined by the Dept. of Human Services.

Annually, Sioux Rivers 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.

Methods Utilized for Quality Improvement

- Evaluation of individual satisfaction, including empowerment and quality of life
 - Direct interaction and feedback from individuals, families, providers, case managers, service coordinators, and other stakeholders
- Provider satisfaction; patterns of service utilization; responsiveness to individual needs and desires
 - Needs assessments, satisfaction surveys, and other written questionnaires
- Improvement of providers to work in partnership with each other & with regional management team to share collective responsibility for the population in the region
 - Provider/team meetings and training opportunities

- The number and disposition of individual appeals and exception to policy requests and the implementation of corrective action plans based on these appeals and requests
 - The Service Coordinators shall evaluate the reports and recommend areas of improvement
- Cost-effectiveness
 - Compare program costs and outcomes to determine resource reinvestment
- Establishment and maintenance of a data collection and management information system oriented to the needs of individuals, providers, and other programs or facilities. Tracking changes and trends in the disability services system and providing reports to the Department of Human Services as requested for the following information for each individual served:
 - Service Coordinators collect 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 the reporting requirements including DHS established client identifier, demographic information, expenditure data concerning the services and other support provided to each individual, as specified by the department.
 - Sioux Rivers will initially use statistical data from CSN to develop reports that will help to establish measures. Next, a determination will be made about what additional data should be collected, where the data will come from and what the cost is to collect the data. When possible, information should come from providers and regional statistical data as well as from service recipients and their families, requiring development of surveys. Sioux Rivers will partner with DHS leadership in this area to standardize the data that is being collected to make it meaningful statewide as well as regionally.
 - Sioux Rivers' initial focus aligns with Iowa Code 225.C.4 (1)"u" to develop a process to analyze data on the following:
 - Access standards for required core services.
 - Penetration rates for serving the number of persons expected to be served, particularly the proportion of individuals who receive services compared to the estimated number of adults needing services in the region.
 - Utilization rates for inpatient and residential treatment, including:
 1. Percent of enrollees who have had fewer inpatient days following services.
 2. The percentage of enrollees who were admitted to the following:
 - State mental health institutes
 - Medicaid funded private hospital in-patient psychiatric services programs;
 - State resource centers; and
 - Private intermediate care facilities for persons with intellectual disabilities.
 - Readmission rates for inpatient and residential treatment
The percentage of enrollees who were discharged from the following and readmitted within 30 and 180 days:
 - State mental health institutes
 - Medicaid funded private hospital in-patient psychiatric services programs;
 - State resource centers;

- Private intermediate care facilities for persons with intellectual disabilities.
- Employment of the persons receiving services.
- Administrative costs.
- Data reporting.
- Timely and accurate claims payment.

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

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

If adequate funding is available, Sioux Rivers will provide assistance for implementation of core and core plus services, for decentralizing services, and to meet the access standards associated with services by offering requests for proposals (RFPs) in combination with other strategies, including traditional fee for service, startup costs, and grant funds for specified services.

Request for Proposal:

Sioux Rivers will consider the use of competitive Requests for Proposal (RFP) to expand core services.

A review team comprised of Sioux Rivers staff will evaluate each proposal according to the established protocol specified in the RFP. Sioux Rivers reserves the right to decline any and all proposals.

Fee for Service:

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

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

Sioux Rivers Service Coordinators 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. Emergency services will be funded regardless of residence. Reimbursement will be sought from the Region of residence.

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

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

Startup Costs:

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

Grant Funds:

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

K. Waiting List Criteria

Sioux Rivers requires everyone'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:

1. Seek ways to move individuals to the least restrictive environments.
2. Assist individuals to utilize or learn to utilize natural supports whenever possible.
3. Determine that services reflect the individual's needs based on assessment.
4. Ensure that individuals' access and accept all other funding sources for which they qualify prior to accessing regional funding.

Sioux Rivers will implement a waiting list only when the property tax levy in each county is at the maximum and 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 maintained by the Chief Executive Officer.

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

L. Amendments

Amendments (IAC 441-25.21(3))

This manual has been approved by the Sioux Rivers Regional MHD Governing Board and is subject to approval by the Director of Human Services.

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

Attachment A: Adult Service Matrix

Service Matrix: Applicants are eligible for the following services provided they meet financial and residency criteria herein.

CORE SERVICES	DESCRIPTION	CORE POPULATION	NON-CORE POPULATION	CRITERIA OR CONDITIONS ACCESS STANDARD
Access Center	“Access center” 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>

Assertive Community Treatment	“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.	SPMI		Standardized functional assessment must support the need for services of the type and frequency identified in the individual’s case plan. A minimum of 22 ACT teams shall be operational statewide. Enough 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.
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 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.
Commitment Related (Evaluations, Sheriff Transport, Legal Representation, Mental Health Advocates)	Court ordered services related to mental health commitments.	MI		Court Order

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.
Crisis Stabilization Community Based Services	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.	Any Individual in crisis	Any individual in crisis	An individual who has been determined to need CSCBS shall receive face-to-face contact from the CSCBS provider within 120 minutes from the time of referral. Crisis evaluation must support the need for services.
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 in a organizational setting of no more than 16 beds.	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.
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.
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 the physician.	MI & ID	Subject to federal funding availability	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.
Intensive Residential Service Homes	<i>"Intensive residential service homes"</i> or <i>"intensive residential services"</i> meaning 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.

<p>Job Development</p>	<p>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.</p>	<p>MI & ID</p>	<p>Subject to funding availability</p>	<p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.</p>
<p>Medication Management</p>	<p>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.</p>	<p>MI & ID</p>	<p>Subject to funding availability</p>	<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>

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	Inpatient psychiatric services that treat an acute psychiatric condition that are provided in a licensed hospital with a psychiatric unit or a licensed freestanding psychiatric hospital.	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>

Mental Health Outpatient Therapy	<p>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. Outpatient services shall provide elements of diagnosis, treatment and appropriate follow-up.</p>	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>
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>

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	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.
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.
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.

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>
Subacute Mental Health 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	<p>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.</p> <p>Crisis evaluation must support the need for services</p>

Supported Employment	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	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. *The initial referral shall take place within 60 days of the individual's request of support for employment. *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 Sioux Rivers Region.
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	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan. *The first appointment shall occur within four weeks of the individual's request of support for community living.
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.

23 Hour Observation and Holding	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.	Any individual in crisis	Any individual in crisis	Crisis evaluation must support the need for services. 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.
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ADDITIONAL CORE ADULT 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	MI & ID	Criteria to be determined as program is developed.
Civil Commitment Pre-Screening	Evaluations completed prior to commitment with goal to divert individuals from commitment	MI & ID	Criteria to be determined as program is developed.
Transportation	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 Sioux Rivers Jail Diversion Policies and protocols

NON-CORE SERVICES	DESCRIPTION	CORE POPULATION	CONDITIONS
Transportation	Transportation to and from employment when individual is receiving Supported Employment Services.	MI & ID	<p>All other funding options must be utilized prior to accessing regional funds.</p> <p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.</p> <p>Transportation for court commitments will be provided by a service provider under contract with the Region.</p>
Information and Referral Services	Service that informs individuals of available services and programs.	General Population	Available to all community members.
Consultation and Public Education Services	To educate the general public about the realities of mental health and mental illness.	General Population	Available to all community members as needed within the limits of budgeted amount.
Residential Care Facilities	Community Facility providing care and treatment.	MI	<p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.</p> <p>Refer to Section D of this plan.</p> <p>*It is the intent of Sioux Rivers to support individuals within integrated community-based service settings and according to the HCBS Quality Settings Standards. Individual must be discharging from an inpatient setting at the time of application for RCF Services. In the event that funding would need to be made available for Core Plus Services, residential care facility funding would be discontinued within 90 days.</p>
Peer Drop-In Center	Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.	MI	
School Based Therapy	Therapy services provided in a school setting with linkage to other services.	MI	Referral from School Based Personnel.
Representative Payee Services	Services to manage an individual's finances.	MI & ID	Center for Financial Education

Attachment B Children's Service Matrix

Children's Behavioral Health Service Matrix as identified in Iowa Code 391.397A

Core Children's Service	Definition	Access Standard
Prevention	Efforts to increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's functioning in society. Activities are designed to convey information about the cause of conditions, situations, or problems that interfere with functioning, including, but not limited to, training events, webinars, presentations, and meetings.	Prevention activities shall be carried out at least 4 times per year.
Early Identification	Services designed to detect developmental delays or untreated conditions that may indicate a need for further evaluation.	A child shall receive early identification services within four weeks of the time the request for such services is made.
Early Intervention	Services designed to address the social, emotional, and developmental needs of children at their earliest stages to decrease long-term effects and provide support in meeting developmental milestones.	A child shall receive early intervention services within four weeks of the time the request for such services is made.
Education	Activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning.	Education activities shall be carried out at least four times a year.
Assessment and evaluation relating to eligibility for services	The clinical review by a mental health professional of the current functioning of the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	An individual who has received inpatient services shall be assessed and evaluated within four weeks.
Medication prescribing and management	Services with an individual present and provided by an appropriately licensed professional as authorized by Iowa Law including, but not limited to, determining how the medication is affecting the individuals; 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.	<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</p>

		miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.
Behavioral health outpatient therapy	Services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management, and individual, family, and group therapy. Outpatient services shall provide elements of diagnosis, treatment and appropriate follow-up.	Provider intake/assessment must support the need for services of the type and frequency identified in the individual's treatment plan. *Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact. *Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact. *Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment. *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.
Mobile response	A mental health service which provides on-site, face-to face mental health crisis services for individuals experiencing a mental health crisis. Mobile crisis staff have the capacity to intervene wherever the crisis is occurring including but not limited to the individual's place of residence.	An individual in need of mobile response services shall have face-to-face contact with mobile crisis staff within 60 minutes of dispatch.
Crisis stabilization community-based services	Services in a community-based setting to de-escalate and stabilize an individual following a mental health crisis.	An individual who has been determined to need CSCBS shall receive CSCBS within 120 minutes of referral. The service shall be located within 120 miles from the residence of the individual.
Crisis stabilization residential services	Services in a short-term non-community-based setting to de-escalate and stabilize a mental health crisis.	An individual who has been determined to need CSRS shall receive CSRS within 120 minutes of referral. The service shall be located within 120 miles from the residence of the individual. Crisis evaluation must support the need for services.
Behavioral health inpatient treatment	Inpatient psychiatric services to treat an acute psychiatric condition provided in a licensed hospital with a psychiatric unit or licensed freestanding psychiatric hospital.	Shall receive within 24 hours.

Attachment C - Definitions

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”.

Assessment and evaluation – mean the same as defined in rule 441—25.1(331).

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

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 (CEO) -- the individual chosen and supervised by the governing board who serves as the single point of accountability for the Region as per Iowa Administrative Code 83.81

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.

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

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.

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 331.390(3)”b” and is responsible for coordinating mental health services for children.

Coordinator of disability services (Service Coordinator) – means a member of the regional administrative entity staff who meets the requirements described in Iowa Code 331.390(3)”b” and is responsible for coordinating mental health and disability services for adults.

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

Countable resource – means real or personal property that has a cash value that is available to the owner upon disposition and is capable of being liquidated.

Countable value – means the equity value of a resource, which is the current fair market value minus any legal debt on the item.

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.

Department – means the department of human services.

Director – means the director of human services.

Disability services – means services and other supports available to a person with a mental illness, an intellectual disability or other developmental disability, or brain injury.

Emergency service – means those medical services rendered under unforeseen conditions which require hospitalization for the treatment of accidental injury and relief of acute pain, which, if not immediately diagnosed and treated, would result in the risk of permanent danger to the patient's health.

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

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

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

Homeless person – means a person who lacks a fixed, regular, and adequate nighttime residence and who has a primary nighttime residence that is one of the following:

- a. A supervised publicly or privately-operated shelter designed to provide temporary living accommodations.
- b. An institution that provides a temporary residence for persons intended to be institutionalized.
- c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

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

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

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

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

Management organization – means an organization contracted to manage part or all of the service system for a region.

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.

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

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

Population -- as defined in Iowa Code 331.388, means, as of July 1 of the fiscal year preceding the fiscal year in which the population figure is applied, the population shown by the latest preceding certified federal census or the latest applicable population estimate issued by the United States census bureau, whichever is most recent.

Provider -- an individual, firm, corporation, association, or institution which is providing or has been approved to provide medical assistance, is accredited under Chapter 441--24, holds a professional license to provide the service, is accredited by a national insurance panel, or holds other national accreditation or certification.

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

Regional services fund – regional MHDS fund created in Iowa code section 225C.7A.

Regional service system management plan -- the regional service system plan developed pursuant to Iowa Code 331.393 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 previous tax year. Any withdrawal from **retirement account becomes countable resource**.

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

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

State commission – MHDS Commission as defined in Iowa Code 225C.5.

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.

Attachment D

Sioux Rivers Regional MHDS Application Form

For individuals living in: Dickinson, Emmet, Lyon, O'Brien, Plymouth, and Sioux Counties

Application Date: _____ Date Received by Office: _____

First Name: _____ Last Name: _____ MI: _____

Nickname: _____ Maiden Name: _____ Birth Date: _____

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

Sex: Male Female US Citizen: Yes No If you are not a citizen, are you in the country legally? Yes No

SSN# _____ Marital Status: Never married Married Divorced Separated Widowed

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

Are you considered legally blind? Yes No If yes, when was this determined? _____

Primary Phone #: _____ May we leave a message? Yes No

Current Address: _____
Begin Date _____ Street _____ City _____ State _____ Zip _____ County _____

I live: Alone With Relatives With Unrelated persons

Use as current Mailing Address: Yes No If not, _____

Previous Address _____
Begin Date _____ Street _____ End Date _____ City _____ State _____ Zip _____ County _____

Current Service Providers:

- | Name | Location |
|----------|----------|
| 1. _____ | _____ |
| 2. _____ | _____ |

Current Residential Arrangement: (Check applicable arrangement)

Private Residence Foster Care/Family Life Home Correctional Facility
 Homeless/Shelter/Street
 Other: _____

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

Current Employment: (Check applicable employment)

Unemployed, available for work Unemployed, unavailable for work Employed, Full time
 Employed, Part time Retired Student
 Work Activity Sheltered Work Employment Supported Employment
 Vocational Rehabilitation Seasonally Employed Armed Forces
 Homemaker Volunteer Other _____

Current Employer: _____ Position: _____

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

Employment History: (list starting with most recent to previous.)

Employer	City, State	Job Title	Duties	To/From
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Education: What is the highest level of education you achieved? _____ # of years _____ Degree

Emergency Contact Person:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Guardian/Conservator appointed by the Court? Yes No

Protective Payee Appointed by Social Security? Yes No

Legal Guardian Conservator Protective Payee
 (Please check those that apply & write in name, address etc.)

Name: _____

Address: _____

Phone: _____

Legal Guardian Conservator Protective Payee
 (Please check those that apply & write in name, address etc.)

Name: _____

Address: _____

Phone: _____

List All People In Household:

	Name	Age	Relationship	Social Security Number
1.				
2.				
3.				
4.				
5.				

INCOME: Proof of income may be required with this application including but not limited to pay-stubs, tax returns, etc.

If you have reported no income above, how do you pay your bills? (Do not leave blank if no income is reported!)

Gross Monthly Income (before taxes): (Check Type & fill in amount)	Applicant Amount:	Others in Household Amount:
<input type="checkbox"/> Social Security	_____	_____
<input type="checkbox"/> SSDI	_____	_____
<input type="checkbox"/> SSI	_____	_____
<input type="checkbox"/> Veteran's Benefits	_____	_____
<input type="checkbox"/> Employment Wages	_____	_____
<input type="checkbox"/> FIP	_____	_____
<input type="checkbox"/> Child Support	_____	_____
<input type="checkbox"/> Rental Income	_____	_____
<input type="checkbox"/> Dividends, Interest, Etc.	_____	_____
<input type="checkbox"/> Pension	_____	_____
<input type="checkbox"/> Other	_____	_____
Total Monthly Income:	_____	_____

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	_____	_____
Total Resources:	_____	_____

Motor Vehicles: Yes No Make & Year: _____ Estimated value: _____
 (include car, truck, motorcycle, boat, Make & Year: _____ Estimated value: _____
 recreational vehicle, etc.) Make & Year: _____ Estimated value: _____

Do you, your spouse or dependent children own or have interest in the following:

House including the one you live in? Yes No Any other real estate or land? Yes No Other? _____ Yes No

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?

Health Insurance Information: (Check all that apply)

Primary Carrier (pays 1st)

Secondary Carrier (pays 2nd)

Applicant Pays Medicaid Family Planning only
 Medicare A, B, D Medically Needy MEPD
 No Insurance Private Insurance HAWK-I

Company Name _____

Address _____

Policy Number: _____
 (or Medicaid/Title 19 or Medicare Claim Number)

Start Date: _____ Any limits? Yes No

Spend down: _____ Deductible: _____

Applicant Pays Medicaid Family Planning only
 Medicare A, B, D Medically Needy MEPD
 No Insurance Private Insurance HAWK-I

Company Name _____

Address _____

Policy Number: _____
 (or Medicaid/Title 19 or Medicare Claim Number)

Start Date: _____ Any limits? Yes No

Spend down: _____ Deductible: _____

Referral Source:

Self Community Corrections Family/Friend Social Service Agency
 Targeted Case Management Other _____ Other Case Management

Have you applied for any of the public programs listed below?

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

Has your application been Approved or Denied? If denied and you appealed, what is the date of appeal

_____ Have you applied for reconsideration _____. Have you had a hearing with an

Administrative Law Judge and what was the date of the scheduled hearing: _____

Social Security _____ SSDI _____ Medicare _____
 SSI _____ Medicaid _____ DHS Food Assistance: _____
 Veterans _____ Unemployment _____ FIP _____
 Other _____ Other _____

Disability Group/Primary Diagnosis: (If known)

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: _____

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

I certify that the above information is true and complete to the best of my knowledge, and I authorize Sioux Rivers Regional MHDS staff to check for verification of the information provided including verification with Iowa county government and the state of Iowa Dept. of Human Services (DHS) and Iowa Department of Corrections or Community Corrections staff. I understand that the information gathered in this document is for the use of the Sioux Rivers Region to establish my ability to pay for the services requested, and to assure the appropriateness of services requested. I understand that information in this document will remain confidential.

Applicant's Signature (or Legal Guardian) _____ Date _____

Signature of other completing form if not Applicant or Legal Guardian _____ Date _____

ATTACHMENT A
Income/Resource/Eligibility Verification
Sioux Rivers Regional Mental Health & Disabilities Services

1. PROOF OF LEGAL RESIDENCE REQUIREMENT

Iowa Code 331,394(1): "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 or state in which the person last resided while the person is present in another county or this state 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.

- A copy of the applicant's driver's license or picture ID that shows current address, **OR**
- A copy of a recent bill or piece of mail with a legible postmark delivered by the US Post Office to the client at their current address, **OR**
- If application is living in a homeless shelter or community living facility, a letter signed and dated by personnel stating the applicant is residing in that facility.

2. HOUSEHOLD INCOME VERIFICATION REQUIREMENTS

For applications 18 years of age and over: Include income of applicant, applicant's spouse or domestic partner, and any children, stepchildren, or wards over the age of 14 that reside with applicant.

For applications under the age of 18: Include income of application (if over 14), applicant's parents (or parent and domestic partner), stepparents, or guardians who reside with applicant.

- Copies of payroll stubs for past 60 days from all employers. If a payroll stub reflects year-to-date earnings, only the most recent payroll stubs will be required.
- If applicant or spouse/domestic partner is self-employed, provide a copy of most recent Federal tax return completed.
- If applicable, a copy of Supplemental Security (SSI) or Social Security Disability (SSDI) determination, pension payment, and child support amount, etc.
- If an application indicates that no one in the household has any income, written documentation is required from all applicable adult household members stating as such and evidence of outside assistance such as food stamps, financial help from relatives, etc. must be provided.

3. RESOURCE VERIFICATION REQUIREMENTS (Applicant and other applicable household members)

- A copy of all checking account statements for past 2 months
- A copy of all savings account statements for past 2 months
- A copy of a statement from all retirements accounts such as IRAs, 401(k), pension plans, annuities, certificates of deposit, stocks, bonds or trust fund accounts dated no earlier than the previous tax year.

NOTE: If applicant or applicable household member has a legal payee, all income and resource verification documents must be obtained from the payee and attached to completed MHDS application.

Attachment E

CONSENT TO OBTAIN AND RELEASE INFORMATION

Sioux Rivers Regional MHDS

Authorization for Use or Disclosure of Protected Health Information

NOTE: A PHOTOCOPY OF THIS SIGNED AUTHORIZATION IS HEREBY AS EFFECTIVE AS THE ORIGINAL.

Authorization Section:

Name of Client:		
Date of Birth:	SS#:	Medical Record#:
Daytime Phone #:	Evening Phone #:	
City:	State:	Zip Code:

I, the undersigned, hereby authorize the Entity staff to release the information indicated below, regarding the above-named client, with the following provider or agency:

Name of Person or Agency

Complete Mailing Address

Information to be released, obtained and/or shared may include:

<input type="checkbox"/> Psychiatric Evaluation/Assessment/Admit Report	<input type="checkbox"/> Individual Comprehensive Plan
<input type="checkbox"/> Social History	<input type="checkbox"/> Agency participation, plans, and progress reports
<input type="checkbox"/> Psychiatric History	<input type="checkbox"/> Financial Information
<input type="checkbox"/> Medical record information (including diagnosis information, medications, allergies, and medical history)	
<input type="checkbox"/> Psychological Evaluation/Report	<input type="checkbox"/> Face Sheet
<input type="checkbox"/> Discharge Summaries	
<input type="checkbox"/> Other (Please specify):	

Information being released will be used for the following purpose:

- Coordination of Treatment
- Continuation of Care
- Determination of Benefit eligibility
- Referral for New Services
- Monitoring of Services
- Other (Please specify): _____

I understand this information shall be kept confidential and shall be used for the delivery of my services. I understand that I have a right to see this information at any time. I understand that this health information may include HIV-related information and/or information relating to diagnosis or treatment of psychiatric disabilities and/or substance abuse and that by signing this form, I am specifically authorizing the release of information relating to:

Substance Abuse (including alcohol/drug abuse)

Mental Health (other than Psychotherapy Notes)

HIV related information (including AIDS related testing)

X _____
Signature of Client/Parent/Legal Guardian

Date

This authorization shall expire on: _____

I understand that I may revoke my consent to this release at any time by providing written notification to:

Sioux Rivers Regional MHDS-Dickinson County (Will be modified with each Regional County Address)
1802 Hill Ave., Suite 2502
Spirit Lake, IA 51360
Phone: 712-336-0775

Attachment F

Authorization for the Use or Disclosure of Confidential Information

Counties and Mental Health and Disability Services Regions in the State of Iowa (referred to hereafter as "Entity") NOTE:

A PHOTOCOPY OF THIS SIGNED AUTHORIZATION IS HEREBY AS EFFECTIVE AS THE ORIGINAL.

As required by the Health Insurance Portability and Accountability Act of 1996, the Entity may not use or disclose your protected health information except as provided in our Notice of Privacy Practices without your authorization. Additionally, Iowa Code §§ 228, 35B, 141A and 252.25 require authorization for the release of certain confidential information. Your signature on this form indicates that you are giving permission for the uses and disclosures of protected health information and other confidential information described herein. You may revoke this authorization at any time by signing and dating the revocation section on your copy of this form and returning the signed revocation section to this office.

AUTHORIZATION SECTION

Client Name: _____ Date of Birth: _____ Client #: _____

Address: _____

I, the undersigned, hereby authorize the Entity staff to release the information indicated below, regarding the above named client, with any Iowa counties or Iowa Mental Health and Disability Services Regions ("Regions") listed on Exhibit A, attached hereto, and/or with providers or agencies who have arranged with the counties or Regions to perform related duties on behalf of the counties or Regions, law enforcement agencies, and community nonprofit agencies providing financial assistance (a list of the current affiliated case management entities, law enforcement agencies, community non-profit agencies providing financial assistance and other providers is available upon request), with the exception of the following Iowa counties, Regions or other entities: _____.

The undersigned authorizes the Iowa counties and Regions listed on Exhibit A, and/or the case management and other providers who are affiliated with the Iowa counties or Regions listed on Exhibit A, to share the following information with each other for the purposes identified below.

Information to be disclosed includes:	For the following purposes:
To law enforcement agencies, providers or agencies who have arranged with the counties or Regions to perform related duties on behalf of the counties or Regions, and/or community non-profit agencies providing financial assistance: Care Team information, Address type, Insurance information, Events, All applications, Employment information, Resources and Income, and Name of person and entity that entered your information. This does not include any information related to HIV/AIDS related testing, mental health, or substance use disorder treatment information.	In keeping with national, state and local efforts to enhance care coordination, parties will access/disclose records for the purposes of: coordinating treatment/care, determining benefit eligibility, obtaining authorizations, jail based service coordination, coordinating the funding for services and other benefits available to you, and assisting with state and federal reporting requirements.
To Iowa counties and Regions listed on Exhibit A and/or case management agencies: Billing information, including claims payment and claims history; Funding authorizations; Other services received including hospitalizations; Medical record including diagnosis information; Employment information; Education information; Resources and income; Medical History; Medications; Allergies; Case Management Information including: service plans, social history, discharge summaries and client contact information; and All applications, investigation reports, and case records related to county general assistance and county commissions of veteran affairs described in Iowa Code § 252.25 and § 35B.10.	Parties will access/disclose records for the purposes of: coordinating treatment, paying claims, determining benefit eligibility, obtaining authorizations, jail based service coordination, funding for services and abiding by state and federal reporting requirements.
SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW	
I hereby specifically authorize the release and sharing of information with Iowa Counties and Regions listed on Exhibit A and/or case management agencies, relating to: (check any that apply)	
NOTE: This authorization for release of information does not authorize the release and/or sharing of information relating to substance use disorder treatment.	

- HIV/AIDS Related Testing Information
- Mental Health Information (**NOTE:** This Authorization may not be used to authorize the use or disclosure of psychotherapy notes. The client has the right to inspect any disclosed Mental Health Information at any time. If Mental Health Information is disclosed, a copy of this Authorization shall be included in the client's record of Mental Health Information).

Expiration Date. This Authorization is in effect from the date of your signature until it is revoked, unless a different date is listed below: ____/____/____ (specify date).

This authorization may be revoked at any time by signing the revocation section on your copy of this form and returning it to the Entity at the address listed at the top of this form, except to the extent that action has been taken in reliance on this Authorization. You are not required to sign this Authorization as a condition of obtaining treatment, payment, enrollment or eligibility for benefits. You may inspect and/or copy the information disclosed. Some information disclosed pursuant to this Authorization potentially could be subject to redisclosure by the recipient, and if redisclosed, the information would no longer be protected by the federal privacy rule.

By signing below, I acknowledge that I have read and I understand this Authorization form. I also acknowledge receipt of a copy of this Authorization form.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the client, please indicate relationship:

- parent or guardian of minor client
- personal representative of deceased client

guardian or conservator of a client (if and to the extent authorized under State law) other (specify) _____

Copy sent to Client/Guardian on: _____ (date) at following address: _____

v14, Approved 6.26.19

A COPY OF THIS SIGNED AUTHORIZATION MUST BE GIVEN TO THE CLIENT OR CLIENT'S PERSONAL REPRESENTATIVE

Notice to Recipients of Mental Health Information: In accordance with Iowa Code Chapter 228, a recipient of mental health information may further disclose this information *only* with the written authorization of the subject or the subject's legal representative or as otherwise provided in Chapters 228. The unauthorized disclosure of mental health information is unlawful. Civil damages and criminal penalties may be applicable to the unauthorized disclosure of mental health information.

Notice to Recipients of HIV-Related Testing Information: This information may have been disclosed to you from records whose confidentiality is protected by state law, and penalties under Iowa Code Chapter 141A apply to the unauthorized disclosure of these records.

EXHIBIT A

<u>Iowa Counties:</u>	Floyd	Monroe	<u>Iowa Mental Health and Disability Services Regions:</u>
Adair	Franklin	Montgomery	Central Iowa Community Services
Adams	Fremont	Muscatine	County Rural Offices of Social Services
Allamakee	Greene	O'Brien	County Social Services
Appanoose	Grundy Guthrie	Osceola	Eastern Iowa MHDS
Audubon	Hamilton	Page	Heart of Iowa
Benton	Hancock	Palo Alto	MHDS of the East Central Region
Black Hawk	Hardin	Plymouth	Care Connections
Boone	Harrison	Pocahontas	Polk County Health Services
Bremer	Henry	Polk	Rolling Hills Community Services
Buchanan	Howard	Pottawattamie	Sioux Rivers MHDS
Buena Vista	Humboldt	Poweshiek	South Central Behavioral Health
Butler	Ida	Ringgold	Southeast Iowa Link
Calhoun	Iowa	Sac	Southern Hills Regional Mental Health
Carroll	Jackson	Scott	Southwest Iowa MHDS
Cass	Jasper	Shelby	
Cedar	Jefferson	Sioux	
Cerro Gordo	Johnson	Story	
Cherokee	Jones	Tama	
Chickasaw	Keokuk	Taylor	
Clarke	Kossuth	Union	
Clay	Lee	Van Buren	
Clayton	Linn	Wapello	
Clinton	Louisa	Warren	
Crawford	Lucas	Washington	
Dallas	Lyon	Wayne	
Davis	Madison	Webster	
Decatur	Mahaska	Winnebago	
Delaware	Marion	Winneshiek	
Des Moines	Marshall	Woodbury	
Dickinson	Mills	Worth	
Dubuque	Mitchell	Wright	
Emmet	Monona		
Fayette			

REVOCATION SECTION

I hereby revoke this Authorization.

Signed: _____ Date: _____

Copy sent to Client/Guardian on: _____ (date) at following address: _____ v14, Approved 6.26.19

Attachment G-Notice of Decision and Appeal Process

	SIOUX RIVERS REGIONAL MHDS SIOUX COUNTY 210 CENTRAL AVE SW ORANGE CITY, IA 51041 NOTICE OF DECISION	
--	---	--

I. --Applicant Information--		
Applicant's Name & Address:	State ID:	
	Applicant CSN ID#:	
Client DOB:	Funding Request ID(s)#:	

II. --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	Per	Rate	Service Start Date	Service End Date	Authorized Service Decision
1)							
Details: [Service Notes]							
Notes:							
Additional Notes							

III. --Contact Information--		
Name:	Sioux Rivers Regional MHDS	
Phone:	712-737-2999 ext.	Email:

How to Appeal a Decision of the County Service Coordinator

Applicants for regional funding of services have the right to appeal a decision of the Services Coordinator if deemed adverse. Adverse decisions may include decisions involving eligibility determinations, funding and/or service levels, placements on waiting list for services. The Service Coordinator, or designee, makes initial decisions regarding eligibility for services and whether a person may be placed on a wait list for the requested service. These Notices of Decision shall be in writing and shall explain the reasons for the decision. If a decision is subject to appeal, the Notice of Decision will inform the applicant of his/her right to appeal, and how to file the appeal.

Step One: Filing the Appeal

As stated above, applicants/consumers or their representatives (with consent of the consumer) may appeal an adverse decision by the Service Coordinator. The appeal must be in writing and must be filed with the Sioux Rivers Regional Mental Health & Disabilities Services CEO within fifteen (15) business days of the date of the decision. If the appeal is filed late, it cannot be considered, except in situations that are out of the applicant's control. The appeal shall state: (1) the reasons why the Service Coordinator's decision should be reversed; (2) the relief requested; (3) applicant's name, address, and telephone number and the name, address, and telephone number of a representative if appointed.

Step Two: Discussing the Problem

After the appeal is filed, the Sioux Rivers CEO will contact the applicant to schedule a meeting to discuss the appeal. This meeting must be held within 10 business days, unless the parties agree to extend the time to meet. The applicant may bring someone to the meeting to help explain his/her position. The applicant and the CEO may ask another person to serve as a mediator. At the meeting, the CEO will explain the reason for the decision. The applicant may ask questions or give the CEO other information deemed important. The applicant should provide the CEO with a proposed resolution. If an agreement is reached, the County Service Coordinator will issue a revised Notice of Decision within 10 business days. At the end of the meeting, the applicant and the CEO will sign a status form, indicating whether there is a resolution or whether the appeal will continue. A revised Notice of Decision will be issued.

Step Three: The Appeal

If the parties are unable to resolve the problem at the meeting, within 10 business days of the date of the meeting, the CEO will contact an Administrative Law Judge at the Department of Inspections and Appeals (Iowa Code § 10A.801 - Judge). The CEO shall arrange for payment of the cost of the Judge. The Judge will set a pre-hearing conference to discuss hearing procedures and set a time for the hearing. The Judge will provide written notice of the pre-hearing conference, and the hearing. The applicant has the right to present evidence and argument at the hearing. The Judge will consider the evidence and will issue a written ruling. The decision of the Judge is final. Applicants have the right to receive notification in an accessible format and may receive assistance with the appeal. This could be an attorney, an organizational representative, or a friend. The Service Coordinator's office may help locate someone to assist the applicant with the appeal. The Sioux Rivers CEO will not provide legal assistance. Two places that may provide legal assistance include:

- Legal Aid: 1-800-532-1275
- Disability Rights Iowa Law Center
For Protection and Advocacy: 1-800-779-2502