



CICS

Supporting Individuals. Strengthening Communities.

Children’s Behavioral Health Advisory Committee

April 7, 2021 @ 12:00pm

SPECIAL NOTE TO THE PUBLIC: Due to the COVID-19 virus, public access to the meeting will be provided via conference call. Members of the public who would like to call in: 1-312-626-6799

Meeting ID: 953 1927 2812, Passcode: 765878

or Join the Zoom Meeting at <https://zoom.us/j/95319272812?pwd=TUVkYXBRCmUxNElvY21rcExpG5idz09>

Tentative Agenda

12:00 pm Welcome and Introductions

Roll Call of Committee:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Kendra Alexander | <input type="checkbox"/> Rita Baker | <input type="checkbox"/> Matthew Benson | <input type="checkbox"/> Police Chief Rob Burdess |
| <input type="checkbox"/> Rose Dickenson | <input type="checkbox"/> Andrea Dickerson | <input type="checkbox"/> Shirley Faircloth | <input type="checkbox"/> Karie Foster |
| <input type="checkbox"/> Keith Halleland | <input type="checkbox"/> Lisa Heddens | <input type="checkbox"/> Emilea Lundberg | <input type="checkbox"/> Joy Meinders |
| <input type="checkbox"/> Kelly Moore | <input type="checkbox"/> Lori Price | <input type="checkbox"/> Dejah Roman | <input type="checkbox"/> Dawn Rudolph |
| <input type="checkbox"/> Dr. Jack Swanson | <input type="checkbox"/> Clarissa Thompson | <input type="checkbox"/> Allie Wulfekuhle | |

12:05 pm Approval of Agenda for 04/07/21 Meeting

Motion to approve _____

Second _____

Vote on motion _____

Approval of Minutes of 10/21/20 Meeting

Motion to approve _____

Second _____

Vote on motion _____

12:10 pm CICS Management Plan

A. Counties joining CICS Region July 1: Cerro Gordo, Hancock, Webster, Wright

12:25 pm Crisis Services for Youth

A. YSS Crisis Stabilization Residential Services

B. Mobile Crisis Community Based Services

12:35 pm Cares Act Grant program

12:45 pm Therapeutic Classroom Grant program

1:00 pm Future dates and times for meetings

Adjourn

Motion to adjourn _____

Second _____

Vote on motion _____



CICS

Supporting Individuals. Strengthening Communities.

CICS Children's Advisory Committee Meeting

10/21/2020

Present: Kendra Alexander, Lori Price, Andrea Dickerson, Dr. Jack Swanson, Karie Foster, Emilea Lundberg, Lisa Heddens, Kelly Olson, Dawn Rudolph.

CICS Staff: Robin McKee, Russell Wood, Linn Adams, Patti Leeds.

Welcome and Introductions: The meeting was called to order at 12:00 pm.

Approval of the 10/21/2020 agenda: Motion to approve the agenda made by Lisa Heddens, seconded by Dawn Rudolph. Motion carried unanimously.

Approval of the 6/8/2020 minutes: Motion to approve minutes by Andrea Dickerson, seconded by Lisa Heddens. Motion carried unanimously.

Discussion:

Russell spoke about a quorum with the admin team and a quorum is not needed. He will talk to the Governing Board. Kelly Olson chaired the meeting today.

Russell spoke about the SED workgroup. This is statewide and is using the New Mexico format. Robin McKee will send out the SED workgroup information that she has the group.

The Governing Board needs voting members from this group. It meets the fourth Thursday of the month from 1-3 pm via zoom. We need an education person and provider agency. At the November Governing Board meeting they will vote. Karie Foster made the motion for Kendra Alexander to represent education. Kelly Olson seconded the motion. Motion passed. Kelly Olson made the motion for Andrea Dickerson of YSS to be a provider representative. Karie Foster seconded the motion. Motion passed. Kelly Olson is leaving December 2020 so need to elect a new chair. Kelly nominated Kendra Alexander. Karie Foster seconded. Motion passed. Shirley Faircloth is the vice chair.

Robin McKee spoke about new crisis stabilization services.

Patti Leeds spoke about CARES Act COVID-19 Dollars. She explained what they have approved for funding. She spoke about the \$10,000 grant and also about large grant dollars. The dollars have to be spent by 12/30/2020 and have to be linked to mental health.

Next meeting is scheduled for April 7 at noon via Zoom.

Motion to adjourn the meeting by Kelly Olson, seconded by Andrea Dickerson. Motion carried unanimously.

Meeting adjourned.

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



CICS

Supporting Individuals. Strengthening Communities.

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

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Introduction and Vision

Central Iowa Community Services (CICS) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390. Within this region, CICS created a regional management plan designed to improve health, hope, and successful outcomes for the adults in our region who have mental health disabilities, intellectual/developmental disabilities, and brain injuries, including those with multi-occurring issues and other complex human service needs, and for children who have a diagnosis of serious emotional disturbance as defined in Iowa code section 225C.2

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

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

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

Basic Framework of the Regional MHDS Services Management Plan

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

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

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

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

Annual Service & Budget Plan

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

Annual Report

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

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

Policies & Procedures Manual

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

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

Boone County

900 W. 3rd St.
Boone, Iowa 50036
Phone: (515) 433-0593
Fax: (515) 432-2480
Office Hours: Monday – Friday, 8:00am - 4:30pm

Cerro Gordo County

[220 N. Washington Ave.](#)
[Mason City, Iowa 50401](#)
[Phone: 641-494-3550](#)
[Fax: TBD](#)
[Office Hours: Monday – Friday, 8:00am – 4:30pm](#)

Franklin County

123 1st Ave. SW
Hampton, Iowa 50441
Phone: (641) 456-2128
Fax: (641) 456-2852
Office Hours: Monday – Friday, 8:00am - 4:30pm

Greene County

114 N. Chestnut Street
Jefferson, IA 50129
Phone: 515-386-5686 [or 515-433-0593 ext. 4883](#)
Fax: 515-386-2216
Office Hours: ~~Monday-Wednesday and Friday, 8:00am – 4:30pm~~ [Monday-Wednesday and Friday, 8:00am – 4:30pm](#)

Hamilton County

500 Fairmeadow Dr.
Webster City, Iowa 50595
Phone: (515) 832-9550
Fax: (515) 832-9554
Office Hours: Monday – Friday, 8:00am - 4:30pm

Hancock County

[545 State Street Suite 1](#)
[Garner, IA 50438](#)
[Phone: 641-494-3550](#)
[Fax: TBD](#)

[Office Hours: Wednesday and Friday, 8:00am – 4:30pm](#)

Hardin County

1201 14th Ave.
Eldora, Iowa 50627
Phone: (641) 939-8167
Fax: (641) 939-8247
Office Hours: Monday – Friday, 8:00am - 4:30pm

Jasper County

115 N. 2nd Ave. East
Newton, Iowa 50208
Phone: (641) 791-2304
Fax: (641) 787-1302
Office Hours: Monday – Friday, 8:00am - 4:30pm

Madison County

112 John Wayne Dr.
Winterset, Iowa 50273
Phone: 515-493-1219
Fax: (515) 493-1186
Office Hours: Monday – Friday, 8:00am - 4:30pm

Marshall County

11 N 1st Ave
Marshalltown, Iowa 50158
Phone: (641) 754-6390
Fax: (641) 754-6391
Office Hours: Monday – Friday, 8:00am - 4:30pm

Poweshiek County

200 4th Ave West
Grinnell, Iowa 50112
Phone: (641) 236-9199
Fax: (641) 236-1349
Office Hours: Monday – Friday, 8:00am - 4:30pm

Story County

126 S. Kellogg Ave. Suite 001
Ames, Iowa 50010
Phone: (515) 663-2930

Fax: (515) 663-2940
Office Hours: Monday – Friday, 8:00am - 4:30pm

Warren County
1007 S. Jefferson Way
Indianola, Iowa 50125
Phone: (515) 961-1068
Fax: (515) 961-1142
Office Hours: Monday – Friday, 8:00am - 4:30pm

Webster County
308 Central Ave.
Fort Dodge, Iowa 50501
Phone: 515-573-1485
Fax: 515-573-1487
Office Hours: Monday – Friday, 8:00am – 4:30pm

Wright County
120 1st Ave. NW
Clarion, Iowa 50525
Phone: 515-532-3309
Fax: 515-532-6064
Office Hours: Monday – Friday, 8:00am – 4:30pm

A. Organizational Structure

Governing Board (IC 331.390)

CICS organizational structure assigns the responsibility for the non-Medicaid funded MHDS services with the Governing Board. Member counties shall appoint one member from the County Board of Supervisors and an alternate member to serve as a Director on the Governing Board. The Governing Board shall include committee appointed voting members and ex-officio and non-voting representatives: The Adult Advisory Committee will appoint one member representing individuals who utilize mental health and disability services or an actively involved relative of such an individual as a voting member and one member from service providers in the region as a non-voting member. The Children’s Advisory Committee will appoint one individual representing the education system in the region as a voting member, one individual who is a parent of a child who utilizes children’s behavioral health services or an actively involved relative of such children as a voting member and one individual representing children’s behavioral health services providers in the Region as a non-voting member.

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

Adult Advisory Committee (IC 331.390(2)h; 331.392(2)i; IAC 441-25.14.(1)i)

CICS shall encourage stakeholder involvement by having an adult regional advisory committee assist in developing and monitoring the plan, goals, and objectives identified for the adult service system, and to serve as a public forum for other related MHDS issues. The Adult Advisory Committee shall represent stakeholders which shall include, but not be limited to, individuals, family members, officials, and providers.

Each county may appoint an individual who utilizes mental health and disability services or an actively involved relative of such an individual and an individual representing providers of the county to be ratified by the Regional Governing Board.

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

Children’s Behavioral Health Services Advisory Committee (IC 331.390(2)i; 331.392(i); IAC 441-25.14(1)j)

This committee will be filled by appointment through an application process that includes representatives of the following member roles:

- Parents/Actively Involved Relatives of a Child who Utilizes Children’s Behavioral Health Services
- The Education System

- Early Childhood Advocates
- Child Welfare Advocates
- Children’s Behavioral Health Service Providers
- The Juvenile Court System
- Pediatricians
- Child Care Providers
- Local Law Enforcement
- Regional Governing Board

Applications will be reviewed to ensure representation is fairly distributed between all CICS member counties.

Chief Executive Officer

The Governing Board shall appoint the Chief Executive Officer as referenced in Iowa Code Section 331.392(3). The CEO functions are supervised and evaluated by the Governing Board and the CEO is the single point of accountability to the Governing Board.

Administrative Team

The Governing Board will approve job positions for the Regional Administrative team according to the CICS employee manual. As stated in the CICS 28E, duties are assigned to Administrative Team members by the CEO. The staff delegated to perform functions of a Coordinator of Disability Services shall have the qualifications required by IC 331.390(3)b and IAC 441-25.12(2)e. The staff designated to perform the functions of a Coordinator of Children’s Behavioral Health shall have the qualifications required by IC 331.390(3) and IAC 441-25.12(2)f.

B. Service System Management

CICS shall directly administer the Plan through the local CICS offices and contract with service providers to meet the service needs of the individuals. ~~Member counties shall provide a~~ adequate credentialed staff ~~to~~ shall carry out the administration of this Plan.

County Office	Address	Phone
Boone County Community Services	900 W 3 rd St., Boone IA 50036	515-433-0593
Cerro Gordo County Community Services	220 N. Washington Ave., Mason City, IA 50401	641-494-3550
Franklin County Community Services	123 1 st Ave SW, Hampton IA 50441	641-456-2128
Greene County Community Services	114 N. Chestnut St., Jefferson, IA 50129	515-386-5686 <u>or</u> 515-433-0593 ext. 4883
Hamilton County Community Services	500 Fairmeadow Dr., Webster City IA 50595	515-823-9550
Hancock County Community Services	545 State Street Suite 1, Garner, IA 50438	641-494-3550
Hardin County Community Services	1201 14 th Ave, Eldora IA 50627	641-939-8167
Jasper County Community Services	115 N 2 nd Ave E, Newton IA 50208	641-791-2304
Madison County Community Services	112 John Wayne Drive, Winterset IA 50237	515-493-1219
Marshall County Community Services	11 N 1 st Ave, Marshalltown IA 50158	641-754-6390
Poweshiek County Community Services	200 4 th Ave West, Grinnell IA 50112	641-236-9199
Story County Community Services	126 S Kellogg Ave Suite 001, Ames IA 50010	515-663-2930
Warren County Community Services	1007 S. Jefferson Way, Indianola IA 50125	515-961-1068
Webster County Community Services	308 Central Ave., Fort Dodge, IA 50501	515-573-1485
Wright County Community Services	120 1st Ave NW, Clarion, IA 50525	515-532-3309

Risk Management and Fiscal Viability (IC 331.25.21(1)f)

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

Conflict of Interest

Funding authorization decisions shall be made by the CICS staff, who shall have no 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 individuals, counties, and other stakeholders.

C. System Management

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

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

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

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

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

Implementation of Interagency and Multi-system Collaboration and Care Coordination (IAC 441-25.21(1)n; 441-25.21(1)m)

An individual with multi-occurring conditions is defined as any person of any age with ANY combination of any MH condition (including trauma) and/or developmental or cognitive disability (including Brain Injury) and/or any Substance Abuse condition, including gambling and nicotine dependence, whether or not they have already been diagnosed. Individuals with multi-occurring conditions commonly also have medical, legal, housing, financial, parenting issues, and other complex needs.

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

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

system. CICS shall work to build the infrastructure needed to result in positive outcomes for individuals served at all levels of the system.

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

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

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

Third-party Payers

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

Judicial and Criminal Justice System

CICS will partner with the courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. Mary Greeley Medical Center is CICS's designated hospital for involuntary hospitalizations under Sections 229.11 and 229.13, *Code of Iowa*.

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

Employment

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

Transitioning Youth to the Adult System

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

Education

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

Behavioral Health Services for Children

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

Other Regions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Non-Medicaid mental health and disability services funding shall be under the control of the CICS Governing Board in accordance with Iowa Administrative Code **441-25.13 (331.391)**. The CICS Governing Board shall retain full authority and financial risk for the Plan. The finances of the Region shall be maintained to limit administrative burden and provide public transparency.

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

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

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

The CICS Governing Board has designated Story County to act as the Regional Fiscal Agent. The CICS Governing Board shall determine an amount of projected MHDS fund balance to be paid to the Regional Fiscal Agent. Member counties with a fund balance below the percentage determined by the CICS Governing Board may draw funds necessary to bring the fund balance up to the established percentage. All expenditures, including funds held by the Regional Fiscal Agent and funds held in individual county accounts, shall comply with the guidelines outlined in the Annual Service and Budget Plan.

Accounting System and Financial Reporting

The accounting system and financial reporting to the department conforms to 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

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

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

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

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

Funding

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

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

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

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

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

It is the belief of CICS that individuals with disabilities should live in and receive services in the least restrictive setting consistent with their individual needs and abilities based on the principles of choice, community, and empowerment. CICS will strive to ensure that all individuals are living in the community with adequate supports. In the event that a higher level of need exists based on the results of the Standardized Assessment, funding for residential care facility (RCF) services may be considered for mental health or medication stabilization on a short-term basis for up to three months. The individual must be discharging from an inpatient or subacute setting at the time of application for RCF services. During that

time, CICS will work closely with the individual to monitor their recovery and assist with arranging services to be in place following discharge. Any extension of funding will be based on a follow-up assessment.

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

Application and Enrollment

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

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

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

Residency

“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. (IC 331.394(1)a)

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

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

If parties cannot agree on residency determination, CICS shall follow the dispute resolution process outlined in IC 331.394(5).

Exception to Policy

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

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

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

Confidentiality

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

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

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

Procedures to ensure confidentiality shall include:

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

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

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

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

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

Adult General Eligibility

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

The individual is at least eighteen years of age.

Or

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

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

The individual is a resident of the state.

Adult Financial Eligibility

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

1) Income Guidelines: (IC 331.395.1)

- a) Gross incomes 150% or below the current Federal Poverty Guidelines (Attachment B). At the discretion of CICS, adult applicants with income above 150% and up to 250% of Federal Poverty guidelines may be eligible for regional funding with an individual cost sharing as specified in this manual (Attachment D).
- b) A person who is eligible for federally funded services and other supports must apply for such services and support.
- c) In determining income eligibility, the average monthly income for the past 3 months will be considered, however, recent employment and/or income changes may be considered by CICS in determining income eligibility. Applicants are expected to provide proof of income (including pay stubs, income tax return, etc.) as requested by CICS.
- d) An individual's financial eligibility will be reviewed at least annually, or more often if a significant increase or decrease in income occurs.

2) Resources Guidelines: Iowa Code 331.395

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

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

the eligibility determination except:

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

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

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

*In addition to resource guidelines of Iowa Code 331.395 stated above, CICS will exempt one vehicle per adult household member.

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

Co-payment and Client Participation for Adult services

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

- [Client participation for maintenance in a residential care facility through the state supplementary assistance program.](#)
- [Organizational representative payee services fee/fee for payee services \(FFS Payee\)](#)
- The financial liability for institutional services paid by counties as provided in Iowa Code sections 230.15.

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 on a sliding fee scale as shown in Attachment D. A co-payment is required for those individuals with incomes between 150%-250% of poverty. This amount is collected by the service agency.

Adult Diagnostic Eligibility

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

Mental Illness

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

Intellectual Disability

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

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

Acceptable verification for Diagnostic requirements

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

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

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

"Persons with developmental disabilities" means a person with a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments.
2. Is manifested before the person attains the age of 22.
3. Is likely to continue indefinitely.

4. Results in substantial functional limitations in three or more of the following areas of 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.

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

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

Asphyxiation and strangulation.
 Child maltreatment syndrome.
 Adult maltreatment syndrome.
 Status epilepticus.

Children’s Behavioral Health Services Eligibility

- a. The individual is a child under eighteen years of age.
- b. The child’s custodial parent is a resident of the state of Iowa and the child is physically present in the state.
- c. The child’s family meets financial eligibility requirements in Iowa Administrative Code 441-25.16.
- d. The child has been diagnosed with a serious emotional disturbance, except for comprehensive facility and community-based crisis services according to 331.397A(4)b.

Children’s Behavioral Health Services Financial Eligibility

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

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

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

Children’s Behavioral Health Services Cost Share

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

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

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

451% to 500%	80%
Over 500%	100%

Eligibility Process:

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

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

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

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

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

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

Individualized Care Planning: Includes the gathering and interpretation of comprehensive assessment information and creating strategies with the consumer about their ongoing care and support. Service Coordination is particularly important in facilitating appropriate care for consumers with multiple or complex needs. Individualized planning supports the individual to identify goals and implement strategies, actions, and services to achieve those goals. This may involve linking the individual to a range of services,

identifying how self-management support, education, and health promotion will be provided, and establishing effective communication among all the providers involved in delivering services to the individual.

Service Authorization

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

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

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

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

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

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

Re-enrollment

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

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

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

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

How to Appeal:

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

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

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

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

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

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

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

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

Expedited Appeals Process (IAC 441-25.21(1)1.2)

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

How to Appeal:

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

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

of law, and policy reasons for the order, to justify the decision made concerning the expedited review. If the decision concurs with the contention that there is an immediate danger to the individual's health or safety, the order shall identify the type and amount of service, which shall be provided for the individual. The Administrator or designee shall give such notice as is practicable to individuals who are required to comply with the order. The order is effective when issued.

3. The decision of the Administrator or designee shall be considered a final agency action and is subject to judicial review in accordance with section 17A.19.

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

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

Eligibility to Contract with CICS

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

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

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

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

Criteria for consideration includes:

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

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

~~Upon approval by the Administrative Team, the~~ The contracting/rate setting process is initiated with the ~~new provider~~ upon acceptance into the provider network.

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

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

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

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

Regional Contracts

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

Contracting/Rate Setting Structure

~~The assigned staff is responsible for the contracting process and shall work with pertinent team members in the development of the provider contract agreement.~~

Contracting/Rate Setting Process

~~Contracting and rate negotiation matters shall be handled in the following method:~~

Assigned staff and/or designated team representative(s) shall meet with a current or prospective contracting party to negotiate contract terms and rates with the final recommendation reviewed by the assigned staff. All contracting/rate setting matters require action of the CICS Governing Board.

• —

~~Upon review, the assigned staff presents a recommendation to the Administrative Team. The Administrative Team reviews the recommendation and may accept, reject, or change the recommendation. The Administrative Team makes a recommendation to the CICS Governing Board. All contracting/rate setting matters require action of the CICS Governing Board.~~

Rate Setting Terms

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

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

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

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

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

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

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

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

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

System Evaluation

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

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

Methods Utilized for Quality Improvement

- Evaluation of individual satisfaction, including empowerment and quality of life
 - Direct interaction and feedback from individuals, families, providers, case managers, service coordinators, and other stakeholders
- Provider satisfaction; patterns of service utilization; responsiveness to individual needs and desires
 - Needs assessments, satisfaction surveys, and other written questionnaires

- Improvement of the ability of providers to work in partnership with each other and with the regional management team to share collective responsibility for the population in the region
 - Provider/team meetings and training opportunities
- The number and disposition of individual appeals and exception to policy requests and the implementation of corrective action plans based on these appeals and requests
 - The CICS Administrative team 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:
 - CICS staff collects data using the Iowa State Association of Counties Community Services Network (CSN), a data management system to connect counties and agencies with a shared system which captures and reports standardized information for Iowans accessing the community services system while abiding by HIPAA, State, and Federal Laws. CSN has the data capacity to exchange information in compliance with the reporting requirements including DHS established client identifier, demographic information, expenditure data concerning the services and other support provided to each individual, as specified by the department.
 - ~~CICS will follow the process outlined in the Outcome and Performance Measures Committee Report of December 14, 2012. CICS will initially use the 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. The Report suggests the information should come from providers and regional statistical data as well as from service recipients and their families, requiring development of surveys. CICS will partner with DHS leadership in this area in order to standardize the data that is being collected to make it meaningful statewide as well as regionally.~~
 - ~~CICS's initial focus aligns with Code of Iowa 225C.4 to develop a process to analyze the following~~ data ~~on the following~~ regionally funded services:
 - 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:
 - Percent of enrollees who have had fewer inpatient days following services.
 - The percentage of enrollees who were admitted to the State mental health institutes.
 - Readmission rates for regionally funded inpatient and residential treatment.
 - The percentage of enrollees who were discharged from the State mental health institutes and readmitted within 30 and 180 days.
 - Employment of the persons receiving regionally funded services.
 - Administrative costs.
 - Data reporting.
 - Timely and accurate claims payment.

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

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

Outcomes for Children's Behavioral Health Services

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

CICS will incorporate additional outcome measures when developed by the State Board as required in Iowa Code Chapter 225C

Quality of Provider Services

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

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

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

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

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

Request for Proposal:

CICS may consider the use of competitive Requests for Proposal (RFP) to expand services.

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

Fee for Service:

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

- Name and unique identifier of each individual served during the reporting period.
- Dates of service.
- Invoice number.
- Number of units of service delivered to each individual served.
- When requested, attendance records.

- Unit rate and total cost of the units provided to each individual. Copayments or other charges billed to other sources shown as deductions on the billing.
- Actual amount to be charged to the Region for each individual for the period.

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

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

No billings received more than 60 days after the close of the fiscal year in which the service was provided shall be considered for payment by CICS unless there is a statutory obligation. Fiscal year for CICS is July 1 – June 30.

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

Startup Costs:

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

Grant Funds:

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

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

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

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

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

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

The waiting list shall be centrally maintained by CICS.

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

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

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

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

DRAFT

Attachment A

Access Points

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

CICS has designated the following access points for [adult mental health and disability services](#) and [children's behavioral health services](#).

Access Point	Location	Contact Information
Boone County Community Services	900 W 3rd St, Boone IA 50036	515-433-0593
Cerro Gordo County Community Services	220 N. Washington Ave., Mason City, IA 50401	641-494-3550
Franklin County Community Services	123 1st Ave SW, Hampton IA 50441	641-456-2128
Greene County Community Services	114 N. Chestnut St, Jefferson IA 50129	515-386-5686 or 515-433-0593 ext. 4883
Hamilton County Community Services	500 Fairmeadow Dr., Webster City IA 50595	515-832-9550
Hancock County Community Services	545 State Street Suite 1, Garner, IA 50438	641-494-3550
Hardin County Community Services	1201 14th Ave, Eldora IA 50627	641-939-8167
Jasper County Community Services	115 N 2nd Ave E, Newton IA 50208	641-791-2304
Madison County Community Services	112 John Wayne Dr., Winterset IA 50273	515-493-1219
Marshall County Community Services	11 N. 1st Ave, Marshalltown IA 50158	641-754-6390
Poweshiek County Community Services	200 4 th Ave W, Grinnell IA 50112	641-236-9199
Story County Community Services	126 S Kellogg Ave Suite 001, Ames IA 50010	515-663-2930
Warren County Community Services	1007 S Jefferson Way, Indianola IA 50125	515-961-1068
Webster County Community Services	308 Central Ave., Fort Dodge, IA 50501	515-573-1485
Wright County Community Services	120 1st Ave. NW, Clarion, IA 50525	515-532-3309
Referral Sources		
Berryhill Center for Mental Health	500 Fairmeadow Dr., Webster City IA 50595	515 832 6626
Capstone Behavioral Healthcare, Inc	306 N 3rd Ave E, Newton IA 50208	641 792 4012
Center Associates	9 N 4th Ave, Marshalltown IA 50158	641 752 1585
Central Iowa Residential Services Inc.	111 E Linn St, Marshalltown IA 50158	641 752 5762
Christian Opportunity Center	1602 N 14th St, Indianola IA 50125	515 961 3653
Crossroads Behavioral Health Services	102 W. Summit, Winterset IA 50273	515 462 3105
Eyerly Ball Community Mental Health Services	105 S Marshall, Boone IA 50036	515 298 0181
Eyerly Ball Community Mental Health Services	2521 University Blvd, Suite 121, Ames IA 50010	515 598 3300
Eyerly Ball Community Mental Health Services	1301 Center St, Des Moines IA 50139	515 243 5181
Hardin County FFA Friendship Club	602 South Oak St, PO Box 622, Iowa Falls IA 50156	641 648 7500
House of Mercy	200 N 8th Ave E, Newton IA 50208	641 792 0717
House of Mercy	310 North Buxton St, Indianola IA 50125	515 358 7610
Imagine The Possibilities	927 8th Street, Boone IA 50036	515 432 7288
Imagine The Possibilities	115 E Washington, Winterset IA 50273	515 462 9083
Imagine The Possibilities	1809 W 2nd Ave, Indianola IA 50125	515 961 6918
Imagine The Possibilities	115 E Lincoln Way, Jefferson IA 50129	563 652 5252
Imagine The Possibilities	925 Broad St., Grinnell IA 50012	641 236 0230
Integrated Treatment Services	303 S 2nd Ave W, Newton IA 50208	641 792 0045
Madison County Memorial Hospital	300 W Hutchings St, Winterset IA 50273	515 462 2373
Mary Greeley Medical Center	1111 Duff Ave, Ames IA 50010	Adult Behavioral Unit: 515 239 2683 Emergency Room: 515 239 2155

Mary Greeley Medical Center Crisis-Stabilization—Transitional Living Center	124 S. Hazel Ave., Ames, IA 50010	515-239-6747
MHW, Inc.	909 S 14th Ave, Marshalltown IA 50158	641-752-3697
Midwest Counseling	821 5 th Ave, Grinnell IA 50112	319-668-1217
Optimae Life Services	4730 1st Ave E, Newton IA 50208	641-787-9133
Optimae Life Services	104 S. Hazel, Ames IA 50010	515-956-2600
Optimae Life Services	101 E. Southridge Rd., Marshalltown IA 50158	641-351-4447
Orchard Place—Child Guidance Center	2116 Grand Ave., Des Moines IA 50312	515-244-2267
Plains Area Mental Health	406 W. Washington Street, Suite 2, Jefferson IA 50129	712-792-2991
Story County Medical Center	640 S 19th St, Nevada IA 50201	515-382-2111
Van Diest Medical Center	2350 Hospital Dr., Webster City IA 50595	515-832-9400
YSS	420 Kellogg Ave., Ames IA 50010	515-233-3141
YSS	105 South Marshall St., Boone IA 50036	515-433-2091
YSS	22 North Center St., Marshalltown IA 50158	641-752-2300
YSS	1611 Prospect St., Webster City IA 50595	515-832-1061
Zion Recovery Services—Safe Harbor Center	706 S. Cedar Ave., Woodward IA 50276	515-438-2331

CICS has designated the following access points for children’s behavioral health services.

Access Point	Location	Contact Information
Boone County Community Services	900 W 3rd St, Boone IA 50036	515-433-0593
Franklin County Community Services	123 1st Ave SW, Hampton IA 50441	641-456-2128
Greene County Community Services	114 N. Chestnut St, Jefferson IA 50129	515-386-5686
Hamilton County Community Services	500 Fairmeadow Dr., Webster City IA 50595	515-832-9550
Hardin County Community Services	1201 14th Ave, Eldora IA 50627	641-939-8167
Jasper County Community Services	115 N 2nd Ave E, Newton IA 50208	641-791-2304
Madison County Community Services	112 John Wayne Dr., Winterset IA 50273	515-493-1219
Marshall County Community Services	11 N. 1st Ave, Marshalltown IA 50158	641-754-6390
Poweshiek County Community Services	200 4 th Ave W, Grinnell IA 50112	641-236-9199
Story County Community Services	426 S Kellogg Ave Suite 001, Ames IA 50010	515-663-2930
Warren County Community Services	1007 S Jefferson Way, Indianola IA 50125	515-961-1068
Referral Sources		
Ascend Therapy and Wellness	123 1 st Ave. SW, Hampton IA 50441	319-242-2606
Capstone Behavioral Healthcare, Inc	306 N 3rd Ave E, Newton IA 50208	641-792-4012
Center Associates	9 N 4th Ave, Marshalltown IA 50158	641-752-1585
Crossroads Behavioral Health Services	102 W. Summit, Winterset IA 50273	515-462-3105
Eyerly Ball Community Mental Health Services	105 S Marshall, Boone IA 50036	515-298-0181
Eyerly Ball Community Mental Health Services	2521 University Blvd, Suite 121, Ames IA 50010	515-598-3300
Eyerly Ball Community Mental Health Services	1301 Center St, Des Moines IA 50139	515-243-5181
Orchard Place—Child Guidance Center	2116 Grand Ave., Des Moines IA 50312	515-244-2267
YSS	420 Kellogg Ave., Ames IA 50010	515-233-3141
YSS	105 South Marshall St., Boone IA 50036	515-433-2091
YSS	22 North Center St., Marshalltown IA 50158	641-752-2300
YSS	1611 Prospect St., Webster City IA 50595	515-832-1061

Attachment B

Federal Poverty Guidelines

2021 Federal Poverty Guidelines

Family Size	<u>100%</u>		<u>150%</u>		<u>250%</u>		<u>500%</u>	
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	\$1,073	\$12,880	\$1,610	\$19,320	\$2,683	\$32,200	\$5,366	\$64,400
2	\$1,452	\$17,420	\$2,178	\$26,130	\$3,629	\$43,550	\$7,261	\$87,100
3	\$1,830	\$21,960	\$2,745	\$32,940	\$4,575	\$54,900	\$9,150	\$109,800
4	\$2,208	\$26,500	\$3,313	\$39,750	\$5,521	\$66,250	\$11,041	\$132,500
5	\$2,587	\$31,040	\$3,880	\$46,560	\$6,467	\$77,600	\$12,934	\$155,200
6	\$2,965	\$35,580	\$4,448	\$53,370	\$7,413	\$88,950	\$14,825	\$177,900
7	\$3,343	\$40,120	\$5,015	\$60,180	\$8,358	\$100,300	\$16,716	\$200,600
8	\$3,722	\$44,660	\$5,583	\$66,990	\$9,304	\$111,650	\$18,611	\$223,300
9	\$4,100	\$49,200	\$6,150	\$73,800	\$10,250	\$123,000	\$20,500	\$246,000
10	\$4,478	\$53,740	\$6,718	\$80,610	\$11,196	\$134,350	\$22,391	\$268,700
Each additional member	\$378	\$4,540	\$568	\$6,810	\$946	\$11,350	\$1,892	\$22,700

Source: Federal Register, published February 1, 2021

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

Attachment C

Service Matrix

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

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

	coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.						
Assessment and evaluation (psychiatric or psychological evaluations and standard functional assessment)	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	X	X	X	X	X	Standardized Functional Assessment will be completed within 90 days of notice of enrollment. Individual who has received inpatient treatment shall be assessed within 4 weeks. Evaluations: Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment.
Mental health inpatient treatment	Acute inpatient mental health services are 24-hour settings that provide services to individuals with acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms, address health and safety needs, and develop a comprehensive discharge plan to appropriate level of care.	X	X	X	X	X	Shall receive treatment within 24 hours. Available at inpatient mental health services at any state or private mental health unit in Iowa at host region contractual rate. In the absence of a contract, CICS shall reimburse at the current Medicaid rate.
Crisis Services							
Personal emergency response system	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	X	X	X	X		
Crisis evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral	X	X	X	X	X	Within 24 hours

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

	inpatient psychiatric hospital treatment, but who do need significant amounts of supports and services not available in other home and community based settings.						
Support for Community Living							
Home health aide services	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	X	X	X	X		
Respite services	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	X	X	X	X	X	
Home and vehicle modification	A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.	X	X	X	X		Lifetime limit equal to that established for the HCBS waivers. Provider payment will be no lower than that provided through the HCBS waiver.
Supported community living services	Services provided in a noninstitutional setting to adult persons with mental illness, mental retardation, brain injury, or developmental disabilities to meet the persons' daily living needs.	X	X	X	X		First appointment shall occur within 4 weeks of the request

Intensive Residential Services Homes	Services that provide intensive 24-hour supervision, behavioral health services, and other supportive services in a community-based residential setting to adults with the most intensive, severe, and persistent mental illness conditions who have functioning impairment and may also have multi-occurring conditions.	X					
Support for Employment							
Prevocational services	Services that focus on developing generalized skills that prepares an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	X	X	X	X		
Job development	Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.	X	X	X	X		Referral shall be within 60 days of request for such service.
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	X	X	X	X		

	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.						
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.	X	X	X	X		Initial referral shall take place within 60 days of request
Group Supported employment-enclave	Group Supported Employment - the job and training activities in business and industry settings for groups of no more than eight workers with disabilities. Group settings include enclaves, mobile crews, and other business-based workgroups employing small groups of workers with disabilities in integrated, sustained, paid employment.	X	X	X	X		
Recovery Services							

Family support	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	X	X	X	X	X	
Peer support services	A program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.	X	X	X	X		Individuals receiving recovery services shall not have to travel more than 30 miles if residing in urban area or 45 miles if residing in rural area.
Service Coordination							
Case management (targeted case management and service coordination)	Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.	X	X	X	X	X	Service Coordination: Individuals shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area. Individuals shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility.

Health homes	A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.	X	X					
Sub-Acute Services								
Subacute services	Partial Hospitalization (Sub Acute Services) A comprehensive set of wraparound services for persons who have had or are at imminent risk of having acute or crisis mental health symptoms that do not permit the persons to remain in or threatens removal of the persons from their home and community, but who have been determined by a mental health professional and a licensed health care professional and a licensed health care professional, subject to the professional's scope of practice, not to need inpatient acute hospital services.	X	X		X			
Core Evidenced-Based Treatment								
Education & Training Services - provider competency	Educational and Training Services means training related to provider competency in	X						

	delivering co-occurring integrated services, trauma-informed services and evidenced-based practices.						
Supported housing	Supportive housing means a combination of housing and services intended as a cost-effective way to help people live more stable, productive lives; tenancy not predicted on services.	X					
Assertive community treatment (ACT)	An intensive and highly integrated approach for community mental health service delivery. ACT programs serve outpatients whose symptoms of mental illness result in serious functioning difficulties in several major areas of life, often including work, social relationships, residential independence, money management, and physical health and wellness.	X					A sufficient number of ACT teams shall be available to serve the number of individuals in the region who are eligible for ACT services. As a guideline for planning purposes, the ACT-eligible population is estimated to be about 0.06% of the adult population of the region. Each region shall verify that all ACT programs operating in the region have a periodic fidelity review according to the schedule identified in 441.25.6(2) subsection a. (2)
Family psychoeducation	Family psychoeducation-services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	X	X	X	X	X	
Mandated Services							
Oakdale	Hospital services provided at Iowa Medical & Classification Center, Iowa Administrative Code 812.	X					
Commitment related (evaluations, sheriff transport, legal representation,	Court ordered services related to Iowa Administrative Code 229 mental health commitments	X	X	X	X	X	Court order

mental health advocate)							
Additional Core Domains							
Justice System-Involved Services							
Coordination services	Justice System Involved Coordination- service coordination provided to individuals in justice system.	X	X	X	X		
24-hour crisis line	Crisis Hotline (fee paid to vendor) (24 Hour Crisis Line) Telephone crisis service- program that operates a crisis hotline either directly or through a contract. The service shall be available 24 hours a day and seven days a week including, but not limited to, relief of distress in pre-crisis and crisis situations, reduction of the risk of escalation, arrangements for emergency on-site responses when necessary, and referral of callers to appropriate service.	X	X	X	X	X	*State Funded
Warm line	Social Support (Warm Line) A line staffed by peer counselors, who provide nonjudgmental, nondirective support to an individual who is experiencing a personal crisis.	X	X	X	X		*State Funded
Mental health services in jails	Evaluation, medication management and therapy services	X	X	X	X		
Justice system-involved services- other	Outpatient mental health services provided to individuals in criminal justice setting	X	X	X	X		
Crisis prevention training	Educational and Training Services Safety training for law enforcement, first responders, etc., regarding mental health awareness such as Crisis Intervention Training (CIT).	X					
Mental health court related costs	Legal & Court-Related Services (Mental Health Court related expenses).	X					

Civil commitment prescreening evaluation	Evaluations completed prior to commitment with goal to divert individual from commitment process.	X					
Additional Core Evidenced-Based Treatment							
Peer self-help drop-in centers	Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.	X	X	X	X		
Psychiatric rehabilitation (IPR)	Psychiatric Rehabilitation - is for individualized services designed to increase the consumer's ability to function independently to prevent or reduce the need for services in a hospital or residential setting and to promote the consumer's recovery of the ability to perform a valued role in society.	X					
Other Informational Services (Non-Core)							
Information & referral	Service that informs individuals of available services and programs	X	X	X	X	X	Provided through Regional Service Coordination
Consultation (except 422)	Service to assist individuals by providing advisory activities directed to a service provider to assist the provider in delivering services to a specific person, or advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems; or addressing other concerns in the provider's own organization.	X	X	X	X		
Public education	To educate the general public about the realities of mental health and mental illness	X	X	X	X		
Other Community Living Support Services (Non-Core)							

Services management	Services Management - is designed to help individuals and families identify service needs and coordinate service delivery but which do not constitute case management	X	X	X	X	X	Provided through regional service coordination
Transportation	Transportation is for individuals for essential services such as to go to and from day programs, other preauthorized needs or activities, or as otherwise contracted.	X	X	X	X		
Guardian/ Conservator	Guardian/Conservator - is activities provided as required by the court system to handle the personal business of the individual.	X	X	X	X		
Representative payee	Activities provided to manage an individual's finances.	X	X	X	X		Determination of need through assessment See Co-payment and Client Participation for Adult Services.
Rent payments (time limited)	Assistance for rent, utilities etc.	X	X	X	X		2-month lifetime limit tied to use of community-based services
Other basic needs	Other costs associated with necessities such as utilities.	X	X	X	X		
Prescription meds (time limited)	Prescription psychiatric medications for persons having a mental health diagnosis	X	X	X	X		
Transitional living program	Transitional living means any type of living situation that is transition with the primary purpose or mission to help the individual become a productive member of society; length of stay may vary but is not permanent housing.	X	X	X	X		
Community support programs	Community Support Programs - is for comprehensive programs to meet individual treatment and support needs of consumers which enable consumers with a mental illness, intellectual disability, brain injury, or a developmental-disability to live and	X	X	X	X		

	work in a community setting.						
Adult Day Care Services	Structured social, habilitation, and health activities provided in a congregate setting to alleviate deteriorating effects of isolation; to aid in transition from one living arrangement to another; to provide a supervised environment while the regular caregiver is working or otherwise unavailable or to provide a setting for receipt of multiple health services in a coordinated setting.	X	X	X	X		
Other Congregate Services (Non-Core)							
Residential care facilities	Community facility providing care and treatment	X					<p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.</p> <p>It is the intent of CICS to support individual within integrated community-based service settings and according to the HCBS Quality Settings Standards. Individuals must be discharging from an inpatient setting at the time of application for RCF services. In the event that funding would need to be made available for Additional Core Services, residential care facility funding would be discontinued within 90 days.</p>

**Children eligible for the above services are not required to have a Serious Emotional Disturbance diagnosis.

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

Children’s Behavioral Health Services Matrix

CICS shall fund the following core services for children who meet the criteria for the Children’s Behavioral Health Services System as identified in Iowa Code 331.397A.

Service	Definition	Required Implementation	Access Standards***
Mental health outpatient therapy	Services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management, and individual, family, and group therapy	7/1/2020	Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment.
Medication prescribing & management	Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.	7/1/2020	Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment.
Assessment and evaluation	The clinical review by a mental health professional of the current functioning of the individual using the service regarding the individual’s situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	7/1/2020	Standardized Functional Assessment will be completed within 4 weeks of request for appointment. Evaluations: Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment
Behavioral health inpatient treatment	Inpatient psychiatric services to treat an acute psychiatric condition provided in a licensed hospital with a psychiatric unit or licensed freestanding psychiatric hospital	7/1/2021	Shall receive treatment within 24 hours. Available at inpatient mental health services at any state or private mental health unit in Iowa at host region contractual rate. In the absence of a contract, CICS shall reimburse at the current Medicaid rate.

Mobile response	A mental health service which provides on-site, face-to-face mental health crisis services for individuals experiencing a mental health crisis. Mobile crisis staff have the capacity to intervene wherever the crisis is occurring including but not limited to the individual's place of residence, emergency rooms, police stations, outpatient mental health settings, schools, recovery centers or any other location where the individual lives, works, attends school, or socializes.	7/1/2021	An individual in need of mobile response services shall have face-to-face contact with mobile crisis staff within 60 minutes of dispatch
Crisis Stabilization community-based services	Services provided in community-based settings to de-escalate and stabilize an individual following a mental health crisis.	7/1/2021	An individual who has been determined to need CSCBS shall receive face-to-face contact from the CSCBS provider within 120 minutes from the time of referral.
Crisis Stabilization residential services	Services provided in short-term non community-based residential settings to de-escalate and stabilize a mental health crisis.	7/1/2021	An individual who has been determined to need CSRS shall receive CSRS within 120 minutes of referral. The service shall be located within 120 miles from the residence of the individual.
Education	activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning	7/1/2020	Education activities shall be carried out at least four times a year.
Prevention	efforts to increase awareness and understanding of the causes and nature of conditions or situations that affect and individual's functioning in society.	7/1/2020	Prevention activities shall be carried out at least four times per year.
Early intervention	services designed to address the social, emotional, and developmental needs of children at their earliest stages to decrease long-term effects and provide support in meeting developmental milestones	7/1/2021	A child shall receive early intervention services within four weeks of the time the request for such services is made.
Early Identification	the process of detecting developmental delays or untreated conditions that may	7/1/2021	A child shall receive early identification services within four weeks of the

	indicate a need for further evaluation		time the request for such services is made.
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***Regions are required to meet Access Standards beginning 7/1/2021.

DRAFT

Attachment D

Sliding Fee/Cost Share Schedule for Services

Adult Mental Health and Disability Services Sliding Fee Schedule

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

Children's Behavioral Health Services Cost Share Schedule

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

Attachment E

Central Iowa Community Services Provider Appeal Procedures

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

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

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

Glossary

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

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

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

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

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

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

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

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

Children's behavioral health system or children's system -- the behavioral health system for children implemented pursuant to Iowa Code Chapter 225C.

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

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

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

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

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

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

Coordinator of disability services -- as defined in Iowa Code 331.390.3.b.

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

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

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

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

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

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

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

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

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

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

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

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

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

Managed care -- a system that provides the coordinated delivery of services and supports that are necessary and appropriate, delivered in the least restrictive settings and in the least intrusive manner.

Managed care seeks to balance three factors: achieving high-quality outcomes for participants, coordinating access, and containing costs.

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

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

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

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

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

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

Population -- as defined in Iowa Code 331.388.

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

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

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

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

Resident -- as described in Iowa Code 331.394 and as defined in 8 U.S.C. §1641.

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

Retirement account -- any retirement or pension fund or account listed in Iowa Code section 627.6(8)f.

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

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

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

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

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

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

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.

CICS Forms

The following forms may be found on the CICS website

(<https://www.cicsmhds.org/about/resources/>); www.cicsmhds.org):

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



WHAT IS CRISIS STABILIZATION?

The YSS Crisis Stabilization Program is for those times when a youth (ages 12-18) is experiencing an acute mental health, behavioral health or substance use issue that requires more than a visit to the pediatrician, but less than a trip to the emergency room.* Crisis stabilization provides short-term care with 24-hour supervision without the added trauma of hospitalization. The program offers intervention and support for both the family and the youth to stabilize the current situation and plan for the future.

When a youth is in the midst of emotional turmoil, it is important to surround them and their family with comprehensive treatment services quickly. The sooner the youth receives treatment, the less likely the crisis will evolve into a chronic mental health concern and the more likely the family can recover. The Crisis Stabilization Program approach is trauma-informed, strength-based, and family-centered from referral to discharge.

This program is not available to youth who are system involved through the Department of Human Services (DHS) or the Juvenile Court System.

**Please note that anyone experiencing suicidal or homicidal ideation should be immediately taken to the hospital for assessment and treatment.*

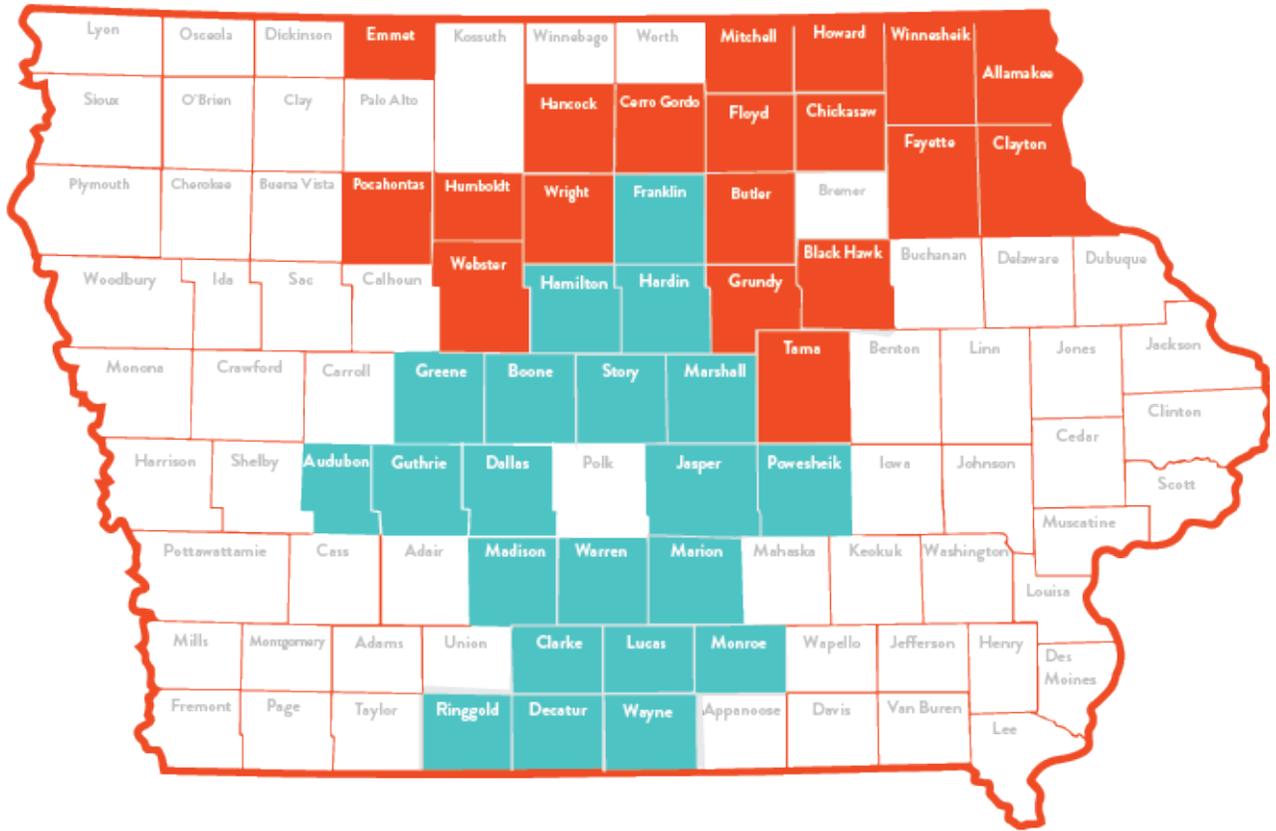
REFERRAL PROCESS:

- 1 Call (515) 233-2330 or (641) 423-7362 and convey interest in the Crisis Stabilization Program.
- 2 Staff will conduct a brief screening to determine program fit.
- 3 If the youth is identified as a candidate for the program, staff will contact the appropriate mental health region to approve eligibility.
- 4 Once eligibility is confirmed, the youth will be admitted into the program and services will begin.



WHAT TO EXPECT:

- + Initial crisis screening upon referral
- + 24-hour shelter placement for youth (length of stay is 1-14 days)
- + Assessment completed by a licensed professional to determine service recommendations
- + Services may include a combination of mental health, behavioral health, substance use, medication management, and/or family therapy
- + Family Team Meeting to establish goals for ongoing supports, as well as treatment recommendations for the individual and family
- + Behavioral Health Intervention Services (BHIS) to address unhealthy skills and improve how the youth and family function together as a unit
- + Discharge planning, including recommendations for services in the home community



COUNTIES SERVED

Allamakee, Black Hawk, Butler, Cerro Gordo, Chickasaw, Clayton, Emmet, Fayette, Floyd, Grundy, Hancock, Howard, Humboldt, Mitchell, Pocahontas, Tama, Webster, Winneshiek, Wright

50 N Eisenhower Ave, Mason City, IA 50401

641.423.7362



FRANCIS LAUER
A YSS ORGANIZATION



COUNTIES SERVED

Audubon, Boone, Clarke, Dallas, Decatur, Franklin, Greene, Guthrie, Hardin, Hamilton, Jasper, Lucas, Madison, Marion, Marshall, Monroe, Poweshiek, Ringgold, Story, Warren, Wayne

703 Burnett Ave, Ames, IA 50010

515.233.2330





Frequently Asked Questions: Therapeutic Classroom Grant

The resource answers questions from educators regarding Iowa’s Therapeutic Classroom Grant. This represents the most current official position of the Department related to these questions and supersedes previous Department guidance on this topic. The Department will continue to review previous and new FAQs to include here and to ensure complete alignment with these responses. If your question is not answered in this resource, please email your question to barb.anderson@iowa.gov and we will update this list regularly.

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Grant Application

Key Resource

- [Application Package](#)
- [Application Worksheet](#)

Questions & Answers

1. [May private schools apply for the competitive therapeutic classroom grant?](#)
No, the therapeutic classroom grant provides competitive grants to public school districts. However, public school districts may partner with accredited nonpublic schools, Area Education Agencies and mental health organizations through cost sharing agreements.
2. [Can an area education agency apply for the grant?](#)
No. The therapeutic classroom grant provides competitive grants to public school districts. However, public school districts may partner with accredited nonpublic schools, Area Education Agencies and mental health organizations through cost sharing agreements.
3. [Is there a cap on the number of students that this grant can support?](#)
The grant supports therapeutic classroom programming for approximately 150 students (almost \$1.6 million) across the state based on the grant formula and selection criteria. There is not a cap on districts regarding the number of students they may support as part of their application, however, part of the goal of this grant is to establish therapeutic classrooms across the state and equitably across small, medium and large districts. Awards may need to be reduced to address selection criteria. See the flowchart on pg. 6 of the [Grant Application Package](#) for distribution.



4. Is the small, medium, large district number determined by the number of students in the entire district or just per the school which will be impacted by the grant?

Determinations are made based on certified district enrollment for the 2020-2021 school year.

5. Is the therapeutic classroom grant a support only for students with individualized education programs?

No, the therapeutic classroom grant is to support the needs of any student (with or without an Individual Education Program).

6. The grant application asks to identify the number of students who will be served by the therapeutic classroom. Is this at the time of application, early next fall, or the maximum capacity of the classroom? If this is at the time of the application or early next fall, the numbers may be zero.

The grant asks you to identify anticipated enrollment. You would count the number of students you intend to serve through the therapeutic classroom during the 2021-2022 school year. It is understandable that early in the year, you may be at zero as you're just getting your therapeutic supports in place. Report the number of students that you are developing supports to serve.

7. What students can we count in the formula number? Can we count any student with a BIP or a general education student that is receiving a continuum of therapeutic supports? Do we only count students who are served in a self-contained classroom full time?

You would count the number of students you intend to serve through the therapeutic classroom no matter if they are a student with an IEP or not. This grant is not intended to provide the social-emotional supports for all students who have a BIP as some of those students will not need the intensified social-emotional supports.

Students do not need to be in a separate/self-contained class, but all students served must receive the supports as outlined in your therapeutic classroom grant application and in accordance with the Assurances on Section 2 of the Therapeutic Classroom Grant Application Worksheet including the following minimal therapeutic components:

- A multidisciplinary team who collaborates regularly to support design, implementation and decision-making regarding therapeutic program supports including but not limited to a an individual qualified to conduct diagnostic assessments and support social-emotional-behavioral health (SEBH) programming for individuals with social-emotional concerns;
- Practices that enhance positive childhood experiences;
- Clearly articulated and taught behavioral expectations and routines;
- Regular assessment of social-emotional competencies with supplemental individualized and/or small group social-emotional instruction;
- Individualized behavior intervention plans (BIPs) developed based on functional behavior assessment (FBA) and trauma-informed practice;
- Regular engagement of family to review progress and make decisions for more or less restrictive programming;
- Supports for generalization and transition to less restrictive supports/settings including opportunities to practice social-emotional skills in natural contexts with same-age/grade peers.



8. The grant application asks to identify the number of students who will be served by the therapeutic classroom. Is this at the time of application, early next fall, or the maximum capacity of the classroom? If this is at the time of the application or early next fall, the numbers may be zero.

Please identify anticipated enrollment. This would be the number of students you intend to serve through the therapeutic classroom during the 2021-2022 school year. It is understandable that early in the year, you may be at zero as you are just getting your therapeutic supports in place. Report the number of students that you are developing supports to serve.

Therapeutic Supports & Service Delivery Models

Key Resources

Prior to applying for the grant, we'd suggest you review the below key resources. They provide some context for how therapeutic classrooms fit into MTSS, what students they support and models of service delivery that they may include.

- [Evidence-Based Therapeutic Supports: Research Brief for Iowa's Therapeutic Classroom Grant](#): Provides a brief research review of how therapeutic classrooms fit with MTSS, service delivery models and the most evidence-based instructional practices.
- [AWARE Iowa School Mental Health Framework](#) (with a focus on Tier 3; pages 15-19): Provides a deeper dive into possible service delivery models for therapeutic supports.
- [Therapeutic Classroom Implementation Rubric](#): A self-assessment tool to support you in identifying what classroom supports and program components you may need to develop for your therapeutic classroom.

Questions & Answers

1. Is there a model classroom you'd like this based off of?

While there is no specific required model, you may find it helpful to review the [Evidence-Based Therapeutic Supports: Research Brief for Iowa's Therapeutic Classroom Grant](#) resource that is on the grant webpage. Within this resource you'll see the [AWARE Iowa School Mental Health Framework](#). This framework was developed based on Iowa schools tiered social-emotional supports. Tier 3 starting on page 15 provides the most context for therapeutic classrooms. See also the Three Models for Specialized Service Delivery that are outlined in on page 17 of this resource.

2. Is this supposed to impact one specific classroom or can it support a school as a whole?

This grant is not intended to provide the social-emotional supports for all students in a district nor universal social-emotional instruction. It is intended to provide intensified therapeutic supports for a small set of students who need intensified social-emotional supports. When we think about how this fits with our MTSS system, this grant is intended to support students who in most cases need intensive supports and perhaps in some situations supplemental supports. It is however possible that some district-wide/targeted training may be part of your grant application if it is aligned to the therapeutic classroom supports and/or therapeutic classroom components. For example, it's important that all educators in your school understand the purpose and intent of the therapeutic classroom, what the referral process is etc. This could be part of district-wide professional learning for example. We'd suggest that you engage in the [Therapeutic Classroom Implementation Rubric](#) (Section 4 of the application) and consider what supports you currently have in place and what is needed to best develop your therapeutic classroom.



3. Could this look like district-wide training, followed by targeted training and support for teachers who work with a specific group of students?

Please see the answer to question #2.

4. We would like to add therapeutic support into our "BD" classrooms and change them to be more supportive of SEL and use trauma-informed practices and add trauma-informed practices to their BIPs. Would these qualify as therapeutic classrooms? Or are these only referring to therapeutic classrooms that are fully self-contained?

Including trauma-informed practice is one required component of therapeutic classrooms. To be considered a therapeutic classroom the program would need to ensure the following therapeutic components outlined in the Assurances (Section 2 of the [Application Worksheet](#)):

- A multidisciplinary team who collaborates regularly to support design, implementation and decision-making regarding therapeutic program supports including but not limited to a an individual qualified to conduct diagnostic assessments and support social-emotional-behavioral health (SEBH) programming for individuals with social-emotional concerns;
- Practices that enhance positive childhood experiences;
- Clearly articulated and taught behavioral expectations and routines;
- Regular assessment of social-emotional competencies with supplemental individualized and/or small group social-emotional instruction;
- Individualized behavior intervention plans (BIPs) developed based on functional behavior assessment (FBA) and trauma-informed practice;
- Regular engagement of family to review progress and make decisions for more or less restrictive programming;
- Supports for generalization and transition to less restrictive supports/settings including opportunities to practice social-emotional skills in natural contexts with same-age/grade peers.

Therefore, in addition to the supports you noted, you'll want to review these additional supports and identify what else you may also need to be considered a therapeutic classroom.

Students served do not need to be in a separate/self-contained class. Students with an IEP must be served in the least restrictive environment.

5. I see that students served through a therapeutic classroom need to have an FBA and BIP. I thought that this was aimed for both identified, and unidentified individuals, could you explain this more please?

If we're understanding your questions correctly, you're asking whether the therapeutic classrooms are for both students with and without IEPs and if so, can students without an IEP have an FBA and BIP.

Yes. The therapeutic classrooms that are part of this grant are for both students with and without IEPs.

Yes. Both students with and without IEPs who are served by this grant must have a BIP that is developed from an FBA.

The FBA and BIP in themselves are not exclusive to students with IEPs. They are best practices for assessment and instruction respectively. Schools are cautioned from reserving such best



practice supports for only those students with IEPs as it prevents schools from supporting students who may be in crisis and/or need therapeutic supports for other non-disability related reasons (e.g., traumatic life circumstances). It's also important to recognize that FBA and BIP are not a single set of specific assessments and interventions and may be more or less intensive depending on the student and the situation.

A common question is, do we need to get a parent consent for a Full and Individual Evaluation for Special Education to complete an FBA and/or BIP? When an FBA and a BIP are completed to answer questions about whether a student is eligible for special education, a parent consent for full and individual evaluation for special education is required. However, when an FBA and/or BIP or behavior support plan are part of a school's continuum of supports for all students and needed to inform instruction, a consent for special education evaluation is not necessary. Districts however are encouraged to collaborate with families and obtain informed parent consent for such assessments.

6. Would it be more beneficial for a special education teacher or a general education teacher to receive training from this grant?

Whether it's more beneficial to have a general or special education teacher or both receive training is dependent on the experiences of your teachers, the needs of your students and the service delivery model you have for your program.

Additionally, it's expected that multiple persons will likely need training to support a therapeutic classroom. As students who need therapeutic supports may have multiple complex needs, it's important that a school provides supports through a multidisciplinary team and that teaching staff have the supports of the multidisciplinary team to aid in decision-making. Please see also PL1 of the [Therapeutic Classroom Implementation Rubric](#). As programs decide who will provide teaching supports to students they must ensure teachers are qualified to teach their students as would be required for any school and program. For students with disabilities, a general education teacher may provide specially designed instruction, but the Individual Education Program must be coordinated and overseen by a qualified special education teacher.

7. Is there a desired length of time for a student to receive supports through a therapeutic classroom?

No. The amount and length of therapeutic supports is dependent on the student and their needs. This could range from more acute supports a student may need due to for example a traumatic life circumstance or more long-term supports for students who have more complex needs and or disabilities. However, the intent of therapeutic classrooms should be to support students in developing social-emotional skills necessary to function with less supports and more typical settings. Programs must evaluate student needs routinely to consider the intensification and or reduction of supports. Please see Section 2: Assurances of the [Application Worksheet](#) for these requirements.

Funding/Use of Funds

Key Resources

- [Grant Application Package](#): Please see page 6-7 for recommended uses of funds.
- [Evidence-Based Therapeutic Supports](#): Please see pages 7-10 (Therapeutic Classroom Framework and Evidence-based SEBH Interventions) for considerations for use of funds aligned to evidence-based practices.



Questions & Answers

1. Does this grant provide funding for a certain amount of years or is it a one-time fund?

This is one-time funding for the 2021-2022 school year. If the full \$1,582,650 is not exhausted during 2021-2022, then grants will be available in subsequent years, but districts would need to reapply as this grant is for start-up of therapeutic classrooms.

2. How soon do the funds have to be spent? Can you hold the money for future expected expenses?

Funds must be spent during the 2022 FY between when they are received and prior to June 30, 2022.

3. Would this grant allow for a school district to hire a licensed mental health therapist to work in the district?

See pg. 7 of the [Grant Application Package](#) for guidance on use of funds. It is allowable, but not recommended that districts use funds for things that are recurring costs. Items such as salaries, ongoing mental health services and supports would not be sustainable with the one-time upfront resources that only last for the 2021-2022 school year. However, you might consider using the resources to contract with community partners and or the area education agency to help leverage resources and build capacity within your program. See also the Three Models for Specialized Service Delivery that are outlined in the [AWARE Iowa School Mental Health Framework](#), pg. 17.

4. May the therapeutic classroom grant funds be used to support all students in developing SEL skills?

No. Please see the answer to [Question #2](#) under Therapeutic Supports & Service Delivery Models.

5. The grant can be applied to current programming if I'm understanding that correctly. Can the funds be used towards licensed therapists that would support that program who are district employees or can it only be used towards licensed teaching staff/para educators?

Yes. The grant can be applied to enhance current programming. It is allowable, but not recommended that districts use funds for things that are recurring costs. Items such as salaries, ongoing mental health services and supports would not be sustainable with the one-time upfront resources that only last for the 2021-2022 school year. However, contracting with licensed mental health providers or expanding your use of district mental health providers to provide supports to build capacity of district employees and/or to provide training is an allowable way of leveraging the one time grant resources. See pg. 7 of the [Grant Application Package](#) for guidance on use of funds.

6. If used for PD or training, are districts limited to a certain number of staff?

There is no capacity on the number of staff you may train to support your therapeutic classroom program.

7. Can this money support a sensory room where students can be supported by various staff?

Without further discussion, it is unclear if a sensory room provides evidence-based supports as outlined in either the [Evidence-based Therapeutic Supports](#) or the [Therapeutic Classroom Implementation Rubric](#). Competitive applicants will outline a program that provides a continuum of therapeutic supports. Including those that:



- support students in developing the skills necessary for success in typical age/grade settings;
- support students to participate in typical age/grade opportunities to the fullest extent;
- provide intentional planned opportunities for practice in natural contexts with reduced therapeutic supports over time.

Sustaining Therapeutic Classroom Supports

Questions & Answers

1. How can therapeutic classrooms be sustained after the grant concludes?

The competitive therapeutic classroom grant is intended to support public school districts in establishing therapeutic classrooms. Additional legislation in [Senate File 2360](#) provides allowable reimbursement to schools for the cost of providing therapeutic classroom services and transportation for students who have not been assigned a weighting through special education. Additionally, schools may consider partnering with community mental health partners and or area education agencies to help leverage resources, build capacity, and sustainability within your program. See also the Three Models for Specialized Service Delivery that are outlined in [AWARE Iowa School Mental Health Framework](#) , pg. 17.

2. We're considering sources of funding for our therapeutic classroom. Can another district purchase seats?

No. A district may not purchase seats. However, you may consider entering into a consortium agreement with one or more other school districts to administer the therapeutic program. If you do so, in addition to other consortium requirements the applicant district must assure that:

- a. The therapeutic classroom is housed within the applicant district boundaries;
- b. The applicant district is fiscally responsible for the therapeutic classroom;
- c. The applicant district shall not enter an agreement with another school district to purchase seats in such classroom;
- d. The applicant district is responsible for operating the therapeutic classroom.

Additional guidance will be provided to applicant districts regarding this process.

3. Can we enter a consortium agreement with an AEA to support the therapeutic classroom?

You may enter into a contract service/agreement with an AEA to support a therapeutic classroom. Additional guidance will be provided to applicant districts regarding this process.