



# CICS

Supporting Individuals. Strengthening Communities.

## Regional Governing Board April 22, 2021 @ 1:00PM

**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: 967 5726 8129, Passcode: 990079

or Join the Zoom Meeting at <https://zoom.us/j/96757268129?pwd=RTRhUWM5UWxBby83UU54LzB3R0lOQT09>

**Please note that this board packet is very long and we encourage you to not print unless necessary.**

### Tentative Agenda

#### 1) Roll Call

- |   |   |                                      |   |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Boone            | <input type="checkbox"/> Franklin         | <input type="checkbox"/> Greene      | <input type="checkbox"/> Hamilton         |
| <input type="checkbox"/> Hardin           | <input type="checkbox"/> Jasper           | <input type="checkbox"/> Madison     | <input type="checkbox"/> Marshall         |
| <input type="checkbox"/> Poweshiek        | <input type="checkbox"/> Story            | <input type="checkbox"/> Warren      | <input type="checkbox"/> JD Deambra       |
| <input type="checkbox"/> Allie Wulfekuhle | <input type="checkbox"/> Kendra Alexander | <input type="checkbox"/> Julie Smith | <input type="checkbox"/> Andrea Dickerson |

#### 2) Agenda (Bill Patten, Chair)

April 22, 2021 Agenda

**Action**

*Board Chair asks for motion to approve*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

#### 3) Minutes (Bill Patten, Chair)

March 25, 2021 Minutes

**Action**

*Board Chair asks for motion to approve*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

#### 4) Administration (Russell Wood, CEO)

Legislative Update

**Informational**

Board Meeting Format Discussion

**Informational**

Governing Board Informational Meeting

**Informational**

*Admin Team will host an informational meeting for Governing Board members who would like a 101 on MHDS systems of care. This will be on May 3 from 1:00-3:00 pm and will be Zoom and/or in-person at the Hamilton County Community Services Building, 500 Fairmeadow Drive, Webster City. Please RSVP to [lisa.mulford@cicsmhds.org](mailto:lisa.mulford@cicsmhds.org) by 4 pm on April 27*

**5) Finance (Betsy Stursma)**

March Expenditure Report

**Informational**

Claims April 6, 2021 and April 20, 2021

**Action**

*Board Chair asks for motion to approve*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

*Roll call vote (mark if 'aye')*

- |   |   |                                  |                                     |
|---|---|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Boone            | <input type="checkbox"/> Franklin         | <input type="checkbox"/> Greene  | <input type="checkbox"/> Hamilton   |
| <input type="checkbox"/> Hardin           | <input type="checkbox"/> Jasper           | <input type="checkbox"/> Madison | <input type="checkbox"/> Marshall   |
| <input type="checkbox"/> Poweshiek        | <input type="checkbox"/> Story            | <input type="checkbox"/> Warren  | <input type="checkbox"/> JD Deambra |
| <input type="checkbox"/> Kendra Alexander | <input type="checkbox"/> Allie Wulfekuhle |                                  |                                     |

**6) Operations (Karla Webb)**

Operations Report

**Informational**

CICS Management Plan Policies and Procedures Amendments

**Action**

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

FY22 Contract Template

**Action**

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

FY22 Authorize Chair to Sign Contract Amendments Due to Template Change

**Action**

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

FY22 Mental Health Advocate Contract Template

**Action**

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

Psychiatric Prescriber Incentive

**Action**

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_



Licensed Independent Social Worker Incentive

**Action**

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

FY22 Contracts

**Action**

Arc of Story County

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

Abstaining: \_\_\_\_\_

Friendship Ark, Inc.

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

Abstaining: \_\_\_\_\_

Remaining Contracts:

Abbe Center for Community Mental Health, Inc.

Access, Inc.

Central Iowa Recovery, Inc.

ChildServe Community Options

Christian Opportunity Center

Community & Family Resources

Duncan Heights, Inc.

Foundation 2, Inc.

Full Circle Therapy Center, LLC

Goshorn Psych-Services, PLLC

Grace C. Mae Advocate Center, Inc.

Mainstream Living

New Beginnings Counseling Service

Orchard Place

Progress Industries

Liberty Square dba Spring Harbor Residential Services

Hamilton County Public Hospital dba Van Diest Medical Center

Youth Emergency Services & Shelter

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

Abstaining: \_\_\_\_\_



Judicial Hospitalization Referee Agreement

**Action**

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

**7) Public Comments**

*Board Chair asks for public comments at this time*

**8) Next Meeting – May 27, 2021**





# CICS

Supporting Individuals. Strengthening Communities.

## Regional Governing Board Meeting Minutes

March 25, 2021

Due to the COVID-19 virus, public access to the meeting was provided via conference call. Members of the Board and public were able to call in or attend via zoom.

**Board Members Present:** Boone, Franklin, Greene, Hamilton, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, Allie Wulfekuhle, Kendra Alexander, Julie Smith, Andrea Dickerson. **Counties/Members Absent:** Warren, JD Deambra. **Administrative Team Present:** Russell Wood, Betsy Stursma, Karla Webb, Linn Adams.

### Agenda & Minutes

Motion to approve the March 25, 2021 agenda. Motion by Heddens, second by Talsma. All ayes, motion carried.

Chair asks for motion to approve the February 25, 2021 minutes. Motion by Kretzinger, second by Dawley. All ayes, motion carried.

Chair Bill Patten asks for motion for nominations. Motion by Hoffman, second by Dawley to nominate Talsma. Motion by Kloberdanz to formally nominate Heddens, second not necessary. There were no nominations from the floor. Roll call vote: Boone, abstain; Franklin, Talsma; Greene, Talsma; Hamilton, abstain; Hardin, Talsma; Jasper, abstain; Madison, Heddens; Marshall, Talsma; Poweshiek, Talsma; Story, abstain; Wulfekuhle, abstain; Alexander, Talsma. Not present: Warren and Deambra. Talsma will be Board Chair beginning July 1, 2021.

CEO Russell Wood updated the Board on legislation which will impact MHDS Region funding. Wood will forward the Board a fact sheet and keep the Board updated on the bill.

Wood stated CICS is working on the 28E agreement that will go to the Department of Human Services for approval before recording with the Secretary of State. This will be brought to Admin, then the Board next month.

Wood also visited the offices of the counties joining CICS. Wright office will remain at current location. Cerro Gordo office will be moving to the courthouse basement. Webster office was originally going to go in with public health, however they are going to remain where they are at this time. The Hancock County office will remain where it is. Franklin is doing a budget amendment for the new employee starting in June.

Finance Officer Betsy Stursma shared the expenditure report for February and the claims report for March 9 and March 23, 2021. Motion by Heddens, second by Clifton to approve claims. On a roll call vote all ayes, motion carried.

Wood updated the Board on Complex Needs planning. Admin is coordinating and collaborating with other Regions. Wood spoke with the MHDS commission and is working with Rolling Hills, Care Connections of North Iowa, Heart of Iowa and Sioux Rivers to develop an access center in Fort Dodge. Has had conversation with Trinity Regional for triage and CFR for subacute/other services. There are properties for sale in Fort Dodge that could be a good fit. Details will be shared in the future when they become available.

CICS is working on outreach with Prairie Ridge for an ACT team in the northern part of the Region.

Wood gave background on Elevate Housing. They are an out-of-state corporation and in Iowa dba Elevate as a CCBHC, which a lot of providers are changing to. Bob Lincoln runs Elevate and CICS is seeking to contract with them to provide the iStart program in all of CICS. It is currently in Webster, Wright and Cerro Gordo. It is available in Hancock, however, there are not any clients using it at this point in Hancock. Elevate will be able to do community and provider training for higher complex needs for individuals and can assist CICS in developing an IRSH as well.

Operations Officer Karla Webb presented the Annual Service and Budget Plan. This is due to DHS every year by April 1. Admin has reviewed and is recommending approval. The Adult and Children committee members have had the opportunity to review and no comments have been made for changes. Additions will be made on new counties when we know the address and phone numbers for them. Webb walked the Board through the plan. DHS may ask for revisions and/or changes once submitted. Motion by Kloberdanz, seconded by Talsma to approve the Annual Service and Budget Plan. All ayes, motion carried.

Webb presented a contract amendment for Crossroads Mental Health Center. Motion by Talsma, second by Clifton to approve. All ayes, motion carried.

Webb presented a contract renewal for FY22 for Achieve Mental Health, Inc. Motion by Rudolph, second by Kretzinger to approve. All ayes, motion carried.

Webb presented a contract renewal for FY22 for Brian Vold. Motion by Dawley, second by Talsma to approve. All ayes, motion carried.

Webb presented a contract renewal for FY22 for CIRSI, Inc. Motion by Talsma, second by Kloberdanz to approve. All ayes, motion carried.

Webb presented a contract renewal for FY22 for Heartland Senior Services. Motion by Kretzinger, second by Dawley to approve. All ayes, motion carried.

Webb presented a contract renewal for FY22 for MIW, Inc. Motion by Clifton, second by Rudolph to approve. All ayes, motion carried.

Webb presented a contract for FY21 and FY22 for Elevate Housing Foundation dba Elevate CCBHC. This contract is structured differently than others, as it is based on a per capita cost. After discussion Talsma motioned to deny the contract and have Admin negotiate a contract for fee-for-service for six months with the current clients that were identified by Service Coordination, then proceed after with a possible new contract.



Second by Kloberdanz. On roll call vote: Boone, aye; Franklin, aye; Greene, aye; Hamilton, aye; Hardin, aye; Jasper, aye; Madison, aye; Marshall, aye; Poweshiek, aye; Alexander, aye; Wulfekuhle, aye. Motion carried. Story, Warren and Deambra not present.

Chair asked for public comments at this time, none given.

Next Meeting is April 22, 2021.

Chair adjourned the meeting.

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Lisa Mulford, Minutes Taker

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Bill Patten, Board Chair



### March 2021 Expenditure Report

FY 2021	CICS MHDS Region	Monthly Expenditures	YTD Expenditures	FY21 Budget	Budget Remaining	% of Budget Used
<b>Core Domains</b>						
<b>COA</b>	<b>Treatment</b>					
42305	Mental health outpatient therapy	\$ 1,420	\$ 141,544	\$ 1,180,000	\$ 1,038,457	12%
42306	Medication prescribing & management	\$ 1,488	\$ 12,833	\$ 20,000	\$ 7,167	64%
43301	Assessment & evaluation	\$ -	\$ -	\$ 20,000	\$ 20,000	0%
71319	Mental health inpatient therapy-MHI	\$ 53,689	\$ 167,825	\$ 200,000	\$ 32,175	84%
73319	Mental health inpatient therapy	\$ -	\$ 1,318	\$ 25,000	\$ 23,682	5%
<b>Crisis Services</b>						
32322	Personal emergency response system	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
44301	Crisis evaluation	\$ 33,128	\$ 318,061	\$ 750,000	\$ 431,939	42%
44302	23 hour crisis observation & holding	\$ -	\$ -	\$ 40,000	\$ 40,000	0%
44305	24 hour access to crisis response	\$ -	\$ 6,918	\$ -	\$ (6,918)	
44307	Mobile response	\$ 63,611	\$ 586,823	\$ 950,000	\$ 363,177	62%
44312	Crisis Stabilization community-based services	\$ 900	\$ 26,692	\$ 100,000	\$ 73,308	27%
44313	Crisis Stabilization residential services	\$ 2,161	\$ 68,742	\$ 225,000	\$ 156,258	31%
44396	Access Centers: start-up / sustainability	\$ -	\$ -	\$ 300,000	\$ 300,000	0%
<b>Support for Community Living</b>						
32320	Home health aide	\$ -	\$ -	\$ -	\$ -	
32325	Respite	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
32328	Home & vehicle modifications	\$ -	\$ -	\$ -	\$ -	
32329	Supported community living	\$ 140,544	\$ 778,537	\$ 2,100,000	\$ 1,321,463	37%
42329	Intensive residential services	\$ -	\$ -	\$ 500,000	\$ 500,000	0%
<b>Support for Employment</b>						
50362	Prevocational services	\$ 722	\$ 6,299	\$ 25,000	\$ 18,701	25%
50364	Job development	\$ -	\$ -	\$ -	\$ -	
50367	Day habilitation	\$ 7,927	\$ 67,632	\$ 225,000	\$ 157,368	30%
50368	Supported employment	\$ 9,991	\$ 70,217	\$ 100,000	\$ 29,783	70%
50369	Group Supported employment-enclave	\$ 149	\$ 757	\$ 20,000	\$ 19,243	4%
<b>Recovery Services</b>						
45323	Family support	\$ 2,080	\$ 19,155	\$ 25,000	\$ 5,845	77%
45366	Peer support	\$ -	\$ 1,202	\$ 20,000	\$ 18,798	6%
<b>Service Coordination</b>						
21375	Case management	\$ -	\$ -	\$ -	\$ -	
24376	Health homes	\$ -	\$ 16,151	\$ -	\$ (16,151)	
<b>Sub-Acute Services</b>						
63309	Subacute services-1-5 beds	\$ -	\$ -	\$ 100,000	\$ 100,000	0%
64309	Subacute services-6 and over beds	\$ -	\$ -	\$ 100,000	\$ 100,000	0%
<b>Core Evidenced Based Treatment</b>						
04422	Education & Training Services - provider competency	\$ -	\$ -	\$ 15,000	\$ 15,000	0%
32396	Supported housing	\$ -	\$ -	\$ -	\$ -	
42398	Assertive community treatment (ACT)	\$ 3,190	\$ 38,427	\$ 125,000	\$ 86,573	31%
45373	Family psychoeducation	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
<b>Core Domains Total</b>		<b>\$ 321,000</b>	<b>\$ 2,329,133</b>	<b>\$ 7,185,000</b>	<b>\$ 4,855,867</b>	<b>32%</b>
<b>Mandated Services</b>						
46319	Oakdale	\$ -	\$ -	\$ 50,000	\$ 50,000	0%
72319	State resource centers	\$ -	\$ -	\$ -	\$ -	
74XXX	Commitment related (except 301)	\$ 22,656	\$ 122,424	\$ 400,000	\$ 277,576	31%
75XXX	Mental health advocate	\$ 12,785	\$ 114,921	\$ 250,000	\$ 135,079	46%
<b>Mandated Services Total</b>		<b>\$ 35,441</b>	<b>\$ 237,346</b>	<b>\$ 700,000</b>	<b>\$ 462,654</b>	<b>34%</b>
<b>Additional Core Domains</b>						
<b>Justice system-involved services</b>						
25xxx	Coordination services	\$ 37,209	\$ 246,405	\$ 600,000	\$ 353,595	41%
44346	24 hour crisis line**	\$ -	\$ 40,752	\$ -	\$ (40,752)	
44366	Warm line**	\$ -	\$ 2,516	\$ 10,000	\$ 7,484	25%
46305	Mental health services in jails	\$ 13,118	\$ 101,903	\$ 250,000	\$ 148,097	41%
46399	Justice system-involved services-other	\$ -	\$ -	\$ -	\$ -	
46422	Crisis prevention training	\$ -	\$ -	\$ 25,000	\$ 25,000	0%
46425	Mental health court related costs	\$ -	\$ -	\$ -	\$ -	
74301	Civil commitment prescreening evaluation	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
<b>Additional Core Evidenced based treatment</b>						
42366	Peer self-help drop-in centers	\$ 83,519	\$ 767,187	\$ 885,000	\$ 117,813	87%
42397	Psychiatric rehabilitation (IPR)	\$ 1,732	\$ 6,129	\$ 60,000	\$ 53,871	10%
<b>Additional Core Domains Total</b>		<b>\$ 135,578</b>	<b>\$ 1,164,892</b>	<b>\$ 1,835,000</b>	<b>\$ 670,108</b>	<b>63%</b>
<b>Other Informational Services</b>						
03371	Information & referral	\$ -	\$ 8	\$ -	\$ (8)	
04372	Planning and/or Consultation (client related)	\$ -	\$ -	\$ -	\$ -	
04377	Provider Incentive Payment	\$ -	\$ -	\$ -	\$ -	
04399	Consultation Other	\$ -	\$ -	\$ -	\$ -	
04429	Planning and Management Consultants (non-client related)	\$ -	\$ -	\$ 50,000	\$ 50,000	0%
05373	Public education	\$ 20,606	\$ 654,495	\$ 1,317,609	\$ 663,114	50%
<b>Other Informational Services Total</b>		<b>\$ 20,606</b>	<b>\$ 654,502</b>	<b>\$ 1,367,609</b>	<b>\$ 713,107</b>	<b>48%</b>
<b>Essential Community Living Support Services</b>						

### March 2021 Expenditure Report

FY 2021	CICS MHDS Region	Monthly Expenditures	YTD Expenditures	FY21 Budget	Budget Remaining	% of Budget Used
06399	Academic services		\$ -	\$ -	\$ -	
22XXX	Services management	\$ 111,241	\$ 996,556	\$ 1,600,000	\$ 603,444	62%
23376	Crisis care coordination	\$ -	\$ -	\$ -	\$ -	
23399	Crisis care coordination other		\$ -	\$ -	\$ -	
24399	Health home other		\$ -	\$ -	\$ -	
31XXX	Transportation	\$ 21,685	\$ 95,401	\$ 250,000	\$ 154,599	38%
32321	Chore services		\$ -	\$ -	\$ -	
32326	Guardian/conservator	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
32327	Representative payee	\$ 1,107	\$ 9,949	\$ 20,000	\$ 10,051	50%
32335	CDAC		\$ -	\$ 200,000	\$ 200,000	0%
32399	Other support		\$ -	\$ 80,000	\$ 80,000	0%
33330	Mobile meals		\$ -	\$ -	\$ -	
33340	Rent payments (time limited)	\$ 5,599	\$ 31,258	\$ -	\$ (31,258)	
33345	Ongoing rent subsidy	\$ -	\$ -	\$ -	\$ -	
33399	Other basic needs	\$ 286	\$ 10,131	\$ -	\$ (10,131)	
41305	Physiological outpatient treatment	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
41306	Prescription meds	\$ 1,059	\$ 1,224	\$ 15,000	\$ 13,776	8%
41307	In-home nursing		\$ -	\$ -	\$ -	
41308	Health supplies		\$ -	\$ -	\$ -	
41399	Other physiological treatment		\$ -	\$ -	\$ -	
42309	Partial hospitalization		\$ -	\$ -	\$ -	
42310	Transitional living program	\$ 3,978	\$ 167,076	\$ 400,000	\$ 232,924	42%
42363	Day treatment		\$ -	\$ -	\$ -	
42396	Community support programs	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
42399	Other psychotherapeutic treatment	\$ -	\$ -	\$ -	\$ -	
43399	Other non-crisis evaluation		\$ -	\$ -	\$ -	
44304	Emergency care		\$ -	\$ -	\$ -	
44399	Other crisis services		\$ -	\$ -	\$ -	
45399	Other family & peer support		\$ -	\$ -	\$ -	
46306	Psychiatric medications in jail	\$ 2,163	\$ 19,615	\$ 50,000	\$ 30,385	39%
50361	Vocational skills training		\$ -	\$ -	\$ -	
50365	Supported education		\$ -	\$ -	\$ -	
50399	Other vocational & day services		\$ -	\$ -	\$ -	
63XXX	RCF 1-5 beds (63314, 63315 & 63316)	\$ -	\$ 981	\$ -	\$ (981)	
63XXX	ICF 1-5 beds (63317 & 63318)		\$ -	\$ -	\$ -	
63329	SCL 1-5 beds		\$ -	\$ -	\$ -	
63399	Other 1-5 beds		\$ -	\$ -	\$ -	
<b>Essential Comm Living Support Services Total</b>		<b>\$ 147,120</b>	<b>\$ 1,332,192</b>	<b>\$ 2,635,000</b>	<b>\$ 1,302,808</b>	<b>51%</b>
<b>Other Congregate Services</b>						
50360	Work services (work activity/sheltered work)	\$ -	\$ -	\$ -	\$ -	
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 29,056	\$ 375,115	\$ 900,000	\$ 524,885	42%
64XXX	ICF 6 and over beds (64317 & 64318)		\$ -	\$ -	\$ -	
64329	SCL 6 and over beds	\$ -	\$ -	\$ -	\$ -	
64399	Other 6 and over beds	\$ -	\$ -	\$ -	\$ -	
<b>Other Congregate Services Total</b>		<b>\$ 29,056</b>	<b>\$ 375,115</b>	<b>\$ 900,000</b>	<b>\$ 524,885</b>	<b>42%</b>
<b>Administration</b>						
11XXX	Direct Administration	\$ 101,063	\$ 1,014,499	\$ 1,500,000	\$ 485,501	68%
12XXX	Purchased Administration	\$ 494	\$ 109,007	\$ 125,000	\$ 15,993	87%
<b>Administration Total</b>		<b>\$ 101,557</b>	<b>\$ 1,123,507</b>	<b>\$ 1,625,000</b>	<b>\$ 501,493</b>	<b>69%</b>
<b>Regional Totals</b>		<b>\$ 790,357.06</b>	<b>\$ 7,216,687.52</b>	<b>\$ 16,247,609</b>	<b>\$ 9,030,921</b>	<b>44%</b>
67%						
<b>(45XX-XXX)County Provided Case Management</b>						
<b>(46XX-XXX)County Provided Services</b>						

Transfer Numbers (Expenditures should only be counted when final expenditure is made for services/administration. Transfers are eliminated from budget to show true regional finances)

13951	Distribution to MHDS regional fiscal agent from member county	\$ -	\$ 68,047			
14951	MHDS fiscal agent reimbursement to MHDS regional member county	\$ -	\$ 200,000.00			
15481	Distribution to Other MHDS Region (CARES)	\$ -	\$ 1,750,000.00			

\*\* 24 hour crisis line and warm line are transitioning from additional core to state wide core services with state funding.

Disbursement Date 04/06/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
5679	V 1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				40.64
5679	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
5679	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
5679	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				376.99
5679	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
5679	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				228.06
5679	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				304.54
5679	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
5679	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
5680	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
					Disbursement# 3641	Disbursement	Total					1,529.83
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				315.63
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				315.63
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				366.13
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				101.00
5681	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				454.50
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				366.13
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				265.13
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				404.00
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				845.88
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				340.88
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				353.50
5681	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				416.63
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				151.50
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				227.25
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				202.00
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				176.75
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				189.38
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				214.63
5681	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				505.00
5681	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				328.25
5681	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				366.13
5681	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				315.63
5681	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				378.75
5681	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				277.75
5681	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				454.50
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				265.13
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				441.88
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				328.25
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				378.75
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				378.75
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				454.50
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				315.63
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				505.00
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				454.50
5681	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				227.25
5681	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				492.38
					Disbursement# 3642	Disbursement	Total					12,574.58

Disbursement Date 04/06/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
5682 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
5682 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
5682 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
5682 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				311.22
5682 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
5682 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
				Disbursement#	3643	Disbursement		Total				1,089.27
5683 V	2214	eVizzit of Ia Psychiatry PC		Crisis Evaluation	41500	04044	301	62				290.00
5683 V	2214	eVizzit of Ia Psychiatry PC		Crisis Evaluation	41500	04044	301	62				290.00
				Disbursement#	3644	Disbursement		Total				580.00
5698 V	5696	Eyerly Ball CMHS		Assertive Community Treat	41500	04042	398	62				3190.00
5698 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				155.61
5698 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				91.34
5698 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	306	62				57.96
				Disbursement#	3645	Disbursement		Total				3,494.91
5684 V	2438	Foundation 2, Inc.		Public Education Services	41500	04005	373	62				45.00
				Disbursement#	3646	Disbursement		Total				45.00
5708 V	72119	Franklin County Sheriff's Off.		Commitment - Sheriff Tran	41500	04074	353	62				160.56
5708 V	72119	Franklin County Sheriff's Off.		Commitment - Sheriff Tran	41500	04074	353	62				123.04
				Disbursement#	3647	Disbursement		Total				283.60
5705 V	7342	GateHouse-DB Iowa Holdings		Direct Admin - Publicatio	41500	04411	400	62				270.38
				Disbursement#	3648	Disbursement		Total				270.38
5685 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				32.00
5685 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				32.00
				Disbursement#	3649	Disbursement		Total				64.00
5686 V	2726	Hamilton County Jail		Prescription Medication (	41500	04046	306	62				36.25
				Disbursement#	3650	Disbursement		Total				36.25
5688 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				1024.38
				Disbursement#	3651	Disbursement		Total				1,024.38
5689 V	3620	Jasper County Sheriff		Prescription Medication (	41500	04046	306	62				490.93
				Disbursement#	3652	Disbursement		Total				490.93
5702 V	6008	Johnson Law Office		Commitment - Legal Repres	41500	04074	393	62				174.00
5702 V	6008	Johnson Law Office		Commitment - Legal Repres	41500	04074	393	62				322.02
5702 V	6008	Johnson Law Office		Commitment - Legal Repres	41500	04074	393	62				31.50
				Disbursement#	3653	Disbursement		Total				527.52
5691 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				74.00
5691 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
5691 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				238.00
5691 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00

Disbursement Date 04/06/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	3654	Disbursement	Total					374.00
5692	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				8221.20
5692	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				3978.00
5692	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				2652.00
5692	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				5038.80
5692	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				4508.40
5692	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				6630.00
5692	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				3447.60
5692	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				8221.20
				Disbursement#	3655	Disbursement	Total					42,697.20
5693	V 4730	Mediapolis Care Facility Inc		Comm Based Settings (6+ B	41500	04064	314	62				1545.78
				Disbursement#	3656	Disbursement	Total					1,545.78
5694	V 4984	Lisa Mulford		Direct Admin - Mileage &	41500	04411	413	62				33.60
				Disbursement#	3657	Disbursement	Total					33.60
5678	V 1226	NAMI Central Iowa		Public Education Services	41500	04005	373	62				1525.00
5678	V 1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04042	366	62				4137.27
5678	V 1226	NAMI Central Iowa		Peer Family Support - Fam	41500	04045	323	62				2080.00
5678	V 1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04242	366	62				413.73
				Disbursement#	3658	Disbursement	Total					8,156.00
5695	V 5317	Nyemaster Goode, PC		Purchased Admin - Legal &	41500	04412	425	62				493.50
				Disbursement#	3659	Disbursement	Total					493.50
5687	V 2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				400.00
				Disbursement#	3660	Disbursement	Total					400.00
5690	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				80.00
5690	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				190.24
5690	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				52.00
5690	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				54.35
5690	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				40.00
5690	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				56.00
5690	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				16.00
5690	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				16.00
5690	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				60.00
5690	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00
				Disbursement#	3661	Disbursement	Total					600.59
5697	V 5581	Peglow, O'Hare & See, P.L.C.		Commitment - Legal Repres	41500	04074	393	62				94.50
				Disbursement#	3662	Disbursement	Total					94.50
5699	V 5729	Plymouth County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				254.15
				Disbursement#	3663	Disbursement	Total					254.15
5700	V 5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				63.64

Disbursement Date 04/06/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount	
5700 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				62.64	
5700 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				34.00	
				Disbursement#	3664							Disbursement Total	160.28
5701 V	5825	Premier Payee, Inc		Support Services - Repres	41500	04032	327	62				90.00	
				Disbursement#	3665							Disbursement Total	90.00
5696 V	5533	Region Six Planning Commission		Transportation - General	41500	04031	354	62				56.00	
5696 V	5533	Region Six Planning Commission		Transportation - General	41500	04231	354	62				42.00	
5696 V	5533	Region Six Planning Commission		Transportation - General	41500	04331	354	62				11.20	
				Disbursement#	3666							Disbursement Total	109.20
5677 V	771	Sioux Rivers Region		Mental Health Advocate -	41500	04075	395	62				218.18	
				Disbursement#	3667							Disbursement Total	218.18
5703 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				11.50	
5703 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				131.50	
5703 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				431.00	
5703 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				120.00	
5703 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				179.50	
5703 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				143.00	
5703 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.50	
5703 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				181.05	
5703 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				156.50	
5703 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				203.00	
5703 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.50	
				Disbursement#	3668							Disbursement Total	1,700.05
5704 V	7125	Story County Treasurer		Prescription Medication (	41500	04046	306	62				264.67	
				Disbursement#	3669							Disbursement Total	264.67
5676 V	700	UnityPoint Health		Psychotherapeutic Treatme	41500	04042	306	62				213.15	
				Disbursement#	3670							Disbursement Total	213.15
5706 V	7738	Barb Westphal, Attorney		Commitment - Legal Repres	41500	04074	393	62				81.90	
				Disbursement#	3671							Disbursement Total	81.90
5707 V	7741	What's Next? LLC		Direct Admin - Custodial	41500	04411	471	62	56			1100.00	
				Disbursement#	3672							Disbursement Total	1,100.00
						32						Total Disbursements	80,597.40
						0						Total ACH	.00
						0						Total EFT	.00
						32						Grand Total	80,597.40
												Credits/Refunds Included	.00

Date - 4/01/21  
Time - 10:02:35

Story County - Accounting  
Final Disbursement Register

Program - AA31091  
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Disbursement Date 04/06/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
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Totals by Fund

41500	Central Iowa Community Service		80,597.40									
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Final Total

80,597.40

End of report

Disbursement Date 04/20/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
5945 V	60	Linn Adams		Services Management - Mil	41500	04022	413	62				35.10
5945 V	60	Linn Adams		Services Management - Mil	41500	04222	413	62				35.09
5945 V	60	Linn Adams		Services Management - Mil	41500	04322	413	62				35.09
				Disbursement#	3673						Disbursement Total	105.28
5948 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04042	366	62				700.00
5948 V	508	ARC of Story County		Services Management - Pla	41500	04222	372	62				183.47
5948 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04242	366	62				2450.00
5948 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04342	366	62				350.00
				Disbursement#	3674						Disbursement Total	3,683.47
5950 V	1230	Capstone Behavioral Healthcare		Basic Needs - Rent Paymen	41500	04033	340	62				300.00
5950 V	1230	Capstone Behavioral Healthcare		Basic Needs - Rent Paymen	41500	04033	340	62				300.00
5950 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				5361.08
5950 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04242	366	62				886.82
5950 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04342	366	62				403.10
5950 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				7104.00
5950 V	1230	Capstone Behavioral Healthcare		Support Services - Suppor	41500	04032	329	62				7353.24
5950 V	1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				1038.76
5950 V	1230	Capstone Behavioral Healthcare		Justice System Involved C	41500	04025	376	62				6051.00
5950 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				59.43
5950 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				59.43
5950 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				59.43
5950 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				59.43
5950 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				342.51
5950 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				342.51
				Disbursement#	3675						Disbursement Total	29,720.74
5946 V	198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				345.77
				Disbursement#	3676						Disbursement Total	345.77
5958 V	2097	Cedar Valley Ranch, Inc.		Comm Based Settings (6+ B	41500	04064	314	62				4877.85
				Disbursement#	3677						Disbursement Total	4,877.85
5951 V	1327	Center Associates		Justice System Involved C	41500	04025	376	62				6480.00
5951 V	1327	Center Associates		Crisis Evaluation	41500	04044	301	62				578.35
5951 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				155.61
5951 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				72.45
5951 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				133.41
5951 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
5951 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
5951 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
5951 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
5951 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
				Disbursement#	3678						Disbursement Total	7,926.97
5952 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				303.00
5952 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				744.88
5952 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				391.38
5952 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				416.63

Disbursement Date 04/20/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
5952 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				429.25
5952 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				454.50
5952 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				416.63
5952 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				151.50
5952 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				391.38
5952 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				429.25
5952 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				290.38
				Disbursement#	3679							4,418.78
												Disbursement Total
5954 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
5954 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				311.22
5954 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
5954 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
				Disbursement#	3680							778.05
												Disbursement Total
5953 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	397	62				1367.10
5953 V	1361	Central Iowa Recovery Inc.		Support Services - Suppor	41500	04232	329	62				4018.96
5953 V	1361	Central Iowa Recovery Inc.		Support Services - Suppor	41500	04332	329	62				217.62
5953 V	1361	Central Iowa Recovery Inc.		Day Habilitation	41500	04250	367	62				284.60
5953 V	1361	Central Iowa Recovery Inc.		Day Habilitation	41500	04350	367	62				832.12
5953 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				5377.00
5953 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				7125.00
5953 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				7125.00
				Disbursement#	3681							26,347.40
												Disbursement Total
5955 V	1475	Choice Employment Services		Voc/Day - Individual Supp	41500	04250	368	62				361.58
				Disbursement#	3682							361.58
												Disbursement Total
5996 V	82883	Christian Opportunity Center		Support Services - Suppor	41500	04232	329	62				585.07
5996 V	82883	Christian Opportunity Center		Voc/Day - Individual Supp	41500	04250	368	62				744.92
				Disbursement#	3683							1,329.99
												Disbursement Total
5956 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				114.17
5956 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				72.45
5956 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				114.17
5956 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	306	62				31.21
				Disbursement#	3684							332.00
												Disbursement Total
5957 V	1809	Brenda Daily		Services Management - Mil	41500	04022	413	62				126.56
				Disbursement#	3685							126.56
												Disbursement Total
5971 V	3601	Designer Graphix Plus, Inc.		Public Education Services	41500	04005	373	62				540.00
				Disbursement#	3686							540.00
												Disbursement Total
5983 V	5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				18000.00
5983 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				58071.36
5983 V	5696	Eyerly Ball CMHS		Justice System Involved C	41500	04025	376	62				6863.00
				Disbursement#	3687							82,934.36
												Disbursement Total
5959 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04042	366	62				2556.60

Disbursement Date 04/20/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
5959 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04242	366	62				2599.80
5959 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04342	366	62				866.60
				Disbursement#	3688							6,023.00
5961 V	2438	Foundation 2, Inc.		Mobile Response	41500	04044	307	62				6792.00
				Disbursement#	3689							6,792.00
5993 V	72119	Franklin County Sheriff's Off.		Commitment - Sheriff Tran	41500	04074	353	62				121.92
				Disbursement#	3690							121.92
5960 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04032	329	62				917.76
5960 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04332	329	62				793.48
				Disbursement#	3691							1,711.24
5962 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				65.00
5962 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				71.50
5962 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				214.50
5962 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				247.00
				Disbursement#	3692							598.00
5995 V	82851	Kelly Gerke		Direct Admin - Mileage &	41500	04411	413	62				32.20
				Disbursement#	3693							32.20
5970 V	3549	GovConnection		Direct Admin - Informatio	41500	04411	632	62	56			160.15
				Disbursement#	3694							160.15
5963 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				74.50
				Disbursement#	3695							74.50
5964 V	2726	Hamilton County Jail		Prescription Medication (	41500	04046	306	62				73.72
				Disbursement#	3696							73.72
5978 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				361.20
5978 V	5137	HIRTA Public Transit		Transportation - General	41500	04231	354	62				154.80
5978 V	5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				371.52
5978 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				277.56
5978 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				342.60
				Disbursement#	3697							1,507.68
5998 V	83215	Carrie Hisler		Services Management - Mil	41500	04022	413	62				132.72
				Disbursement#	3698							132.72
5965 V	3129	Liza Howard		Services Management - Mil	41500	04022	413	62				442.48
5965 V	3129	Liza Howard		Services Management - Mil	41500	04222	413	62				429.48
5965 V	3129	Liza Howard		Services Management - Mil	41500	04322	413	62				429.48
				Disbursement#	3699							1,301.44
5966 V	3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04350	368	62				264.52
5967 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04032	329	62				5507.28
5967 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04032	329	62				4410.00

Disbursement Date 04/20/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
5967	V 3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04232	329	62				87.84
5967	V 3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04350	368	62				723.16
5967	V 3227	Imagine The Possibilities Inc		Day Habilitation	41500	04750	367	62				213.45
5967	V 3227	Imagine The Possibilities Inc		Day Habilitation	41500	04750	367	62				213.45
5967	V 3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04032	329	62				2730.00
5967	V 3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04032	329	62				3780.00
5967	V 3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04232	329	62				2713.28
5967	V 3227	Imagine The Possibilities Inc		Day Habilitation	41500	04250	367	62				1491.82
5967	V 3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04250	368	62				530.33
5967	V 3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04332	329	62				2838.94
5967	V 3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04332	329	62				5472.92
5967	V 3227	Imagine The Possibilities Inc		Day Habilitation	41500	04350	367	62				1158.16
5967	V 3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04350	368	62				1829.69
5967	V 3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04732	329	62				156.16
5967	V 3227	Imagine The Possibilities Inc		Day Habilitation	41500	04750	367	62				213.45
				Disbursement#	3700	Disbursement		Total				34,334.45
5969	V 3532	Integrated Telehealth Partners		Crisis Stabilization Comm	41500	04044	312	62				900.00
5969	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
5969	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
5969	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
5969	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
5969	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
5969	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
5969	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				537.33
5969	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
5969	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
5969	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
5969	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
5969	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
5969	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
5969	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				413.16
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1740.00
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1160.00
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				2030.00
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1160.00
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				2320.00
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1740.00
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1740.00
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1160.00
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1160.00
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00
5969	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00

Disbursement Date 04/20/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
5969 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1160.00
5969 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00
5969 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1160.00
			Disbursement#	3701		Disbursement	Total					32,496.06
5969 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00
5969 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				2610.00
5969 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1160.00
5969 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1160.00
5969 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1740.00
5969 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1160.00
5969 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1160.00
			Disbursement#	3702		Disbursement	Total					9,860.00
5968 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				1137.14
5968 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				59.43
5968 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				423.98
5968 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				899.42
5968 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				594.30
			Disbursement#	3703		Disbursement	Total					3,114.27
5972 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				590.40
5972 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				130.60
5972 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				137.32
5972 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				112.18
			Disbursement#	3704		Disbursement	Total					970.50
5973 V	4136	Legal Aid Society of Story Co.		Basic Needs - Other	41500	04033	399	62				297.64
5973 V	4136	Legal Aid Society of Story Co.		Basic Needs - Other	41500	04233	399	62				233.44
			Disbursement#	3705		Disbursement	Total					531.08
5975 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
5975 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				86.00
5975 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				61.00
5975 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				92.00
5975 V	4443	Marshall County		Prescription Medication (	41500	04046	306	62				23.98
5975 V	4443	Marshall County		Prescription Medication (	41500	04046	306	62				840.21
			Disbursement#	3706		Disbursement	Total					1,134.19
5976 V	4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				75.75
5976 V	4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				239.88
5976 V	4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				239.88
5976 V	4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				303.00
5976 V	4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				239.88
5976 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				303.00
			Disbursement#	3707		Disbursement	Total					1,401.39
5977 V	4721	Medicap Pharmacy		Prescription Medication (	41500	04046	306	62				477.64
			Disbursement#	3708		Disbursement	Total					477.64



Disbursement Date 04/20/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
5988 V	7025	Story County Auditor		Purchased Admin - Account	41500	04412	420	62				3187.33
				Disbursement# 3721								3,187.33
5986 V	6706	Story County Community Serv		Direct Admin - Mileage &	41500	04411	413	62				1.12
				Disbursement# 3722								1.12
5989 V	7421	Trilix Marketing Group		Public Education Services	41500	04005	373	62				350.00
5989 V	7421	Trilix Marketing Group		Public Education Services	41500	04005	373	62	56			32600.00
				Disbursement# 3723								32,950.00
5990 V	7601	VISA		Direct Admin - Stationary	41500	04411	260	62				23.70
5990 V	7601	VISA		Direct Admin - Mileage &	41500	04411	413	62				159.28
5990 V	7601	VISA		Direct Admin - Informatio	41500	04411	632	62				760.00
				Disbursement# 3724								942.98
5991 V	7738	Barb Westphal, Attorney		Commitment - Legal Repres	41500	04074	393	62				119.70
5991 V	7738	Barb Westphal, Attorney		Commitment - Legal Repres	41500	04074	393	62				81.90
				Disbursement# 3725								201.60
5992 V	7802	Wilson Law Firm		Commitment - Legal Repres	41500	04074	393	62				71.50
5992 V	7802	Wilson Law Firm		Commitment - Legal Repres	41500	04074	393	62				78.00
				Disbursement# 3726								149.50
					54	Total Disbursements						337,657.56
					0	Total ACH						.00
					0	Total EFT						.00
					54	Grand Total						337,657.56
						Credits/Refunds Included						.00

Totals by Fund	
41500 Central Iowa Community Service	337,657.56
Final Total	337,657.56

End of report



# CICS

Supporting Individuals. Strengthening Communities.

**To:** CICS Governing Board  
**From:** Karla Webb, Operations Officer  
**Date:** 4/19/21  
**Subject:** Operations Officer Report for 4/22/21 Governing Board Meeting

Amendments to the CICS Management Plan Policies and Procedures Manual are proposed for your consideration, the amendments include:

Page 1: Updated to reflect counties joining CICS.

Page 2: Table of Contents will be updated upon Plan approval.

Page 3: Moved crisis planning to a bullet point.

Page 4 and 5: Added office contact information for counties joining CICS and updated Green County office information.

Page 6: Added office information for counties joining CICS and updated statement to indicate adequate credentialed staff shall carry out the administration of the plan.

Page 15: Added clarifying language regarding client participation costs and organizational representative payee services.

Page 23: Adjusted language regarding contracting process.

Page 25: Removed bullet point referencing Outcome and Performance Measures Committee Report of December 14, 2012. Adjusted reference to data CICS analyzes.

Page 29-30: Combined access points for adult mental health and disability services and children's behavioral health services. Removed Referral Sources from the access points as may not always be able to get staff trained on how to complete the funding application. Referral sources may refer an individual to CICS offices to complete the funding application. Staff in the CICS offices are trained in completing and processing funding applications.

Page 34: Added children as eligible population group for crisis stabilization community-based services and crisis stabilization residential services.

Page 41: Removed State Funded from warm line as this has not occurred yet.

Page 43: Updated access standards/other funding information for representative payee services, refer to Client Co-payment and Client Participation for Adult Services.

Page 53: Updated CICS website

Upon gathering additional information regarding professional liability insurance, changes to Section 6.2 of the CICS Provider and Program Participation Agreement are proposed. The Advocate Services Agreement also includes these proposed changes, and a Hold Harmless and Indemnification section has been added to the contract for your consideration.

Amendments are proposed for the Psychiatric Prescriber and Licensed Independent Social Worker (LISW) Incentives with increased incentive amounts and clarifying funding for up to 24 months rather than two fiscal years.



An Agreement for Reimbursement of Judicial Hospitalization Referee services available in Cerro Gordo County is proposed. There is an existing agreement in place with the Iowa Judicial Branch, CSS, and Cerro Gordo County. This agreement will provide funding for a judicial referee to conduct hospitalization proceedings for mental health and co-occurring civil commitments in and around Cerro Gordo County.

FY22 Contracts include standard renewals; Foundation 2, Inc includes funding for mobile crisis response dispatch services for all 15 CICS counties effective 7/1/21. Duncan Heights, Inc. and Liberty Square dba Spring Harbor Residential Services are new to the CICS Provider Network.



# 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](http://www.cicsmhds.org)), and on the DHS website (<https://dhs.iowa.gov>):

### **Boone County**

900 W. 3<sup>rd</sup> 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: 641-494-3555](#)  
[Office Hours: Monday – Friday, 8:00am – 4:30pm](#)

### **Franklin County**

123 1<sup>st</sup> 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~~ [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: 641-494-3555](#)  
[Office Hours: Wednesday and Friday, 8:00am – 4:30pm](#)

### **Hardin County**

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

### **Jasper County**

115 N. 2<sup>nd</sup> 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 1<sup>st</sup> Ave  
Marshalltown, Iowa 50158  
Phone: (641) 754-6390  
Fax: (641) 754-6391  
Office Hours: Monday – Friday, 8:00am - 4:30pm

### **Poweshick County**

200 4<sup>th</sup> 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

**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

**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

**Wright County**

120 1<sup>st</sup> 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.

<b>County Office</b>	<b>Address</b>	<b>Phone</b>
Boone County Community Services	900 W 3 <sup>rd</sup> St., Boone IA 50036	515-433-0593
<a href="#">Cerro Gordo County Community Services</a>	<a href="#">220 N. Washington Ave., Mason City, IA 50401</a>	<a href="#">641-494-3550</a>
Franklin County Community Services	123 1 <sup>st</sup> 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> <a href="#">515-433-0593 ext. 4883</a>
Hamilton County Community Services	500 Fairmeadow Dr., Webster City IA 50595	515-823-9550
<a href="#">Hancock County Community Services</a>	<a href="#">545 State Street Suite 1, Garner, IA 50438</a>	<a href="#">641-494-3550</a>
Hardin County Community Services	1201 14 <sup>th</sup> Ave, Eldora IA 50627	641-939-8167
Jasper County Community Services	115 N 2 <sup>nd</sup> 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 <sup>st</sup> Ave, Marshalltown IA 50158	641-754-6390
Poweshiek County Community Services	200 4 <sup>th</sup> 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
<a href="#">Webster County Community Services</a>	<a href="#">308 Central Ave., Fort Dodge, IA 50501</a>	<a href="#">515-573-1485</a>
<a href="#">Wright County Community Services</a>	<a href="#">120 1<sup>st</sup> Ave NW, Clarion, IA 50525</a>	<a href="#">515-532-3309</a>

### **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 14<sup>th</sup> 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 1<sup>st</sup> to June 30<sup>th</sup> 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.

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~~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 1<sup>st</sup> of each year. A rate established for a new service, or provider, shall be in effect until the following June 30<sup>th</sup>. 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 for~~ 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.

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## 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
<a href="#">Cerro Gordo County Community Services</a>	<a href="#">220 N. Washington Ave., Mason City, IA 50401</a>	<a href="#">641-494-3550</a>
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 <a href="#">or 515-433-0593 ext. 4883</a>
Hamilton County Community Services	500 Fairmeadow Dr., Webster City IA 50595	515-832-9550
<a href="#">Hancock County Community Services</a>	<a href="#">545 State Street Suite 1, Garner, IA 50438</a>	<a href="#">641-494-3550</a>
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 <sup>th</sup> 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
<a href="#">Webster County Community Services</a>	<a href="#">308 Central Ave., Fort Dodge, IA 50501</a>	<a href="#">515-573-1485</a>
<a href="#">Wright County Community Services</a>	<a href="#">120 1<sup>st</sup> Ave. NW, Clarion, IA 50525</a>	<a href="#">515-532-3309</a>
<b>Referral Sources</b>		
<del>Berryhill Center for Mental Health</del>	<del>500 Fairmeadow Dr., Webster City IA 50595</del>	<del>515-832-6626</del>
<del>Capstone Behavioral Healthcare, Inc</del>	<del>306 N 3rd Ave E, Newton IA 50208</del>	<del>641-792-4012</del>
<del>Center Associates</del>	<del>9 N 4th Ave, Marshalltown IA 50158</del>	<del>641-752-1585</del>
<del>Central Iowa Residential Services Inc.</del>	<del>411 E Linn St, Marshalltown IA 50158</del>	<del>641-752-5762</del>
<del>Christian Opportunity Center</del>	<del>1602 N 14th St, Indianola IA 50125</del>	<del>515-961-3653</del>
<del>Crossroads Behavioral Health Services</del>	<del>102 W. Summit, Winterset IA 50273</del>	<del>515-462-3105</del>
<del>Eyerly Ball Community Mental Health Services</del>	<del>105 S Marshall, Boone IA 50036</del>	<del>515-298-0181</del>
<del>Eyerly Ball Community Mental Health Services</del>	<del>2521 University Blvd, Suite 121, Ames IA 50010</del>	<del>515-598-3300</del>
<del>Eyerly Ball Community Mental Health Services</del>	<del>1301 Center St, Des Moines IA 50139</del>	<del>515-243-5181</del>
<del>Hardin County FFA Friendship Club</del>	<del>602 South Oak St, PO Box 622, Iowa Falls IA 50156</del>	<del>641-648-7500</del>
<del>House of Mercy</del>	<del>200 N 8th Ave E, Newton IA 50208</del>	<del>641-792-0717</del>
<del>House of Mercy</del>	<del>310 North Buxton St, Indianola IA 50125</del>	<del>515-358-7610</del>
<del>Imagine The Possibilities</del>	<del>927 8th Street, Boone IA 50036</del>	<del>515-432-7288</del>
<del>Imagine The Possibilities</del>	<del>415 E Washington, Winterset IA 50273</del>	<del>515-462-9083</del>
<del>Imagine The Possibilities</del>	<del>1809 W 2nd Ave, Indianola IA 50125</del>	<del>515-961-6918</del>
<del>Imagine The Possibilities</del>	<del>415 E Lincoln Way, Jefferson IA 50129</del>	<del>563-652-5252</del>
<del>Imagine The Possibilities</del>	<del>925 Broad St., Grinnell IA 50012</del>	<del>641-236-0230</del>
<del>Integrated Treatment Services</del>	<del>303 S 2<sup>nd</sup> Ave W, Newton IA 50208</del>	<del>641-792-0045</del>
<del>Madison County Memorial Hospital</del>	<del>300 W Hutchings St, Winterset IA 50273</del>	<del>515-462-2373</del>
<del>Mary Greeley Medical Center</del>	<del>1111 Duff Ave, Ames IA 50010</del>	<del>Adult Behavioral Unit: 515-239-2683 Emergency Room: 515-239-2155</del>

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 <sup>th</sup> 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 49th 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.**

<b>Access Point</b>	<b>Location</b>	<b>Contact Information</b>
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 <sup>th</sup> 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-
<b>Referral Sources</b>		
Ascend Therapy and Wellness-	123 4 <sup>th</sup> 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			
<b>Core Domains</b>								
<b>Treatment Services</b>								
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.						
<b>Assessment and evaluation</b> (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.
<b>Crisis Services</b>							
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.						
<b>Support for Community Living</b>							
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					
<b>Support for Employment</b>							
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		
<b>Recovery Services</b>							

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.
<b>Service Coordination</b>							
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					
<b>Sub-Acute Services</b>								
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			
<b>Core Evidenced-Based Treatment</b>								
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	
<b>Mandated Services</b>							
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)							
<b>Additional Core Domains</b>							
<b>Justice System-Involved Services</b>							
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					
<b>Additional Core Evidenced-Based Treatment</b>							
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					
<b>Other Informational Services (Non-Core)</b>							
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		
<b>Other Community Living Support Services (Non-Core)</b>							

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		<del>Determination of need through assessment</del> See <a href="#">Co-payment and Client Participation for Adult Services.</a>
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		
<b>Other Congregate Services (Non-Core)</b>							
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***
<b>Mental health outpatient therapy</b>	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.
<b>Medication prescribing &amp; management</b>	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.
<b>Assessment and evaluation</b>	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
<b>Behavioral health inpatient treatment</b>	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.

<b>Mobile response</b>	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
<b>Crisis Stabilization community-based services</b>	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.
<b>Crisis Stabilization residential services</b>	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.
<b>Education</b>	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.
<b>Prevention</b>	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.
<b>Early intervention</b>	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.
<b>Early Identification</b>	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**

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

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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](http://www.cicsmhds.org)):

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

**Central Iowa Community Services  
Provider and Program Participation Agreement**

**THIS PROVIDER AND PROGRAM PARTICIPATION AGREEMENT (“Agreement”)**, entered into this First day of July, 2021, is by and between Central Iowa Community Services (“CICS”) and \_\_\_\_\_ (“Provider”).

**RECITALS:**

A. CICS is a governmental entity organized under Chapter 28E of the Code of Iowa, governed by its Governing Board. Mental health and disability services are funded and administered by CICS within the scope and according to the criteria of the Regional Management Plan. CICS desires to contract with Provider to provide Covered Services for the benefit of CICS Individuals.

B. Provider is licensed, certified and/or accredited under the laws of the State of Iowa to provide mental health, intellectual disabilities, and/or developmental disability services and desires to contract with CICS to provide Covered Services for the benefit of CICS Individuals.

C. An effective service delivery environment should be based on individualized, person centered, strengths-based practices which are trauma informed, co-occurring capable, and culturally competent.

In consideration of the premises and promises contained herein, it is mutually agreed by and between CICS and Provider as follows:

**SECTION 1  
Definitions**

**Administrative Team:** Community Service Directors of Region member counties.

**CICS Governing Board:** The board of CICS responsible for governing CICS.

**CICS Individual:** A person who is eligible and authorized to receive funding as defined in the Regional Management Plan as approved by the Director of the Department of Human Services, State of Iowa.

**Co-payment:** The amount that may be charged to CICS Individual at the time services are rendered.

**Covered Services:** Services enumerated in the Regional Management Plan, as approved by the Director of the Department of Human Services, State of Iowa.

**HIPAA:** Collectively, the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and all implementing regulations.

**Individual Authorization:** An Individual Authorization is a standard form, signed by an individual, to allow disclosure of the individual's Protected Health Information. The form must comply with HIPAA and all other applicable federal and state laws. The individual may revoke the Individual Authorization at any time in accordance with its terms.

**Protected Health Information:** Individually identifiable health information that is transmitted by or maintained in electronic media, or transmitted by or maintained in any other form or medium.

**Region:** The inter-governmental entity created under Chapter 28E of the Code of Iowa and Section 331.390 of the Code of Iowa that includes member counties of CICS.

**Regional Management Plan:** CICS' plan, developed pursuant to Iowa Code Section 331.393, for providing an array of cost-effective individualized services and supports that assist CICS Individuals in the Region to be as independent, productive, and integrated into the community as possible, within the constraints of the services fund.

## **SECTION 2** **Duties of Provider**

**Section 2.1 Provision of Covered Services.** Provider shall provide Covered Services to each CICS Individual who is authorized by the Administrative Team or Administrative Team designee (“Designee”) to receive such services to the extent designated in Attachment A, Service Definitions and Rates. Such services shall be rendered in compliance with applicable laws and regulations and the Regional Management Plan. Provider shall provide Covered Services in a manner that: (a) documents the services provided, in conformance with applicable federal, state and local laws and regulations and the Regional Management Plan, and (b) protects the confidentiality of the CICS Individual's medical records, including, without limitation, any Protected Health Information. Provider may decline providing services to a CICS Individual provided that Provider communicates this decision to Administrative Team or Designee within twenty-four (24) hours of declining such services.

**Section 2.2 Compliance with the Regional Management Plan.** Provider and its staff shall be bound by and provide Covered Services in compliance with the Regional Management Plan. Failure to comply with the Regional Management Plan may result in sanctions including, without limitation, the loss of reimbursement and/or termination of the Agreement. If Provider does not agree with the sanction, Provider may appeal such action to the CICS Governing Board. The decision of the CICS Governing Board shall be final and conclusive and non-appealable.

**Section 2.3 Authorization and Notification Requirements.** All Covered Services provided to CICS Individuals by Provider must be authorized by CICS prior to or at the time of rendering services or in accordance with the Regional Management Plan. The Regional Management Plan shall not diminish Provider's obligation to render Covered Services consistent with the applicable

standard of care. Provider shall be required to obtain from each CICS Individual an Individual Authorization that allows Provider to disclose any information about the Individual to CICS.

**Section 2.4 Access to Books and Records.** Unless otherwise required by applicable statutes or regulation, Provider shall allow CICS access to books, records, or cost reports as needed to establish rates or for purposes of appeals, utilization, grievance, claims payment review, individual medical records review, or financial audits, during the term of this Agreement and seven (7) years following its termination. Provider shall obtain any necessary Individual Authorization to allow CICS to exercise its rights under this Agreement.

**Section 2.5 Licenses.** At all times, Provider and the providers it employs or contracts with to provide services to CICS Individuals shall have all necessary licenses and certifications to perform the Covered Services.

### **SECTION 3** **Service Delivery and Assessment**

**Section 3.1 Service Delivery.** The Region encourages the use of Evidence Based Practices, Research Based Practices and Promising Practices in service delivery.

**Section 3.2 Service Assessment.** The Region is charged with the responsibility of collecting Outcome measurement information. Provider is required to follow the reporting requirements for any outcome measures listed in Attachment A. If the Region implements additional measures, this contract will be amended to reflect said changes.

**Section 3.3 Incentives.** Provider may qualify for incentive payments if it meets reporting and outcome participation requirements established by CICS.

### **SECTION 4** **Claims Submission and Payment**

**Section 4.1 Claims Submission.** Provider agrees to submit all claims for Covered Services in accordance with the Regional Management Plan.

**Section 4.2 Claims Payment.** CICS will pay claims for Covered Services in accordance with the Regional Management Plan.

**Section 4.3 Compensation to Provider.** Provider agrees to accept payment from CICS for Covered Services provided to CICS Individuals under this Agreement as payment in full, less any Co-payment or other amount that is due from CICS Individuals for such services. Provider shall not negotiate and/or accept lower rates or more favorable terms than those provided for in this Agreement from any other Region or county. Rates of compensation for Covered Services are set forth in Attachment A, Service Definitions and Rates.

**SECTION 5**  
**Relationship Between the Parties**

**Section 5.1 Relationship Between CICS and Provider.** The relationship between CICS and Provider is solely that of independent contractors and nothing in this Agreement shall be construed or deemed to create any other relationship including one of employment, agency, or joint venture. Provider shall maintain social security, workers' compensation and all other employee benefits covering Provider's employees as required by law.

**SECTION 6**  
**Liability Insurance**

**Section 6.1 Provider Hold Harmless and Indemnification.** Provider shall defend, hold harmless and indemnify CICS against any and all claims, liability, damages, judgments, and expenses, including, without limitation, reasonable attorney fees and costs, asserted against, imposed or incurred by CICS that arise out of acts or omission of Provider or Provider's employees, agents or representatives in the discharge of its responsibilities under this Agreement.

**Section 6.2 Provider Liability Insurance.** If Provider employs professionally licensed individuals, Provider agrees to carry professional liability of \$1,000,000 and all Providers agree to carry comprehensive general liability insurance (claims-made with appropriate tail coverage or occurrence-based), at its own expense, ~~each~~ in an amount of not less than \$1,000,000 per occurrence and \$3,000,000 aggregate, covering any claims with respect to Covered Services that may arise out of an incident occurring during the term of this Agreement. Such insurance shall include coverage for claims in connection with the performance of Provider's responsibilities under this Agreement. Provider shall furnish to CICS, ~~from time to time on an annual basis, as requested by CICS,~~ proof of such insurance, which proof will include the name of the carrier, effective dates of coverage and coverage amounts.

**SECTION 7**  
**Laws and Regulations**

**Section 7.1 Laws and Regulations.** Provider represents, covenants, and warrants that it is, and during the term of this Agreement will continue to be, operating in full compliance with all applicable federal and state laws.

**Section 7.2 Compliance with Civil Rights Laws.** Provider agrees not to discriminate or differentiate in the treatment of any individual based on age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, or disability. Provider agrees to ensure mental health and disability services are rendered to CICS Individuals in the same manner, and in accordance with the same standards and with the same availability, as offered to any other individual receiving services from Provider.

**Section 7.3 Equal Opportunity Employer.** CICS counties are equal employment opportunity employers. CICS supports a policy which prohibits discrimination against any employee or applicant for employment on the basis of age, race, sex, creed, color, sex, sexual orientation, gender identity, national origin, religion, or disability, or any other classification protected by law or ordinance. Provider agrees that it is in full compliance with this policy.

**Section 7.4 Confidentiality of Records.** CICS and Provider agree to maintain the confidentiality of all information regarding Covered Services provided to CICS Individuals under this Agreement in accordance with any applicable laws and regulations, including, without limitation, HIPAA. Provider acknowledges that in receiving, storing, processing, or otherwise dealing with information from CICS about CICS Individuals, it is fully bound by federal and state laws and regulations, including, without limitation, HIPAA, governing the confidentiality of medical records, mental health and disability services records, and Protected Health Information.

## **SECTION 8**

### **Term and Termination**

**Section 8.1 Term.** The term of this Agreement shall be for a period of one (1) year commencing on the date first above written, or until the end of the current fiscal year, whichever occurs first.

**Section 8.2 Termination Without Cause.** Either party may terminate this Agreement without cause upon sixty (60) days prior written notice of termination to the other party.

**Section 8.3 Termination With Cause by CICS.** CICS shall have the right to terminate this Agreement immediately by giving written notice to Provider upon the occurrence of any of the following events: (a) restriction, suspension or revocation of Provider's license, certification or accreditation or the license of any provider employed by or contracted with Provider to perform services under this Agreement; (b) Provider's loss of any liability insurance required under this Agreement; or (c) bankruptcy filing by the Provider.

**Section 8.4 Termination by Provider.** Provider may terminate this Agreement pursuant to Section 9.2 or 9.3; provided that Provider notifies CICS within thirty (30) days of the effective date of such amendment of its disagreement with such amendment.

**Section 8.5 Termination for Breach.** Either party shall have the right to terminate this Agreement for material breach of this Agreement by the other party that is not cured within thirty (30) days after written notice to the other party is provided.

**Section 8.6 Information to CICS Individuals.** Provider acknowledges the right of CICS to inform CICS Individuals of Provider's termination of this Agreement and agrees to cooperate with CICS in deciding on the form of such notification.

**Section 8.7 Continuation of Services After Termination.** Upon request by CICS for up to sixty (60) days upon termination notification, Provider shall continue to render Covered Services in

accordance with this Agreement until CICS has transferred CICS Individuals to another provider or until such CICS Individual(s) are discharged.

**Section 8.8 Notices to CICS.** Any notice, request, demand, waiver, consent, approval or other communication to CICS which is required or permitted herein shall be in writing and shall be deemed given only if delivered personally, or sent by registered mail or certified mail, or by express mail courier service, postage prepaid, as follows:

CICS Operations Officer  
126 S. Kellogg Ave., Ste. 001  
Ames, IA 50010

**Section 8.9 Notices to Provider.** Any notice, request, demand, waiver, consent, approval or other communication to Provider which is required or permitted herein shall be in writing and shall be deemed given only if delivered personally, or sent by registered mail or certified mail, or by express mail courier service, postage prepaid, as follows:

\_\_\_\_\_  
Attention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 9**  
**Amendments**

**Section 9.1 Amendment.** Subject to Sections 9.1 and 9.2, this Agreement may be amended at any time only by the mutual written agreement of the parties.

**Section 9.2 Regulatory Amendment.** CICS may amend this Agreement to comply with applicable statutes and regulations and shall give written notice to Provider of such amendment and its effective date. Such amendment will not require sixty (60) days advance written notice. If the Provider does not agree with the amendment, Provider may terminate this Agreement as provided in Section 8.4.

**Section 9.3 Regional Management Plan Amendment.** CICS may also amend this Agreement to comply with changes in the Regional Management Plan and shall give written notice to Provider of such amendment and its effective date. Such amendment will not require sixty (60) days advance written notice. If Provider does not agree with the Amendment, Provider may terminate this Agreement as provided in Section 8.4.

**SECTION 10**  
**Other Terms and Conditions**

**Section 10.1 Non-Exclusivity.** This Agreement does not confer upon the Provider any exclusive right to provide services to CICS Individuals in Provider's geographical area. CICS reserves the right to contract with other providers. The parties agree that Provider may continue to contract with other organizations.

**Section 10.2 Assignment.** Provider may not assign any of its rights and responsibilities under this Agreement to any person or entity without the prior written approval of CICS. Any assignment not in accordance with this Section 10.2 shall be null and void.

**Section 10.3 Subcontracting.** Provider may not subcontract any of its rights and responsibilities under this Agreement to any person or entity without prior notification to CICS. Mutual agreement must be obtained between Provider, CICS, and any subcontractor.

**Section 10.4 Entire Agreement and Amendments.** This Agreement and its attachments constitute the entire agreement between CICS and Provider, and supersedes or replaces any prior agreements between CICS and Provider relating to its subject matter. This Agreement may be amended only pursuant to a written document executed by both parties.

**Section 10.5 Rights of Provider and CICS.** Provider agrees that CICS may use Provider's name, address, telephone number, description of Provider, and Provider's care and specialty services in any promotional activities. Otherwise, Provider and CICS shall not use each other's name, symbol or service mark without prior written approval of the other party.

**Section 10.6 Invalidity.** If any term, provision or condition of this Agreement shall be determined invalid by a court of law, such invalidity shall in no way affect the validity of any other term, provision or condition of this Agreement, and the remainder of the Agreement shall survive in full force and effect unless to do so would substantially impair the rights and obligations of the parties to this Agreement.

**Section 10.7 No Waiver.** The waiver by either party of a breach or violation of any provisions of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach.

**Section 10.8 Execution.** This Agreement has been executed by the parties hereto, through their duly authorized officials.

**Section 10.9 Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of Iowa (but without regard to provisions thereof relating to conflicts of laws).

**Section 10.10 No Third Party Beneficiaries.** Nothing express or implied in this Agreement is intended to confer, nor shall anything herein made confer, upon any person other than the parties to this Agreement and their respective successors or assigns of the parties, any rights, remedies, obligations or liabilities whatsoever.

**Section 10.11 Survival.** Sections 2.4, 6.1, 8.6, 8.8, 8.9, and Section 10 shall survive any termination of this Agreement.

**Section 10.12 Waiver of Jury Trial. EACH PARTY HEREBY UNCONDITIONALLY WAIVES ANY RIGHT TO A JURY TRIAL WITH RESPECT TO AND IN ANY ACTION, PROCEEDING, CLAIM, COUNTERCLAIM, DEMAND OR OTHER MATTER WHATSOEVER ARISING OUT OF THIS AGREEMENT.**

**Central Iowa Community Services:**

**Provider Name:**

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Print Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

DRAFT

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
(Provider Name)**

Chart of Account	Service Description	Unit of Service	Rate

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Provider Name:** \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Date: \_\_\_\_\_

## Central Iowa Community Services Advocate Services Agreement

**THIS ADVOCATE SERVICES AGREEMENT** (the “**Agreement**”), entered into this First day of July, 2021, is by and between Central Iowa Community Services (“**CICS**”) and \_\_\_\_\_ (“**County**”).

### RECITALS:

A. CICS is a governmental entity organized under Chapter 28E of the Code of Iowa, governed by its Governing Board to fund advocacy services in the Mental Health and Disability Region assigned to CICS.

B. County employs one or more advocates (“**Advocate(s)**”) qualified under the laws of the State of Iowa to provide Advocate Services and County desires to contract with CICS to provide Advocate Services for the benefit of CICS Individuals.

In consideration of the premises and promises contained herein, it is mutually agreed by and between CICS and County as follows:

### **SECTION 1** **Definitions**

**Advocate Services:** Services enumerated in this Agreement, Iowa Code section 229.19 and 441 Iowa Administrative Code 25.19, and this Agreement.

**CICS Governing Board:** The board of CICS responsible for governing CICS.

**HIPAA:** Collectively, the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and all implementing regulations.

**Individual:** The respondent who is receiving mental health Advocate Services under Iowa Code chapter 229.

**Individual Authorization:** An Individual Authorization is a standard form, signed by an individual, to allow disclosure of the individual’s Protected Health Information. The form must comply with HIPAA and all other applicable federal and state laws. The individual may revoke the Individual Authorization at any time in accordance with its terms.

**Mental Health and Disability Services Region:** The same as defined in Iowa Code section 331.389.

**Protected Health Information:** Individually identifiable health information that is transmitted by or maintained in electronic media, or transmitted by or maintained in any other form or medium.

**SECTION 2**  
**Duties of Advocate**

**Section 2.1 Qualifications.**

- (a) Each Advocate shall meet the following qualifications:
  - (i) Possess a bachelor's degree with 30 semester hours or equivalent quarter hours in a human services field (including, but not limited to, psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy) and at least one year of experience in the delivery of services to persons with mental illness; or
  - (ii) Hold an Iowa license to practice as a registered nurse and have at least three years of experience in delivery of services to persons with mental illness.
- (b) Pass criminal background, sex offender registry, and child and dependent adult abuse registry checks before hire.

**Section 2.2 Advocate Assignment.** Each Advocate shall be assigned by the committing court in accordance with 441 Iowa Administrative Code 25.103.

**Section 2.3 Advocate Responsibilities** The minimum duties of each Advocate is described in Iowa Code section 229.19. Without limiting the foregoing:

- (a) Each Advocate shall be readily accessible to communication from the Individual and shall initiate contact within 5 days of the Individual's commitment. Advocate shall inform the Individual regarding the role of Advocate.
- (b) Each Advocate shall meet the Individual in person within 15 days of the Individual's commitment. Advocate shall present the county grievance procedure process, in writing, to the Individual. The presentation shall include the county grievance procedure and contact information and the contact information for the citizens' aide/ombudsman. Advocate shall inform the Individual about the mental health crisis services that are available.
- (c) Each Advocate shall review each report submitted to the court and communicate with the Individual's medical and treatment team. Advocate shall abide by all federal, state, and local confidentiality laws.
- (d) Each Advocate shall file required reports with the court.
- (e) Each Advocate shall maintain an organized confidential and secure file for each Individual served. The file shall contain but not be limited to:
  - i. Copies of reports submitted to the court.

- ii. Copies of correspondence sent to and received from the Individual, family members, providers and others.
  - iii. Releases of information.
  - iv. Case notes describing the date, time and type of contact with the Individuals or others and a brief narrative summary of the content or outcome of the contact.
  - v. Documents filed with the court electronically shall be considered as part of the Individual's file.
- (f) Each Advocate shall register as provided in Iowa Ct. R. 16.305(1) to participate in the court's electronic document management system and shall submit all documents to be filed with the court electronically. The documents will be stored as electronic records that are retrievable and readable through the electronic document management system.
- (g) Each Advocate shall comply with all county policies and procedures, including but not limited to hiring, supervision, grievance procedures, and training.

**Section 2.4 Advocate Records.** All Advocate records are the property of County, which is responsible for the provision of confidential storage, transfer, and destruction of client files, including those maintained on electronic and digital devices, with access limited according to the county's policy on confidentiality as described in subrule 25.105(6).

**Section 2.5 Attendance at Hospitalization Hearing.** Advocate may attend the hospitalization hearing of an Individual represented by an attorney; however, payment for Advocate's attendance is at the discretion of the county of employment.

**Section 2.6 Access to Books and Records.** Unless otherwise required by applicable statutes or regulation, County and each Advocate shall allow CICS access to books, records, or cost reports as needed to establish rates for CICS administration of program, or for financial audits, during the term of this Agreement and seven (7) years following its termination. County and each Advocate shall obtain any necessary Individual Authorization to allow CICS to exercise its rights under this Agreement.

**Section 2.7 Licenses.** At all times, each Advocate shall have all necessary licenses and certifications to perform the Advocate Services.

### **SECTION 3** **Payment**

**Section 3.1 Compensation to Advocate.** County and each Advocate agree that County's acceptance of payment from CICS for Advocate Services provided to Individuals under this Agreement is payment in full. County or any Advocate shall not negotiate and/or accept lower rates or more favorable terms than those provided for in this Agreement from any other Region or county. Rates of compensation for Advocate Services are set forth in Attachment A, Service Definitions and Rates.

**SECTION 4**  
**Relationship Between the Parties**

**Section 4.1 Relationship Between CICS and Advocate.** The relationship between CICS, on the one hand, and County and each Advocate, on the other hand, is solely that of independent contractors and nothing in this Agreement shall be construed or deemed to create any other relationship including one of employment, agency, or joint venture. County shall maintain social security, workers' compensation and all other employee benefits covering each Advocate as required by law.

**SECTION 5**  
**Liability Insurance**

**Section 5.1 County Hold Harmless and Indemnification.** County shall defend, hold harmless and indemnify CICS against any and all claims, liability, damages, judgments, and expenses, including, without limitation, reasonable attorney fees and costs, asserted against, imposed or incurred by CICS that arise out of acts or omission of Advocate or County's employees, agents or representatives in the discharge of its responsibilities under this Agreement.

**Section 5.1-2 Advocate Liability Insurance.** If County employs professionally licensed individuals, County agrees to carry professional liability of \$1,000,000 and all Providers agree to carry comprehensive general liability insurance (claims-made with appropriate tail coverage or occurrence-based), at its own expense, each in an amount of not less than \$1,000,000 per occurrence and \$3,000,000 aggregate, covering any claims with respect to Advocate Services that may arise out of an incident occurring during the term of this Agreement. Such insurance shall include coverage for claims in connection with the performance of County's responsibilities under this Agreement. County shall furnish to CICS, ~~from time to time, as requested by CICS,~~ on an annual basis proof of such insurance, which proof will include the name of the carrier, effective dates of coverage and coverage amounts.

**SECTION 6**  
**Laws and Regulations**

**Section 6.1 Laws and Regulations.** County represents, covenants, and warrants that it is, and during the term of this Agreement will continue to be, operating in full compliance with all applicable federal and state laws.

**Section 6.2 Compliance with Civil Rights Laws.** County agrees not to discriminate or differentiate in the treatment of any individual based on age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, or disability. County agrees to ensure mental health and disability services are rendered to CICS Individuals in the same manner, and in

accordance with the same standards and with the same availability, as offered to any other individual receiving services from County or any Advocate.

**Section 6.3 Equal Opportunity Employer.** CICS counties are equal employment opportunity employers. CICS supports a policy which prohibits discrimination against any employee or applicant for employment on the basis of age, race, sex, creed, color, sexual orientation, gender identity, national origin, religion, or disability, or any other classification protected by law or ordinance. County and each Advocate agree that it is in full compliance with this policy.

**Section 6.4 Confidentiality of Records.** CICS and County agree to maintain the confidentiality of all information regarding Advocate Services provided to CICS Individuals under this Agreement in accordance with any applicable laws and regulations, including, without limitation, HIPAA. County acknowledges that in receiving, storing, processing, or otherwise dealing with information from CICS about CICS Individuals, it is fully bound by federal and state laws and regulations, including, without limitation, HIPAA, governing the confidentiality of medical records, mental health and disability services records, and Protected Health Information.

## **SECTION 7**

### **Term and Termination**

**Section 7.1 Term.** The term of this Agreement shall be for a period of one (1) year commencing on the date first above written, or until the end of the current fiscal year, whichever occurs first.

**Section 7.2 Termination Without Cause.** Either party may terminate this Agreement without cause upon sixty (60) days prior written notice of termination to the other party.

**Section 7.3 Termination With Cause by CICS.** CICS shall have the right to terminate this Agreement immediately by giving written notice to County upon the occurrence of any of the following events: (a) restriction, suspension or revocation of County's license, certification or accreditation or the license of any Advocate employed by or contracted with County to perform services under this Agreement; (b) County's loss of any liability insurance required under this Agreement; or (c) bankruptcy filing by the County.

**Section 7.4 Termination by County.** County may terminate this Agreement pursuant to Section 8.2; provided that County notifies CISC within thirty (30) days of the effective date of such amendment of its disagreement with such amendment.

**Section 7.5 Termination for Breach.** Either party shall have the right to terminate this Agreement for material breach of this Agreement by the other party that is not cured within thirty (30) days after written notice to the other party is provided.

**Section 7.6 Information to CICS Individuals.** County acknowledges the right of CICS to inform CICS Individuals of County's termination of this Agreement and agrees to cooperate with CICS in deciding on the form of such notification.

**Section 7.7 Notices to CICS.** Any notice, request, demand, waiver, consent, approval or other communication to CICS which is required or permitted herein shall be in writing and shall be deemed given only if delivered personally, or sent by registered mail or certified mail, or by express mail courier service, postage prepaid, as follows:

CICS Operations Officer  
126 S. Kellogg Ave., Ste. 001  
Ames, IA 50010

**Section 7.8 Notices to County.** Any notice, request, demand, waiver, consent, approval or other communication to County which is required or permitted herein shall be in writing and shall be deemed given only if delivered personally, or sent by registered mail or certified mail, or by express mail courier service, postage prepaid, as follows:

\_\_\_\_\_  
Attention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 8**  
**Amendments**

**Section 8.1 Amendment.** Subject to Sections 8.1, this Agreement may be amended at any time only by the mutual written agreement of the parties.

**Section 8.2 Regulatory Amendment.** CICS may amend this Agreement to comply with applicable statutes and regulations and shall give written notice to County of such amendment and its effective date. Such amendment will not require sixty (60) days advance written notice. If County does not agree with the amendment, County may terminate this Agreement as provided in Section 7.4.

**SECTION 9**  
**Other Terms and Conditions**

**Section 9.1 Non-Exclusivity.** This Agreement does not confer upon County any exclusive right to provide services to CICS Individuals in County’s geographical area. CICS reserves the right to contract with other parties for similar services. The parties agree that County and each Advocate may continue to contract with other organizations.

**Section 9.2 Assignment.** County may not assign any of its rights and responsibilities under this Agreement to any person or entity without the prior written approval of CICS. Any assignment not in accordance with this Section 9.2 shall be null and void.

**Section 9.3 Subcontracting.** County may not subcontract any of its rights and responsibilities under this Agreement to any person or entity without prior notification to CICS. Mutual agreement must be obtained between County, CICS, and any subcontractor.

**Section 9.4 Entire Agreement and Amendments.** This Agreement and its attachments constitute the entire agreement between CICS and County, and supersedes or replaces any prior agreements between CICS and County relating to its subject matter. This Agreement may be amended only pursuant to a written document executed by both parties.

**Section 9.5 Rights of County and CICS.** County agrees that CICS may use County's and each Advocate's name, address, telephone number, description of County, Advocate, and Advocate's services in any promotional activities. Otherwise, no party shall use each other's name, symbol or service mark without prior written approval of the other party.

**Section 9.6 Invalidity.** If any term, provision or condition of this Agreement shall be determined invalid by a court of law, such invalidity shall in no way affect the validity of any other term, provision or condition of this Agreement, and the remainder of the Agreement shall survive in full force and effect unless to do so would substantially impair the rights and obligations of the parties to this Agreement.

**Section 9.7 No Waiver.** The waiver by either party of a breach or violation of any provisions of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach.

**Section 9.8 Execution.** This Agreement has been executed by the parties hereto, through their duly authorized officials.

**Section 9.9 Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of Iowa (but without regard to provisions thereof relating to conflicts of laws).

**Section 9.10 No Third Party Beneficiaries.** Nothing express or implied in this Agreement is intended to confer, nor shall anything herein made confer, upon any person other than the parties to this Agreement and their respective successors or assigns of the parties, any rights, remedies, obligations or liabilities whatsoever.

**Section 9.11 Survival.** Sections 2.3, 2.4, 5.1, 7.6, 7.7, 7.8, and Section 9 shall survive any termination of this Agreement.

**Section 9.12 Waiver of Jury Trial. EACH PARTY HEREBY UNCONDITIONALLY WAIVES ANY RIGHT TO A JURY TRIAL WITH RESPECT TO AND IN ANY ACTION, PROCEEDING, CLAIM, COUNTERCLAIM, DEMAND OR OTHER MATTER WHATSOEVER ARISING OUT OF THIS AGREEMENT.**

**Central Iowa Community Services:** \_\_\_\_\_ **County:** \_\_\_\_\_

By: \_\_\_\_\_ By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Date: \_\_\_\_\_

DRAFT

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>

**OTHER TERMS:**

**Central Iowa Community Services:**

\_\_\_\_\_ **County:**

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Print Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



# CICS

Supporting Individuals. Strengthening Communities.

## **Psychiatric Prescriber Incentive:**

Medication Prescribing & Management Onboarding &/or Access Fee shall be considered for new employment of a Psychiatric Prescriber or expansion of existing Psychiatric Prescriber services with a Provider Agency/Entity for the provision of outpatient medication prescribing and management services in the CICS MHDS Region. CICS Administrative team will identify through history or assessment that a shortage or limited access of prescriber services exists in the identified target area. The Psychiatric Prescriber Incentive does not apply to telepsychiatry services.

Provider Agency/Entity will work with CICS to determine eligibility for the Psychiatric Prescriber Incentive. ~~On a Fiscal Year basis, a~~ CICS Provider Program and Participation Agreement will be completed with the Provider Agency/Entity to contract for Medication Prescribing & Management Onboarding &/or Access Fee. A Provider Agency/Entity may be eligible to receive the Psychiatric Prescriber Onboarding &/or Access Fee for up to ~~two fiscal years~~ 24 months per Psychiatric Prescriber, ~~each year~~ funding is dependent upon approval of a CICS Provider Program and Participation Agreement. The Medication Prescribing & Management Onboarding &/or Access Fee shall be prorated ~~if the CICS Provider and Program Participation Agreement does not span a full fiscal year~~ to align with funding up to 24 months. Upon approval of Provider Program Participation Agreement, the Provider Agency/Entity will provide written notification to CICS Operations Officer the credentials and employment start date for the Psychiatric Prescriber.

Psychiatric Prescriber needs to provide Outpatient Medication Management & Prescribing services to residents of CICS region and accept and provide services to patients with Medicaid and/or Medicare, private insurance and MHDS regional funding. In the event the Psychiatric Prescriber does not maintain employment with Provider Agency/Entity and upon initiation continue to provide Outpatient Medication Management & Prescribing services to residents of the CICS region for the entire CICS Provider and Program Participation Agreement period, no Medication Prescribing & Management Onboarding &/or Access Fee will be paid by CICS.

**For employment of a new Psychiatric Prescriber:** If Psychiatric Prescriber is less than full-time and/or practices less than full-time in the Outpatient setting, the Access fee will be prorated based on the total number of hours Psychiatric Prescriber services are available to patients in the Outpatient setting.

**For expansion of existing Psychiatric Prescriber services:** The Access fee will be prorated based on the total number of expanded Psychiatric Prescriber hours available to patients in the Outpatient setting.

## **Medication Prescribing & Management Onboarding &/or Access Fee for credentialed Psychiatrist:**

Onboarding &/or Access Fee Per Full Fiscal Year: \$25,000

## **Medication Prescribing & Management Onboarding &/or Access Fee for credentialed ARNP, ~~or~~ PA, or PMHNP:**

Onboarding &/or Access Fee Per Full Fiscal Year: ~~\$12,000~~ 15,000



### **Licensed Independent Social Worker (LISW) Incentive:**

LISW Onboarding &/or Access Fee shall be considered for new employment of a LISW or increase of LISW available hours with a Provider Agency/Entity for the provision of outpatient therapy services in the CICS MHDS Region. CICS Administrative team will identify through history or assessment that a shortage or limited access of LISW services exists in the identified target area. The LISW Incentive does not apply to tele counseling.

Provider Agency/Entity will work with CICS to determine eligibility for the LISW Incentive. ~~On a Fiscal Year basis, a~~ CICS Provider Program and Participation Agreement will be completed with the Provider Agency/Entity to contract for LISW Onboarding &/or Access Fee. A Provider Agency/Entity may be eligible to receive the LISW Onboarding &/or Access Fee for up to ~~two fiscal years~~ 24 months per LISW, ~~each year~~ funding is dependent upon approval of a CICS Provider Program and Participation Agreement. The LISW Onboarding &/or Access Fee shall be prorated ~~if the CICS Provider and Program Participation Agreement does not span a full fiscal year~~ to align with funding up to 24 months. Upon approval of Provider Program Participation Agreement, Provider Agency/Entity will provide in writing notification to CICS Operations Officer the credentials and employment start date for the LISW.

LISW needs to provide outpatient therapy services to residents of CICS region and accept and provide services to patients with Medicaid and/or Medicare, private insurance and MHDS regional funding. In the event the LISW does not maintain employment with Provider Agency/Entity and upon initiation continue to provide outpatient therapy services to residents of the CICS region for the entire CICS Provider and Program Participation Agreement period, no LISW Onboarding &/or Access Fee will be paid by CICS.

**For employment of a new LISW:** If LISW is less than full-time and/or practices less than full-time in the Outpatient setting, the Access fee will be prorated based on the total number of hours LISW services are available to patients in the Outpatient setting.

**For increase of LISW available hours:** The Access fee will be prorated based on the total number of increased LISW hours of service available to patients in the Outpatient setting.

### **LISW Onboarding &/or Access Fee for credentialed LISW:**

Onboarding &/or Access Fee Per Full Fiscal Year: ~~\$7,500~~ 10,000



**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Arc of Story County**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
42371	Information and Referral Services	Hour	\$26.73 (Not to exceed \$1060)
42366	Special Recreation	Monthly	\$3500 (Not to exceed \$42,000)

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

At time of monthly billing submission for Special Recreation, provider will submit documentation of participant names for month billed.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Arc of Story County:**

By: Tricia Crain

Print Name: Tricia Crain

Print Title: Executive Director

Date: 3/24/2021

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Friendship Ark, Inc.**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
50367	Day Habilitation	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$67.81 \$71.15 \$81.03 \$82.18 \$95.70 \$117.03
50367	Day Habilitation	15 Min. 1:1 15 Min. 1:3	\$8.19 \$3.56
32329	Supported Community Living	15 Min.	\$9.56
32329	Supported Community Living – without day service**	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$190.16 \$203.85 \$271.25 \$274.26 \$468.03 \$626.37
32329	Supported Community Living – with day service***	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$169.56 \$182.68 \$218.38 \$221.40 \$388.73 \$536.50

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

Funding for all contracted services requires prior authorization and individuals shall meet CICS Management Plan criteria. CICS will issue a Notice of Decision to the client and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Clients are responsible to pay all copayment amounts directly to the provider.

**\*Based on the client's individualized assessment, CICS will honor the Provider's Medicaid tiered rate for daily Day Habilitation and Supported Community Living service. Documentation of the client's individualized assessment and the Medicaid tiered rate shall be provided to CICS by the Provider. If a current individualized client assessment is not available CICS will complete an assessment and work with the provider in identifying the applicable Medicaid tiered rate for the Individual. Individual rates may be reviewed at the request of CICS or the Provider as determined necessary.**

**\*\*Supported Community Living for individuals with an authorized average of 39 or fewer hours of service outside the home per month.**

**\*\*\*Supported Community Living for individuals with an authorized average of 40 or more hours of service outside the home per month.**

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Friendship Ark, Inc.:**

By: Jennifer Ellis

Print Name: Jennifer Ellis

Print Title: Executive Director

Date: 3/17/21

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
(Provider Name)**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
44366	Warm Line Access Fee	Monthly	\$300.00
44366	Warm Line Services	Monthly	*See Other Terms Section

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

Modifications to Section 3.2 Service Assessment may be executed through a written agreement between CICS and Provider.

\* Warm Line Services: costs may include but not limited to: wages, benefits, phone expenses, supervision and training. Costs to CICS would be determined by the % of calls from Central Iowa Community Services Region. Calls from individuals that will not provide a location will be split equally among the Regions contracting with the Provider for warm line services. Cost not to exceed \$31,413/year.

Abbe Center for Community Mental Health will:

- Provide Warm Line services from 5-10 pm Sunday – Saturday, 7 days per week.
- Ensure that Warm Line is staffed with individuals with lived experience (Peers).
- Ensure that Peers are trained in mental health, crisis response, resources and recovery oriented approaches.
- Will provide back-up clinical consultation by ensuring that Peers have access to a Mental Health professional at all times while providing Warm Line services.
- Will provide information to be used for marketing materials developed by CICS.
- Monthly, will provide the number of calls from individuals that identify as residing in the CICS Region.
- Submit a monthly invoice.

**Central Iowa Community Services Region will:**

- **Develop and distribute marketing material throughout the CICS region.**
- **Provide to Abbe Center for Community Mental Health provider and resource information available in each county in the CICS region.**

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Abbe Center for Community Mental Health,  
Inc.:**

By: Kathy Johnson

Print Name: Kathy Johnson

Print Title: Exec Director

Date: 3-22-21

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Access, Inc.**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
32329	Supported Community Living – ID/DD	15 Min.	\$10.00
32329	Supported Community Living – ID/DD without day service**	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$190.16 \$203.85 \$271.25 \$274.26 \$468.03 \$626.37
32329	Supported Community Living – ID/DD with day service***	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$169.56 \$182.68 \$218.38 \$221.40 \$388.73 \$536.50
32329	Supported Community Living – MI Home Based Habilitation High Recovery Recovery Transitional Medium Need Intensive I Intensive II Intensive III	UA; .25-2 Hours/Day UB; 2.25-4 Hours/Day UC; 4.25-8.75 Hours/Day UD; 9-12.75 Hours/Day U8; 13-16.75 Hours/Day U9; 17-24 Hours/Day	*See Other Terms \$51.00 \$110.90 \$123.40 \$157.50 \$210.00 \$315.00
50367	Day Habilitation – MI, ID/DD	15 Min.	\$2.81
50367	Day Habilitation – ID/DD	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$67.81 \$71.15 \$81.03 \$82.18 \$95.70 \$117.03
50367	Day Habilitation – MI	Daily	\$67.55

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

Funding for all contracted services requires prior authorization and individuals shall meet CICS Management Plan criteria.

Funding for all contracted services requires prior authorization and individuals shall meet CICS Management Plan criteria. CICS will issue a Notice of Decision to the client and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Clients are responsible to pay all copayment amounts directly to the provider.

\*Based on the client's individualized assessment, CICS will honor the Provider's Medicaid tiered rate for daily Supported Community Living service, Day Habilitation service and Home Based Habilitation service. Documentation of the client's individualized assessment and the Medicaid tiered rate shall be provided to CICS by the Provider. If a current individualized client assessment is not available CICS will complete an assessment and work with the provider in identifying the applicable Medicaid tiered rate for the Individual. Individual rates may be reviewed at the request of CICS or the Provider as determined necessary.

\*\*Supported Community Living for individuals with an authorized average of 39 or fewer hours of service outside the home per month.

\*\*\*Supported Community Living for individuals with an authorized average of 40 or more hours of service outside the home per month.

A billable unit for Supported Community Living services is defined as face-to-face contact with client. These units shall be rounded to the nearest quarter hour with a minimum of a quarter hour to be billed for each contact.

A billable unit for Day Habilitation shall include only the time the client actually attends and shall not include sick and vacation days.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Access, Inc.:**

By: Jenny Backer

Print Name: Jenny Backer

Print Title: Executive Director

Date: 3-30-21

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Central Iowa Recovery, Inc.**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
42397	Intensive Psychiatric Rehabilitation	Hourly	\$45.57
42397	Intensive Psychiatric Rehabilitation - Keeping	30 Minutes	\$22.83
45366	Peer Support	Monthly	\$156.06
42396	Community Support Services (CSS) – Low Intensity	Monthly	\$176.87
42396	Community Support Services (CSS) – High Intensity	Monthly	\$520.20
42366	Drop In Center (Boone County)-over 17 hours per week	Monthly	**\$7,125.00
42366	Drop In Center (Warren County)-based on budget submitted	Monthly	***\$5,377.00
42366	Drop In Center (Hamilton County) over 17 hours per week	Monthly	****\$7,125.00
50367	Day Habilitation – ID/DD	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$67.81 \$71.15 \$81.03 \$82.18 \$95.70 \$117.03
50367	Day Habilitation – ID/DD, MI	15 Minutes	\$2.84
50367	Day Habilitation – MI	Daily	\$64.29
32329	Supported Community Living – ID/DD	15 Minutes	\$8.37
32329	Supported Community Living – ID/DD – without day service*****	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$190.16 \$203.85 \$271.25 \$274.26 \$468.03 \$626.37
32329	Supported Community Living – ID/DD – with day service*****	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily	*See Other Terms \$169.56 \$182.68 \$218.38 \$221.40

		Tier 5 (U5); Daily Tier 6 (U6); Daily	\$388.73 \$536.50
32329	Supported Community Living – MI Home Based Habilitation High Recovery Recovery Transitional Medium Need Intensive I Intensive II Intensive III	UA; .25-2 Hours/Day UB; 2.25-4 Hours/Day UC; 4.25-8.75 Hours/Day UD; 9-12.75 Hours/Day U8; 13-16.75 Hours/Day U9; 17-24 Hours/Day	*See Other Terms \$51.00 \$110.90 \$123.40 \$157.50 \$210.00 \$315.00
31354	Transportation	Per One Way Trip	\$27.11

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

\*Based on the client's individualized assessment, CICS will honor the Provider's Medicaid tiered rate for daily Supported Community Living service, Day Habilitation service and Home Based Habilitation service. Documentation of the client's individualized assessment and the Medicaid tiered rate shall be provided to CICS by the Provider. If a current individualized client assessment is not available CICS will complete an assessment and work with the provider in identifying the applicable Medicaid tiered rate for the Individual. Individual rates may be reviewed at the request of CICS or the Provider as determined necessary.

\*\* Boone County-- \$7,125.00 is the monthly amount to be billed/reimbursed for Drop In Center services when all employee positions are filled. If employee positions are unfilled at any time, provider needs to notify CICS to determine a monthly reimbursement up to the \$7,125.00. At time of monthly billing submission, provider will submit daily attendance log documentation and participant names for month billed.

\*\*\* Warren County--\$5,377.00/month is the monthly amount to be billed/reimbursed for Drop In Center services when all employee positions are filled. If employee positions are unfilled at any time, provider needs to notify CICS to determine a monthly reimbursement up to the \$5,377.00. At time of monthly billing submission, provider will submit daily attendance log documentation and participant names for month billed.

\*\*\*\* Hamilton County, \$7,125.00 is the monthly amount billed/reimbursed for Drop In Center services when all employee positions are filled. If employee positions are unfilled at any time, provider needs to notify CICS to determine a monthly reimbursement up to the \$7,125.00. At

time of monthly billing submission for Drop In Center services, provider will submit daily attendance log documentation and participant names for month billed.

\*\*\*\*\*Supported Community Living for individuals with an authorized average of 39 or fewer hours of service outside the home per month.

\*\*\*\*\*Supported Community Living for individuals with an authorized average of 40 or more hours of service outside the home per month.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Central Iowa Recovery, Inc.:**

By: 

Print Name: Timothy E. Bodiford

Print Title: CEO

Date: 3-23-21

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
ChildServe Community Options**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
32329	Supported Community Living	15 Min.	\$9.14
32305	Individual Respite	15 Min.	\$4.52
32305	Group Respite	15 Min.	\$3.15

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

Funding for all contracted services requires prior authorization and individuals shall meet CICS Management Plan criteria. CICS will issue a Notice of Decision to the client and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Clients are responsible to pay all copayment amounts directly to the provider.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**ChildServe Community Options:**

By:  \_\_\_\_\_

Print Name: Kate Reynolds

Print Title: Ames Area Director

Date: 3.22.21

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Christian Opportunity Center**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
32329	Supported Community Living (ID/DD)	15 Min.	\$9.56
32329	Supported Community Living (ID/DD) - without day service****	Tier 1 (U1); Per Day Tier 2 (U2); Per Day Tier 3 (U3); Per Day Tier 4 (U4); Per Day Tier 5 (U5); Per Day Tier 6 (U6); Per Day	*See Other Terms \$190.16 \$203.85 \$271.25 \$274.26 \$468.03 \$626.37
32329	Supported Community Living (ID/DD) - with day service*****	Tier 1 (U1); Per Day Tier 2 (U2); Per Day Tier 3 (U3); Per Day Tier 4 (U4); Per Day Tier 5 (U5); Per Day Tier 6 (U6); Per Day	*See Other Terms \$169.56 \$182.68 \$218.38 \$221.40 \$388.73 \$536.50
32329	Supported Community Living (MI) Home Based Habilitation High Recovery Recovery Transitional Medium Need Intensive I Intensive II Intensive III	UA; .25-2 Hours/Day UB; 2.25-4 Hours/Day UC; 4.25-8.75 Hours/Day UD; 9-12.75 Hours/Day U8; 13-16.75 Hours/Day U9; 17-24 Hours/Day	*See Other Terms \$51.00 \$110.90 \$123.40 \$157.50 \$210.00 \$315.00
50367	Day Habilitation (ID/DD)	Tier 1 (U1); Per Day Tier 2 (U2); Per Day Tier 3 (U3); Per Day Tier 4 (U4); Per Day Tier 5 (U5); Per Day Tier 6 (U6); Per Day	*See Other Terms \$67.81 \$71.15 \$81.03 \$82.18 \$95.70 \$117.03
50367	Day Habilitation (ID/DD/MI)	15 Min.	\$2.54
50367	Day Habilitation (MI)	Daily	\$67.81
50362	Prevocational Services: Career Exploration	Hour	\$39.42
50369	Supported Employment: Small Group (2-8 individuals)	Tier 1 groups of 2-4; 15 Min. unit Tier 2 groups of 5-6; 15 Min. unit Tier 3 groups of 7-8; 15 Min. unit	\$2.93 \$1.83 \$1.31

50368	**Supported Employment: Individual Supported Employment	Hourly - Initial Authorization not to exceed 40 hourly units	\$68.12
		Hourly – Extended Authorization not to exceed 20 hourly units	\$68.12
50368	***Supported Employment: Long Term Job Coaching	Tier 1 = 1 contact/month	\$69.71
		Tier 2 = 2-8 hours/month	\$372.46
		Tier 3 = 9-16 hours/month	\$743.89
		Tier 4 = 17-25 hours/month	\$1163.17
		Tier 5 = 26 or more hours/month	\$46.51/hour

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

Funding for all contracted services requires prior authorization and individuals shall meet CICS Management Plan criteria. CICS will issue a Notice of Decision to the client and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Clients are responsible to pay all copayment amounts directly to the provider.

\*Based on the client’s individualized assessment, CICS will honor the Provider’s Medicaid tiered rate for daily Supported Community Living service, Day Habilitation service and Home Based Habilitation. Documentation of the client’s individualized assessment and the Medicaid tiered rate shall be provided to CICS by the Provider. If a current individualized client assessment is not available CICS will complete an assessment and work with the provider in identifying the applicable Medicaid tiered rate for the Individual. Individual rates may be reviewed at the request of CICS or the Provider as determined necessary.

Total cost per person for all supported employment services not to exceed \$3,151.00/month.

\*\*Supported Employment - Individual Supported Employment: One initial and, if necessary, one extended authorization permitted per year not to exceed a total of 60 hourly units per year.

\*\*\*Supported Employment – Long Term Job Coaching must be reauthorized every 90 days.

\*\*\*\*Supported Community Living for individuals with an authorized average of 39 or fewer hours of service outside the home per month.

\*\*\*\*\*Supported Community Living for individuals with an authorized average of 40 or more hours of service outside the home per month.

A billable unit for Supported Community Living services is defined as face-to-face contact with client. These units shall be rounded to the nearest quarter hour with a minimum of a quarter hour to be billed for each contact.

A billable unit for Day Habilitation shall include only the time the client actually attends and shall not include sick and vacation days.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Christian Opportunity Center:**

By: John Eilers

Print Name: JOHN EILERS

Print Title: EXECUTIVE DIRECTOR

Date: 3-25-2021

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Community & Family Resources**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
42306	Psychiatric Evaluation (90792)	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
42306	Medication Management (99213)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
42306	Care Coordination	One tele health session	\$31.21
42305	Therapy Evaluation (90791)	Visit	\$155.61
42305	Therapy 90837	60 Min.	\$114.17
	90834	45 Min.	\$114.17
	90832	30 Min.	\$59.43
42305	Group Therapy (90853)	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83

**OTHER TERMS:**

**Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.**

**All funding for outpatient services must be pre-authorized by CICS. CICS will issue a Notice of Decision to the patient and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Patients are responsible to pay all copayment amounts directly to the provider. CICS funds may supplement patients with insurance any remaining amount due, up to the "allowed charge" on the insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.**

**ATTACHMENT A**  
**SERVICE DEFINITIONS AND RATES**  
**Community & Family Resources**

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Community & Family Resources:**

By: Michelle De la Lora

Print Name: Michelle De la Lora

Print Title: Executive Director

Date: 4-9-21

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Duncan Heights, Inc.**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
32329	Supported Community Living – MI Home Based Habilitation High Recovery Recovery Transitional Medium Need Intensive I Intensive II Intensive III	UA; .25-2 Hours/Day UB; 2.25-4 Hours/Day UC; 4.25-8.75 Hours/Day UD; 9-12.75 Hours/Day U8; 13-16.75 Hours/Day U9; 17-24 Hours/Day	*See Other Terms \$51.00 \$110.90 \$123.40 \$157.50 \$210.00 \$315.00

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

Funding for all contracted services requires prior authorization and individuals shall meet CICS Management Plan criteria. CICS will issue a Notice of Decision to the client and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Clients are responsible to pay all copayment amounts directly to the provider.

\*Based on the client's individualized assessment, CICS will honor the Provider's Medicaid tiered rate for Home Based Habilitation service. Documentation of the client's individualized assessment and the Medicaid tiered rate shall be provided to CICS by the Provider. If a current individualized client assessment is not available CICS will complete an assessment and work with the provider in identifying the applicable Medicaid tiered rate for the Individual. Individual rates may be reviewed at the request of CICS or the Provider as determined necessary.

**Central Iowa Community Services:**

By: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Print Title: Chair, CICS Governing Board  
 Date: \_\_\_\_\_

**Duncan Heights, Inc.**

By: Heidi Hansen  
 Print Name: Heidi Hansen  
 Print Title: Director  
 Date: 4/9/21

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Foundation 2, Inc.**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
44346	24 Hour Crisis Phone Line Service and M-F Chat 9am-3pm through our <a href="http://www.foundation2crisischat.org">www.foundation2crisischat.org</a> portal – crisis call rollover to Your Life Iowa	Monthly	No fee
44307	Mobile Crisis Response Dispatch	Monthly	\$9,132.00 (based on \$.25 per capita)

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

**24 Hour Crisis Phone Line:** Crisis calls received on the CICS Crisis Line will be rolled over to Your Life Iowa Crisis Line.

**Mobile Crisis Response Dispatch:**

- I. **Region Responsibilities**
  - a. Region agrees that they are responsible for all marketing, advertising and promotion of mobile crisis outreach and dispatch services.
  - b. Region agrees, when possible and appropriate, to identify that Foundation 2 provides the mobile crisis response dispatch service.
  - c. Region understands that there are times that phone/internet services are down due to circumstances outside the provider's control.
  - d. Should the contract be terminated at any point and CICS requests the provider to continue to render Covered Services in accordance with this

Agreement until other arrangements for service can be made, CICS will compensate provider on a prorated basis.

**II. Provider Responsibilities**

- a. Provider will consult in the development of appropriate marketing materials.
- b. Provider will roll over calls from the CICS Crisis Line to the Your Life Iowa Crisis Line. Provider will not charge CICS a cost for the CICS Crisis phone number to remain in service.

**III. Service Delivery**

- a. For Mobile Crisis Response Dispatch Provider will send a Region representative a monthly report that will include the number of contacts for dispatch services (calls, text and chat) taken from residents of the Region and demographics including age range, gender, and county of call origin. Information about a caller that would violate their right to protected health information will not be shared with the region but might be shared with entities who provide emergency services when there is an imminent threat to the life and safety of the caller or others.
- b. Provider will work diligently and quickly to address any technology issues with outside providers (phone/internet carrier).
- c. Provider agrees to dispatch Mobile Crisis Response services when this service is requested by a citizen or law enforcement. Prior to dispatch, Provider will briefly assess for safety of the scene, gather a brief description of the presenting crisis, and obtain an address of response and phone number for a consenting individual at the scene. Provider will then contact the Eyerly Ball CMHS MCRT to begin the dispatch.
  - In the event MCRT is requested but Provider has assessed the risk of harm to self or others to be immediate, law enforcement will be contacted first, and MCRT may be dispatched as a secondary response. Provider agrees to contact Eyerly Ball MCRT leadership team member if the appropriate response for an MCRT request is unclear.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Foundation 2, Inc.:**

By:  \_\_\_\_\_

Print Name: EMILY J BLOWME

Print Title: CEO

Date: 4/5/21

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Full Circle Therapy Center, LLC**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
42305	Therapy Evaluation (90791)	Visit	\$155.61
42305	Therapy 90837	60 Min	\$114.17
	90834	45 Min	\$114.17
	90832	30 Min	\$59.43
42305	Group Therapy (90853)	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

Funding for outpatient services must be pre-authorized by CICS. CICS will issue a Notice of Decision to the patient and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Patients are responsible to pay all copayment amounts directly to the provider. CICS funds may supplement patients with insurance any remaining amount due, up to the "allowed charge" on the insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Full Circle Therapy Center, LLC:**

By: Dusti Hansen ms LMTTC

Print Name: Dusti Hansen

Print Title: owner

Date: 3/22/2021

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Goshorn Psych-Services, PLLC**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
42306	Psychiatric Evaluation (90792)	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
42306	Medication Management (99213)	15 Minute	Dr. \$101.60 ARNP \$72.45 PA \$72.45

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

Funding for outpatient services must be pre-authorized by CICS. CICS will issue a Notice of Decision to the patient and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Patients are responsible to pay all copayment amounts directly to the provider. CICS funds may supplement patients with insurance any remaining amount due, up to the "allowed charge" on the insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.

**Central Iowa Community Services:**

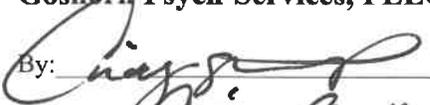
By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Goshorn Psych-Services, PLLC:**

By:  \_\_\_\_\_

Print Name: Cindy Goshorn

Print Title: Owner

Date: 4/5/2011

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Grace C Mae Advocate Center, Inc.**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
42305	Therapy Evaluation (90791)	Visit	\$155.61
42305	Therapy 90837	60 Min.	\$114.17
	90834	45 Min.	\$114.17
	90832	30 Min.	\$59.43
42305	Group Therapy (90853)	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

Funding for outpatient services must be pre-authorized by CICS. CICS will issue a Notice of Decision to the patient and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Patients are responsible to pay all copayment amounts directly to the provider. CICS funds may supplement patients with insurance any remaining amount due, up to the "allowed charge" on the insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Grace C. Mae Advocate Center, Inc.:**

By: Patricia Gilbaugh

Print Name: Patricia Gilbaugh

Print Title: Executive Director

Date: 4/6/2021

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Mainstream Living**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
50367	Day Habilitation (ID/DD)	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms Section \$67.81 \$71.15 \$81.03 \$82.18 \$95.70 \$117.03
50367	Day Habilitation (ID/DD/MI)	15 Min.	\$3.41
50367	Day Habilitation (MI)	Daily	\$65.49
32329	Supported Community Living (ID/DD)	15 Min.	\$8.21
32329	Supported Community Living – ID/DD without day service**	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$190.16 \$203.85 \$271.25 \$274.26 \$468.03 \$626.37
32329	Supported Community Living – ID/DD with day service***	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$169.56 \$182.68 \$218.38 \$221.40 \$388.73 \$536.50
50369	Supported Employment: Small Group (2-8 individuals)	Tier 1 groups of 2-4; 15 Min. unit Tier 2 groups of 5-6; 15 Min. unit Tier 3 groups of 7-8; 15 Min. unit	\$2.93 \$1.83 \$1.31

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month

following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

Funding for all contracted services requires prior authorization and individuals shall meet CICS Management Plan criteria. CICS will issue a Notice of Decision to the client and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Clients are responsible to pay all copayment amounts directly to the provider.

**\*Based on the client's individualized assessment, CICS will honor the Provider's Medicaid tiered rate for daily Supported Community Living and Day Habilitation services. Documentation of the client's individualized assessment and the Medicaid tiered rate shall be provided to CICS by the Provider. If a current individualized client assessment is not available CICS will complete an assessment and work with the provider in identifying the applicable Medicaid tiered rate for the Individual. Individual rates may be reviewed at the request of CICS or the Provider as determined necessary.**

**\*\*Supported Community Living for individuals with an authorized average of 39 or fewer hours of service outside the home per month.**

**\*\*\*Supported Community Living for individuals with an authorized average of 40 or more hours of service outside the home per month.**

A billable unit for Supported Community Living services is defined as face-to-face contact with client. These units shall be rounded to the nearest quarter hour with a minimum of a quarter hour to be billed for each contact.

A billable unit for Day Habilitation shall include only the time the client actually attends and shall not include sick and vacation days.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Mainstream Living:**

By: William Vaughn

Print Name: William Vaughn

Print Title: President & CEO

Date: 3/25/2021

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
New Beginnings Counseling Service**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
32329	Supported Community Living – MI High Recovery Recovery Transitional	UA; .25-2 Hours/Day UB; 2.25-4 Hours/Day	\$51.00 \$110.90

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

Funding for all contracted services requires prior authorization and individuals shall meet CICS Management Plan criteria. CICS will issue a Notice of Decision to the client and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Clients are responsible to pay all copayment amounts directly to the provider.

Based on the client's individualized assessment, CICS will honor the Provider's Medicaid tiered rate for daily Supported Community Living service and Home Based Habilitation service. Documentation of the client's individualized assessment and the Medicaid tiered rate shall be provided to CICS by the Provider. If a current individualized client assessment is not available CICS will complete an assessment and work with the provider in identifying the applicable Medicaid tiered rate for the Individual. Individual rates may be reviewed at the request of CICS or the Provider as determined necessary.

A billable unit for Supported Community Living services is defined as face-to-face contact with client. These units shall be rounded to the nearest quarter hour with a minimum of a quarter hour to be billed for each contact.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**New Beginnings Counseling Service:**

By: Rebecca Spiess

Print Name: Rebecca Spiess

Print Title: Program Supervisor

Date: 3.26.21

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Orchard Place**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
05373	Public Education, Prevention and Education	Hour	\$120.00; Maximum of 12 hours/contract period

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

CICS Region will honor rates established by the provider's host region for outpatient services.

Public Education, Prevention and Education Services - Education services means activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning. Prevention means efforts to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society. Prevention activities are designed to convey information about the cause of conditions, situations, 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 outreach activities and/or marketing activities would not fall under Public Education, Prevention and Education. Provider needs to seek written approval by CICS for funding of Public Education, Prevention and Education services.

**Central Iowa Community Services:**

By: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Print Title: Chair, CICS Governing Board  
 Date: \_\_\_\_\_

**Orchard Place:**

By: Valerie Sattsgaver  
 Print Name: Valerie Sattsgaver  
 Print Title: CFO  
 Date: 4-2-21

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Progress Industries**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
32329	Supported Community Living – ID/DD	15 Min.	\$10.73
32329	Supported Community Living – ID/DD without day service**	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$190.16 \$203.85 \$271.25 \$274.26 \$468.03 \$626.37
32329	Supported Community Living – ID/DD with day service***	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$169.56 \$182.68 \$218.38 \$221.40 \$388.73 \$536.50
32329	Supported Community Living – MI Home Based Habilitation High Recovery Recovery Transitional Medium Need Intensive I Intensive II Intensive III	UA; .25-2 Hours/Day UB; 2.25-4 Hours/Day UC; 4.25-8.75 Hours/Day UD; 9-12.75 Hours/Day U8; 13-16.75 Hours/Day U9; 17-24 Hours/Day	*See Other Terms Section \$51.00 \$110.90 \$123.40 \$157.50 \$210.00 \$315.00
50367	Day Habilitation – ID/DD/MI	15 Min.	\$3.96
50367	Day Habilitation – ID/DD	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms Section \$67.81 \$71.15 \$81.03 \$82.18 \$95.70 \$117.03
50367	Day Habilitation - MI	Daily	\$92.00
50362	Prevocational Services	Hourly	\$10.31

50362	Prevocational Services: Career Exploration	Hourly Maximum of 34 hours of Career Exploration over a 90 day period	\$39.42
50368	****Supported Employment: Individual Supported Employment	Hourly - Initial Authorization not to exceed 40 hourly units Hourly – Extended Authorization not to exceed 20 hourly units	\$68.12  \$68.12
50368	*****Supported Employment: Long Term Job Coaching	Tier 1 = 1 contact/month Tier 2 = 2-8 hours/month Tier 3 = 9-16 hours/month Tier 4 = 17-25 hours/month Tier 5 = 26 + hours/month	\$69.71 \$372.46 \$743.89 \$1,163.17 \$46.51/hour
50369	Supported Employment: Small Group (2-8 individuals)	Tier 1 groups of 2-4; 15 Min. unit Tier 2 groups of 5-6; 15 Min. unit Tier 3 groups of 7-8; 15 Min. unit	\$2.93  \$1.83  \$1.31

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

Funding for all contracted services requires prior authorization and individuals shall meet CICS Management Plan criteria. CICS will issue a Notice of Decision to the client and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Clients are responsible to pay all copayment amounts directly to the provider.

\*Based on the client's individualized assessment, CICS will honor the Provider's Medicaid tiered rate for daily Supported Community Living service, Day Habilitation service, and Home Based Habilitation service. Documentation of the client's individualized assessment and the Medicaid tiered rate shall be provided to CICS by the Provider. If a current individualized client assessment is not available CICS will complete an assessment and work with the provider in identifying the applicable Medicaid tiered rate for the Individual. Individual rates may be reviewed at the request of CICS or the Provider as determined necessary.

A billable unit for Supported Community Living services is defined as face-to-face contact with client. These units shall be rounded to the nearest quarter hour with a minimum of a quarter hour to be billed for each contact.

**\*\*Supported Community Living for individuals with an authorized average of 39 or fewer hours of service outside the home per month.**

**\*\*\*Supported Community Living for individuals with an authorized average of 40 or more hours of service outside the home per month.**

**A billable unit for Day Habilitation shall include only the time the client actually attends and shall not include sick and vacation days.**

**Total cost per person for all supported employment services not to exceed \$3,151.00/month.**

**\*\*\*\*Supported Employment - Individual Supported Employment: One initial and, if necessary, one extended authorization permitted per year not to exceed a total of 60 hourly units per year.**

**\*\*\*\*\*Supported Employment – Long Term Job Coaching must be reauthorized every 90 days.**

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Progress Industries:**

By: 

Print Name: Sandy Ham

Print Title: President + CEO

Date: 4-12-2021

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Liberty Square dba Spring Harbor Residential Services**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
32329	Supported Community Living – ID/DD	15 Min.	\$9.28
32329	Supported Community Living – ID/DD without day service**	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$190.16 \$203.85 \$271.25 \$274.26 \$468.03 \$626.37
32329	Supported Community Living – ID/DD with day service***	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$169.56 \$182.68 \$218.38 \$221.40 \$388.73 \$536.50
32329	Supported Community Living – MI Home Based Habilitation High Recovery Recovery Transitional Medium Need Intensive I Intensive II Intensive III	UA; .25-2 Hours/Day UB; 2.25-4 Hours/Day UC; 4.25-8.75 Hours/Day UD; 9-12.75 Hours/Day U8; 13-16.75 Hours/Day U9; 17-24 Hours/Day	*See Other Terms \$51.00 \$110.90 \$123.40 \$157.50 \$210.00 \$315.00

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

Funding for all contracted services requires prior authorization and individuals shall meet CICS Management Plan criteria.

CICS will issue a Notice of Decision to the client and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Clients are responsible to pay all copayment amounts directly to the provider.

\*Based on the client's individualized assessment, CICS will honor the Provider's Medicaid tiered rate for daily Supported Community Living service and Home Based Habilitation service. Documentation of the client's individualized assessment and the Medicaid tiered rate shall be provided to CICS by the Provider. If a current individualized client assessment is not available CICS will complete an assessment and work with the provider in identifying the applicable Medicaid tiered rate for the Individual. Individual rates may be reviewed at the request of CICS or the Provider as determined necessary.

\*\*Supported Community Living for individuals with an authorized average of 39 or fewer hours of service outside the home per month.

\*\*\*Supported Community Living for individuals with an authorized average of 40 or more hours of service outside the home per month.

A billable unit for Supported Community Living services is defined as face-to-face contact with client. These units shall be rounded to the nearest quarter hour with a minimum of a quarter hour to be billed for each contact.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Liberty Square dba Spring Harbor Residential Services:**

By: Katny Fancher

Print Name: Katny Fancher

Print Title: Exc Director

Date: 3/15/21

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Hamilton County Public Hospital dba Van Diest Medical Center**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
46305 Jail 42305 Outpatient	Therapy Evaluation (90791)	Visit	\$155.61
46305 Jail 42305 Outpatient	Therapy 90837 90834 90832	60 Min. 45 Min. 30 Min.	\$114.17 \$114.17 \$59.43
46305 Jail 42305 Outpatient	Group Therapy (90853)	Hour	\$69.43
42305 Outpatient	Family Therapy (90846)	Hour	\$98.83

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

All funding for outpatient and jail services must be pre-authorized by CICS. CICS will issue a Notice of Decision to the patient and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Patients are responsible to pay all copayment amounts directly to the provider. CICS funds may supplement patients with insurance any remaining amount due, up to the "allowed charge" on the insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Hamilton County Public Hospital dba  
Van Diest Medical Center:**

By: Lisa Ledge

Print Name: Lisa Ledge

Print Title: CEO

Date: 4/1/2021

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Youth Emergency Services & Shelter**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
42305	Therapy Evaluation (90791)	Visit	\$155.61
42305	Therapy 90837	60 Min.	\$114.17
	90834	45 Min.	\$114.17
	90832	30 Min.	\$59.43
42305	Group Therapy (90853)	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

All funding for outpatient services must be pre-authorized by CICS. CICS will issue a Notice of Decision to the patient and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Patients are responsible to pay all copayment amounts directly to the provider. CICS funds may supplement patients with insurance any remaining amount due, up to the "allowed charge" on the insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.

**Central Iowa Community Services:**

By: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Print Title: Chair, CICS Governing Board  
 Date: \_\_\_\_\_

**Youth Emergency Services & Shelter:**

By: SUSAN JOHNSON  
 Print Name: SUSAN JOHNSON  
 Print Title: CHIEF FINANCIAL OFFICER  
 Date: 3/24/21

## **AGREEMENT FOR REIMBURSEMENT OF JUDICIAL HOSPITALIZATION REFEREE**

This Agreement is between the State of Iowa Judicial Branch ("Judicial Branch") and Central Iowa Community Services, Iowa, ("CICS") as created under Iowa Code section 331.389 and approved by their board. The purpose of this agreement is to efficiently provide and pay for the services of a hospitalization referee who will conduct hospitalization proceedings in and around Cerro Gordo County. In order to achieve this purpose, the Judicial Branch and CICS agree to the following:

1. CICS and the Judicial Branch agree that safe, timely, and fair adjudication of hospitalization cases involving individuals who may be suffering from a serious mental impairment including multi-occurring disorders benefits all the parties who are involved in these proceedings.
2. In order to ensure that there are sufficient personnel available to handle the timely adjudication of hospitalization cases in and around Cerro Gordo County, the Judicial Branch will appoint a judicial hospitalization referee pursuant to Iowa Code section 229.21 to handle the cases in this area.
3. In exchange for CICS and the counties they represent receiving the benefit of the services of this judicial hospitalization referee, CICS agrees to reimburse the Judicial Branch an agreed upon monthly amount of money to financially support the local services of this referee.
4. The amount of financial support provided by CICS to the Judicial Branch will be \$3,333.33 per month. The total amount of reimbursement for the services covered by this Agreement shall not exceed \$40,000.00 per year.
5. Each month a statement of services provided by this hospitalization referee to the CICS member counties shall be submitted by the Judicial Branch to CICS. CICS and the Judicial Branch shall develop a format and process for the presentation of this statement that is mutually agreeable to both. Within 30 days of receiving the statement of services from the Judicial Branch, CICS shall reimburse the Judicial Branch for the full amount due.
6. In the event that the Iowa Legislature or other State Government takes action that results in the dissolution of Central Iowa Community Services (CICS) or the inability for CICS to pay for this service, this agreement will terminate at that time.
7. No new legal or administrative entity is created by this agreement. No joint or cooperative budget is created, nor are any new financial mechanisms being created. Nothing in this agreement shall affect any change with respect to ownership of the real or personal property of either party to this agreement, and any property acquired during the term of this agreement shall remain the property of the acquiring party.
8. The hospitalization referee who will be appointed pursuant to this agreement will not be an employee of CICS or any county. The right to hire, manage, discipline, and terminate the referee who will be appointed to this position rests solely with the Judicial Branch.

