



# CICS

Supporting Individuals. Strengthening Communities.

## Regional Governing Board

April 28, 2022 @ 1:00PM

Hertz Farm Management

415 S 11<sup>th</sup> Street, Nevada, Iowa 50201

**SPECIAL NOTE TO THE PUBLIC:** Members of the public who would like to call in: 1-312-626-6799

Meeting ID: 827 6776 8906, Passcode: 335100

or Join the Zoom Meeting at <https://us06web.zoom.us/j/82767768906?pwd=dGtJTHlwQW42eTZuOVc0dDI4TVM3UT09>

### Tentative Agenda

#### 1) Roll Call

- |   |   |                                      |   |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Boone            | <input type="checkbox"/> Cerro Gordo      | <input type="checkbox"/> Franklin    | <input type="checkbox"/> Greene           |
| <input type="checkbox"/> Hamilton         | <input type="checkbox"/> Hancock          | <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"/> Webster          | <input type="checkbox"/> Wright      | <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 (BJ Hoffman, Chair)

April 28, 2022 Agenda

**Action**

*Board Chair asks for motion to approve the April 28, 2022 agenda.*

Motion by: \_\_\_\_\_  
 Second: \_\_\_\_\_  
 Vote on motion: \_\_\_\_\_

#### 3) Minutes (BJ Hoffman, Chair)

March 24, 2022 Minutes

**Action**

*Board Chair asks for motion to approve the March 24, 2022 minutes.*

Motion by: \_\_\_\_\_  
 Second: \_\_\_\_\_  
 Vote on motion: \_\_\_\_\_

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

CEO and Officer Job Descriptions

**Action**

*Board Chair asks for motion to approve CEO and Officer job descriptions.*

Motion by: \_\_\_\_\_  
 Second: \_\_\_\_\_  
 Vote on motion: \_\_\_\_\_

CICS Supplemental Employee Manual

**Action**

*Board Chair asks for motion to approve CICS Supplemental Employee Manual.*

Motion by: \_\_\_\_\_  
 Second: \_\_\_\_\_  
 Vote on motion: \_\_\_\_\_

IRSH RFP

Action

*Board Chair asks for motion to approve the IRSH RFP.*

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

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

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

Authorize CEO to Sign Occupancy Related Agreements

Action

*Board Chair asks for motion to approve/deny CEO to sign occupancy related agreements.*

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

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

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

May Mental Health Month Proclamation (and media outreach)

Action

*Board Chair asks for motion to approve Proclamation.*

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

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

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

**5) Planning (Patti Leeds)**

YSS Youth Recovery Campus Project Update (Andrew Allen)

Informational

IRSH Update

Informational

ASSIST Training – Lunch Public Purpose

Action

*Board Chair asks for motion to approve public purpose.*

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

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

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

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

- |   |   |                                    |                                     |
|---|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Boone            | <input type="checkbox"/> Cerro Gordo      | <input type="checkbox"/> Franklin  | <input type="checkbox"/> Greene     |
| <input type="checkbox"/> Hamilton         | <input type="checkbox"/> Hancock          | <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"/> Webster          | <input type="checkbox"/> Wright    | <input type="checkbox"/> JD Deambra |
| <input type="checkbox"/> Allie Wulfekuhle | <input type="checkbox"/> Kendra Alexander |                                    |                                     |

CIT Training Update

Informational

**6) Finance (Betsy Stursma)**

March Expenditure Report

Informational



Claims April 5, 2022 and April 19, 2022

**Action**

*Board Chair asks for motion to approve April 5 and 19, 2022 claims.*

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

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

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

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

- |   |   |                                    |                                     |
|---|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Boone            | <input type="checkbox"/> Cerro Gordo      | <input type="checkbox"/> Franklin  | <input type="checkbox"/> Greene     |
| <input type="checkbox"/> Hamilton         | <input type="checkbox"/> Hancock          | <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"/> Webster          | <input type="checkbox"/> Wright    | <input type="checkbox"/> JD Deambra |
| <input type="checkbox"/> Allie Wulfekuhle | <input type="checkbox"/> Kendra Alexander |                                    |                                     |

Financial Forecast

**Informational**

**7) Operations (Karla Webb)**

Management Plan Policies and Procedures Amendments

**Action**

*Board Chair asks for motion to approve Management Plan Policies and Procedures Amendments.*

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

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

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

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

FY22 Contract Amendments

**Action**

- Arc of Marshall County
- Capstone Behavioral Healthcare
- NAMI Central Iowa
- Optimae Life Service

*Board Chair asks for motion to approve FY22 Contract Amendments.*

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

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

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

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

FY23 Contracts

**Action**

- Access, Inc.
- Achieve Mental Health, Inc.
- Arc of Story County
- Central Iowa Recovery, Inc.
- ChildServe Community Options
- Christian Opportunity Center
- CIRSI, Inc.
- Duncan Heights, Inc.
- FIA Friendship Club, Inc.
- Freedom Pointe of Greater Webster County
- Friendship Ark, Inc.
- Goshhorn Psych-Services, PLLC
- Hamilton County Public Hospital dba Van Diest Medical Center
- Heartland Senior Services



Integrated Treatment Services, LLC  
Mid-Iowa Triumph Recovery Center, Inc.  
MIW, Inc.  
North Central Iowa Mental Health Center, Inc. dba Unity Point Health-Berryhill Center  
North Iowa Transitional and Employment Services, Inc. dba 43 North Iowa  
One Vision

*Board Chair asks for motion to approve FY23 contracts.*

Motion by: \_\_\_\_\_  
Second: \_\_\_\_\_  
Vote on motion: \_\_\_\_\_  
Abstaining: \_\_\_\_\_

**Adult Advisory Committee Restructuring and Bylaws**

**Action**

*Board Chair asks for motion to approve/deny Adult Advisory Committee Restructuring and Bylaws.*

Motion by: \_\_\_\_\_  
Second: \_\_\_\_\_  
Vote on motion: \_\_\_\_\_  
Abstaining: \_\_\_\_\_

**Children's Advisory Committee Appointment**

**Action**

*Board Chair asks for motion to approve Children's Advisory Committee Appointment.*

Motion by: \_\_\_\_\_  
Second: \_\_\_\_\_  
Vote on motion: \_\_\_\_\_  
Abstaining: \_\_\_\_\_

**Prescriber and LISW/Psychologist Incentive**

**Action**

*Board Chair asks for motion to approve/deny incentive.*

Motion by: \_\_\_\_\_  
Second: \_\_\_\_\_  
Vote on motion: \_\_\_\_\_  
Abstaining: \_\_\_\_\_

**8) Public Comments**

*Board Chair asks for public comments at this time*

**9) June Governing Board Meeting Date**

**Action**

*Board Chair asks for motion to approve June Governing Board meeting date.*

Motion by: \_\_\_\_\_  
Second: \_\_\_\_\_  
Vote on motion: \_\_\_\_\_  
Abstaining: \_\_\_\_\_

**10) Next Meeting – May 26, 2022**





# CICS

Supporting Individuals. Strengthening Communities.

## Regional Governing Board Meeting Minutes

March 24, 2022

Hertz Farm Management, Nevada, IA

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

### Agenda & Minutes

**Motion to approve the March 24, 2022 agenda. Motion by Kloberdanz, second by Heddens. All ayes, motion carried.**

**Motion to approve the February 24, 2022 minutes. Motion by Dawley, second by Patten. All ayes, motion carried.**

Russell Wood, CEO stated CICS was approached by the Mason City police department to request CICS to purchase a software program called HealthIM to enter data from law enforcement for substance abuse and mental health encounters which would be shared with various providers in the area, as well as the Clear Lake police department and Cerro Gordo sheriff's department. Law enforcement would have a contract with the vendor and once the MOU is finalized the contract would run for 5 years at \$30,000 per year. The three law enforcement agencies would all be linked, as well as behavioral health units in the area. This would lead to positive interaction between law enforcement and clients. Heddens asked if this is for anyone to go through this app, or who is the target population. Wood stated law enforcement would enter the information, it could be substance abuse, brain health, adults, children, etc. Mental health providers in the area would be able to access the information. HIPAA is not an issue due to law enforcement is sharing the information, which is not a violation of HIPAA. Kloberdanz stated if this works he would like it to expand throughout the state. Wulfekuhle stated she thinks this is a great idea. Smith stated this would have been very useful for them in the past and thinks it is wonderful. Dawley would like Poweshiek to be added to the pilot project in the future. Wood stated local law enforcement needs to buy into this first to be able to expand the program through the region. Talsma asked if CICS would be paying 100% and Wood stated yes. Heddens would like updates with data due to this being a 5 year agreement. Admin will add that to the MOU. **Motion by Watts to move forward with HealthIM allowing the CEO to sign the MOU, second by Rayhons. All ayes, motion carried.**

**Finance Officer Betsy Stursma shared the February 2022 expenditure report.** Watts requested an update on YSS expenditures. Stursma stated that of the \$2.4 million this fiscal year that was budgeted, under \$100,000 has been submitted for reimbursement. Specific numbers can be shared at a later time when Stursma is able to gather it all together. Heddens stated she has not been updated in Story regarding progress. Leeds will reach out to Andrew Allen of YSS to have him attend the CICS Governing Board meeting in May for an update. **Stursma then shared the March 8 and March 22, 2022 claims. Motion by Kloberdanz, second by Watts to approve claims. All ayes, motion carried on roll call vote.**

**Operations Officer Karla Webb presented the FY23 Annual Service and Budget Plan.** Smith stated the address for Capstone will need to be changed. Webb will make that change before submitting. **Motion by Nolte, seconded by Heddens to approve the FY23 Annual Service and Budget Plan with the corrections stated. All ayes, motion carried.**

**Webb presented an appointment for the Adult Advisory Committee. Motion by Rudolph to approve Beth Colby Plautz, provider representative from Webster County for the Adult Advisory Committee appointment, second by Kretzinger. All ayes, motion carried.**

**Webb presented a contract amendment for Arc of Story County due to the 4% increase effective January 1, 2022. Motion to approve Arc of Story County contract amendment by Clifton, second by Deambra. All ayes, motion carried. Heddens abstained.**

**Webb presented contract amendments for Capstone Behavioral Healthcare, Center Associates, Central Iowa Recovery, Inc., Eyerly Ball Community Mental Health Services, FIA Friendship Club, Inc., Freedom Pointe of Greater Webster County, Mid-Iowa Triumph Recovery Center, New Beginnings Counseling Service and Prairie Ridge Integrated Behavioral Healthcare.** Contracts reflected the 4% increase effective January 1, 2022 and also the New Beginnings Counseling Service contract reflected the addition of outpatient therapy. **Motion by Rayhons, second by Kloberdanz to approve all contract amendments. All ayes, motion carried.**

**Talsma asked for public comment.** Rayhons and Smith shared positive experiences they have had regarding CICS recently in regards to their community and law enforcement.

**Next Meeting is April 28, 2022.**

**Motion to adjourn by Watts, second by Dawley. All ayes, meeting adjourned.**

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Patti Leeds, Recording Secretary

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Brandon Talsma, Acting Chair



## Job Description Chief Executive Officer



# CICS

Supporting Individuals. Strengthening Communities.

NAME:

POSITION: CICS Chief Executive Officer

REPORTS TO: CICS Governing Board

DEPARTMENT: Central Iowa Community Services

FISA STATUS: Exempt

**POSITION SUMMARY:** According to Iowa Administrative Code 441.25, the Chief Executive Officer serves as the single point of accountability for the mental health and disability services region. The responsibilities of the CEO include, but are not limited to, planning, budgeting, monitoring expenditures, and ensuring the delivery of quality services that achieve expected outcomes for the individuals served.

According to the CICS 28E, the CEO shall assign the regional functions and responsibilities to ensure that each of the required functions are performed. As such, the identified responsibilities may be assigned to be carried out by CICS Regional Staff. These responsibilities are identified in the job descriptions of the assigned staff members. The CEO is a member of the CICS Administrative Team.

This position is subject to criminal and abuse background checks and requires pre-employment physical and drug screening.

**SALARY:** Based on the CICS pay matrix.

**PRIMARY ESSENTIAL DUTIES AND RESPONSIBILITIES:** Oversees all aspects of CICS

### INTERNAL:

- Oversees internal organization
  - Develops job descriptions and job assignments for region
  - Ensures job responsibilities within the region are being completed
- Directs and oversees administrative team
- Calls and presides over administrative team meetings
- Oversees regional appeals and grievance process
- Oversees the development of regional and local budgets
- Oversees completion and submission of required reports
  - Management Plan amendments
  - Annual Service and Budget Plan
  - Annual Reports
  - Other reports required
- Serves *ex-officio* on the Regional Employment Committee
  - Oversees HR functions
  - Investigates complaints
- Provides internal quality assurance according to the requirements of the Management Plan
- Monitors and promotes activities to support regional goals/objectives
- Designates regional access points
- Establishes a wait list if needed
- Prepares agenda for Regional Board meeting
- Ensures HIPAA standards are complied with across the region

### EXTERNAL:

- Manages the CICS Regional Contract with the State of Iowa Department of Human Services (DHS)
- Ensures fulfillment of all requirements for MHDS Regions as set forth in Iowa Code 331.388 through 331.399 and Iowa Administrative Code 441—Chapter 25

- Oversees public relations and communications efforts, serving as the contact person for all external requests for information or other inquiries, including but not limited to, those from the DHS and other State of Iowa agencies and department, the Iowa Legislature and the Iowa Governor's Office.
- Builds partnerships with other organizations including, but not limited to, MHDS Region CEO's, provider agencies, DHS, Iowa Medicaid Enterprise, state legislators, etc.
- Collects and prepares data required by DHS
- Monitors, interprets pending legislation, analyzes implications in partnership with Iowa Community Services Association Legislative Review Committee, provides Regional "response" as needed, and functions as the spokesperson to media, DHS, legislators, lobbyists, etc.
- Other duties as assigned by the CICS Governing Board

#### NECESSARY KNOWLEDGE, SKILLS, AND ABILITIES:

The successful candidate must possess the following knowledge, skills, and abilities or be able to explain and demonstrate that he / she can perform the essential functions of the job:

- Ability to apply advanced mathematical concepts and demonstrate a high level of reasoning and logical thinking.
- Ability to communicate effectively both orally and in writing and execute excellent people skills.
- Ability to deal effectively with other government agencies and departments.
- Ability to exercise good judgment, evaluate situations, and make responsible recommendations.
- Ability to make effective and persuasive speeches and presentations on controversial or complex topics.
- Ability to negotiate and resolve conflict between dissenting parties
- Ability to organize, plan, and schedule effective meetings and hearings, and to provide guidance on meeting and hearing procedures.
- Ability to work without immediate supervision. Must be a self-starter and well disciplined.
- Demonstrated ability to read, analyze and interpret complex documents.
- Demonstrated ability in critical thinking and problem solving.
- Demonstrated adaptability in performing a variety of duties, occasionally changing from one task to another of a different nature without loss of efficiency or composure.
- Knowledge and experience in information privacy and security laws, access, release of information, and release control technologies.
- Knowledge of the principles of organization, planning, management, supervision, and accounting.
- Knowledgeable in the Disability Services process, funding streams, and mandated vs. non-mandated services.
- Demonstrates competent computer skills, including use of Microsoft Office 365 and CSN.

#### ENTRY REQUIREMENTS:

- Graduation from an accredited four-year college or university with a degree in psychology, sociology, social work, business administration, public administration, finance, public health, or law which includes 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)
- A minimum of three years of experience in the delivery of services to individuals with mental illness, intellectual disabilities, brain injuries, or other developmental disabilities.
- Experience equal to five years of full-time management-oriented work that includes accountability for organizational operations and budget in addition to management of staff.
- A valid driver's license, reliable transportation, and adequate liability insurance are required.
- Working understanding of Windows operating system and accurate typing skills necessary.

#### WORK ENVIRONMENT:

While performing the duties required of this position, the employee is regularly subject to a mentally stressful environment; however, the likelihood of bodily injury or similar occupational hazard is slight. Must have physical and mental stamina and be able to perform successfully under time-limited pressure.

Regular office hours are 8:00am to 4:30pm, Monday through Friday. Must have the flexibility to adjust the schedule occasionally in order to accommodate others' schedules.

#### PHYSICAL REQUIREMENTS:

Must be physically able to operate a variety of automated office machines and equipment. The position may entail long periods of sitting or driving, depending on circumstances.

In most cases, physical demand requirements are at a level of those for sedentary or office environment work which may involve some lifting, carrying, pushing, and/or pulling of light to moderate weight materials (approximately thirty pounds).

**DISCLAIMERS:**

- Marginal functions of the position that are incidental to the performance of essential job duties have been excluded from this description.
- All requirements are subject to possible modification to reasonably accommodate qualified individuals with disabilities. Prospective employees are encouraged to discuss possible accommodations with the employer.
- Job description in no way imply that the description includes every duty to be performed by the employee in the position. Employees will be required to follow any other job-related instructions and to perform any other job-related duties required by the CICS Governing Board.

Franklin County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, reasonable accommodations will be provided to qualified individuals with disabilities. Prospective employees are encouraged to discuss potential needs for accommodations with the employer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DRAFT

## Job Description Coordination Officer



# CICS

Supporting Individuals. Strengthening Communities.

NAME:

POSITION: Coordination Officer

REPORTS TO: CICS CEO

DEPARTMENT: Central Iowa Community Services

FISA STATUS: Exempt

**POSITION SUMMARY:** The Coordination Officer is responsible for ensuring that service coordination complies with the CICS system of care based on the CICS principles and values. The Coordination Officer is responsible for overseeing Service Coordination staff and establishing appropriate procedures and protocols for service coordination. The Coordination Officer is a member of the CICS Administrative Team. The Coordination Officer must have strong communication and management skills, including the ability to work well with the chief executive officer, board members, other CICS staff, and MHDS stakeholders.

This position is subject to criminal and abuse background checks and requires pre-employment physical and drug screening.

**SALARY:** Based on the CICS pay matrix.

### PRIMARY ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Supervises Service Coordination and other assigned staff
- Conducts regular meetings with Service Coordination staff for planning and review and to enhance good communication and standard procedures throughout the CICS region.
- Oversees job performance of assigned staff through regular job performance evaluations.
- Oversees assigned staff leave time approval and other personnel functions as assigned by CEO.
- Oversees and coordinates Service Coordination procedures and processes for:
  - application
  - intake
  - functional assessment
  - eligibility determination
  - other related activities and documents needed
- Creates and monitors reports to provide data to the CICS Governing Board and Administrative Team, track service utilization, and identify needs.
- Reviews and processes Exceptions to Policy and client appeals and provides recommendations to CEO.
- Reviews funding requests and approves/denies services.
- Researches state and federal programs and initiatives, based on Evidence Based Practices, to promote best practices.
- Develops and documents trainings for assigned staff
- Collaborates with service providers in resolving individual client issues and to enhance information exchange and service delivery.
- Represents CICS on boards or committees as assigned by the CEO.
- Recommends appropriate functional assessment tools and implementation to Administrative Team.
- Makes recommendations regarding necessity for new services to the Administrative Team.
- Develops internal quality improvement goals and processes and monitors progress.
- Acts as Administrative Team liaison to assigned CICS member counties
- Reviews and/or revises processes in area of responsibility to ensure compliance with laws, regulations, policies, plans, and procedures
- Monitors workloads and submits recommendations for personnel needs to the CEO
- Other duties as assigned by the CEO.

#### NECESSARY KNOWLEDGE, SKILLS, AND ABILITIES:

The successful candidate must possess the following knowledge, skills, and abilities or be able to explain and demonstrate that he / she can perform the essential functions of the job:

- Ability to communicate effectively, both oral and written, and execute excellent people skills.
- Demonstrated ability to supervise and motivate a large staff team.
- Ability to demonstrate a high level of reasoning and logical thinking.
- Knowledge of federal and state assistance programs for disability populations.
- Demonstrates adaptability to performing a variety of duties, regularly changing from one task to another of a different nature without loss of efficiency or composure.
- Demonstrates competent computer skills, including use of Microsoft o365 and CSN.
- Ability to comprehend and follow oral and/or written directions.
- Ability to negotiate and resolve conflict between dissenting parties.
- Knowledgeable in crisis intervention principles and practices.

#### ENTRY REQUIREMENTS:

- 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 three years of supervising staff in the delivery of services to individuals with mental illness, intellectual disabilities, brain injury, or other developmental disabilities.
- A valid driver's license, reliable transportation, and adequate liability insurance are required.
- Working understanding of Windows operating system and accurate typing skills necessary.

#### WORK ENVIRONMENT:

While performing the duties required of this position, the employee is regularly subject to a mentally stressful environment; however, the likelihood of bodily injury or similar occupational hazard is slight. Must have physical and mental stamina and be able to perform successfully under time-limited pressure.

Regular office hours are 8:00am to 4:30pm, Monday through Friday. Must have the flexibility to adjust the schedule occasionally in order to accommodate others' schedules.

#### PHYSICAL REQUIREMENTS:

Must be physically able to operate a variety of automated office machines and equipment. The position may entail long periods of sitting or driving, depending on circumstances.

In most cases, physical demand requirements are at a level of those for sedentary or office environment work which may involve some lifting, carrying, pushing, and/or pulling of light to moderate weight materials (approximately thirty pounds).

#### DISCLAIMERS:

- Marginal functions of the position that are incidental to the performance of essential job duties have been excluded from this description.
- All requirements are subject to possible modification to reasonably accommodate qualified individuals with disabilities. Prospective employees are encouraged to discuss possible accommodations with the employer.
- Job description in no way imply that the description includes every duty to be performed by the employee in the position. Employees will be required to follow any other job-related instructions and to perform any other job-related duties required by the CEO.

Franklin County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, reasonable accommodations will be provided to qualified individuals with disabilities. Prospective employees are encouraged to discuss potential needs for accommodations with the employer.

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Signature

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Date

## Job Description Finance Officer



# CICS

Supporting Individuals. Strengthening Communities.

NAME:

POSITION: Finance Officer

REPORTS TO: CICS Chief Executive Officer

DEPARTMENT: Central Iowa Community Services

FISA STATUS: Exempt

**POSITION SUMMARY:** The Finance Officer is responsible for managing CICS's finances, including financial planning, financial analysis, program feasibility and financial risk analysis, record-keeping, and financial reporting. The Finance Officer is a member of the CICS Administrative Team. The Finance Officer must have strong analytical, strategic planning and communication skills, including an ability to work well with the chief executive officer, board members, other CICS staff, and MHDS stakeholders.

This position is subject to criminal and abuse background checks and requires pre-employment physical and drug screening.

**SALARY:** Based on the CICS pay matrix.

### PRIMARY ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Compiles detailed financial information for the preparation of the region budget;
  - analyzes/reports on revenue and expenditure growth, trends, and projections;
  - analyzes the effect that changes in revenue/expenditures will have on the budget and financial forecasting;
  - works with the CEO and Operations Officer in preparing the budget for the Annual Service and Budget Plan and financial report for the Annual Report.
- Advises the CEO and staff regarding financial and budgetary issues when necessary.
- Manages the claim payment process for all regional expenditures, including the review of documentation justifying expenditures, expenditure chart of accounts classification, and the monitoring, analysis, and control of expenditures, ensuring full transparency of the financial performance of the region.
- Responsible for accounts payable and receivable activities for CICS.
- Responsible for the management of cash flow within the region.
- Analyzes the effects of proposed projects and actions regarding long-term cost effectiveness and financial forecasting.
- Provides monthly reports to the Governing Board regarding region finances, encumbered funding, prospective fund balance, and other financial data.
- Compiles and ensures accuracy of the annual data warehouse reports and submits the reports to the Department of Human Services.
- Participates in the development, implementation, or interpretation of new or revised services by providing financial analysis and funding or payment protocols in collaboration with CICS Officers.
- In coordination with Planning Officer and Operations Officer, determines the need for and recommend a waiting list to the CEO, if needed.
- Coordinates with the State Auditor's office on the annual auditing process and presents finalized audit to the CICS Governing Board.
- Provides guidance to the Regional Finance Committee.
- Oversees the Regional Fiscal Agent Agreement and collaborates with the Regional Fiscal Agent to ensure proper payment of expenditures.
- Represents CICS on the Community Services Network (CSN) Operations Committee.
- Provides regional support for CSN.
- Acts as the liaison to marketing and communication vendor(s).
- Acts as Administrative Team liaison to assigned CICS member counties
- Coordinates with accounts payable departments and researches discrepancies in payments.
- Recommends policies for improving fiscal or related administrative services,
- Identifies opportunities for improving operations and suggests solutions to identified problems.

- Supervises assigned staff.
- Oversees job performance of assigned staff through regular job performance evaluations.
- Oversees assigned staff leave time approval and other personnel functions as assigned by CEO.
- Develops and documents trainings for assigned staff
- Monitors workloads and submits recommendations for personnel needs to the CEO
- Reviews and/or revises processes in area of responsibility to ensure compliance with laws, regulations, policies, plans, and procedures
- Other duties as assigned by CEO.

#### NECESSARY KNOWLEDGE, SKILLS, AND ABILITIES:

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- Ability to communicate effectively both orally and in writing and execute excellent people skills.
- Ability to deal effectively with other government agencies and departments.
- Ability to exercise good judgment, evaluate situations, and make responsible recommendations.
- Ability to negotiate and resolve conflict between dissenting parties.
- Ability to work without immediate supervision. Must be a self-starter and well disciplined.
- Demonstrated ability to read, analyze and interpret complex documents and financial reports.
- Demonstrated ability in critical thinking and problem solving.
- Demonstrated adaptability in performing a variety of duties, frequently changing from one task to another of a different nature without loss of efficiency or composure.
- Demonstrated leadership skills with the ability to delegate, motivate and inspire staff.
- Knowledge and experience in accounting and financial principles.
- Knowledge of the principles of organization, planning, management, and supervision.
- Knowledgeable in the Disability Services process, funding streams, and mandated vs. non-mandated services.
- Demonstrates competent computer skills, including use of Microsoft o365 and CSN.

#### ENTRY REQUIREMENTS:

- Graduation from an accredited four-year college or university with a degree in psychology, sociology, social work, business administration, public administration, finance, public health, or law which includes 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)
- A minimum of three years of experience in accounting or finance and service delivery, including in a management/supervisory role.
- A valid driver's license, reliable transportation, and adequate liability insurance are required.
- Working understanding of Windows operating system and accurate typing skills necessary.

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In most cases, physical demand requirements are at a level of those for sedentary or office environment work which may involve some lifting, carrying, pushing, and/or pulling of light to moderate weight materials (approximately thirty pounds).

#### DISCLAIMERS:

- Marginal functions of the position that are incidental to the performance of essential job duties have been excluded from this description.
- All requirements are subject to possible modification to reasonably accommodate qualified individuals with disabilities. Prospective employees are encouraged to discuss possible accommodations with the employer.

- Job description in no way imply that the description includes every duty to be performed by the employee in the position. Employees will be required to follow any other job-related instructions and to perform any other job-related duties required by the CEO.

Franklin County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, reasonable accommodations will be provided to qualified individuals with disabilities. Prospective employees are encouraged to discuss potential needs for accommodations with the employer.

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Signature

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Date

DRAFT

# Job Description Operations Officer



# CICS

Supporting Individuals. Strengthening Communities.

NAME:

POSITION: Operations Officer

REPORTS TO: CICS Chief Executive Officer

DEPARTMENT: Central Iowa Community Services (CICS)

FISA STATUS: Exempt

**POSITION SUMMARY:** The Operations Officer is responsible for management and oversight of provider contracting, development and modification of the Mental Health & Disability Services Management Plan, and performs human resource related activities for CICS. The Operations Officer is a member of the CICS Administrative Team. The Operations Officer must have strong analytical, organizational and communication skills, including an ability to work well with the chief executive officer, board members, other CICS staff, and MHDS stakeholders.

This position is subject to criminal and abuse background checks and requires pre-employment physical and drug screening.

**SALARY:** Based on the CICS pay matrix.

## PRIMARY ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Prepares Management Plan Policies and Procedures amendments as necessary
- Prepares Annual Service and Budget Plan
- Prepares Annual Reports
- Enrolls new providers into the CICS provider network
- Prepares recommendations on service rates on an annual basis with CEO
- Negotiates and administers contracts, grants, and cooperative agreements with federal, state, local, and community organizations; completes contract amendments as needed
- Presents contracts, contract amendments, and agreements to the Governing Board for consideration,
- Oversees rate and contract uploads to Community Services Network (CSN) database system
- Assists in developing or updating standard operating procedures for all business operational activities
- Organizes and updates internal policies and publishes them for regional access
- Acts as or assigns Advisory Committees liaisons in consultation with the CEO
- Develops orientation training for Governing Board and Advisory Committees
- In coordination with Planning Officer and Finance Officer, determines the need for and recommend a waiting list to the CEO, if needed
- Acts as Administrative Team liaison to assigned CICS member counties
- Acts as the liaison for human resource related activities for CICS and the CICS Employer of Record
- Supervises assigned staff.
- Oversees job performance of assigned staff through regular job performance evaluations.
- Oversees assigned staff leave time approval and other personnel functions as assigned by CEO.
- Develops and documents staff trainings for assigned staff
- Monitors workloads and submits recommendations for personnel needs to the CEO
- Reviews and/or revises processes in area of responsibility to ensure compliance with laws, regulations, policies, plans, and procedures
- Other duties as assigned by CEO

## NECESSARY KNOWLEDGE, SKILLS, AND ABILITIES:

The successful candidate must possess the following knowledge, skills, and abilities or be able to explain and demonstrate that he / she can perform the essential functions of the job:

- Applies professional level of knowledge of federal and state assistance programs for disability populations.
- Demonstrates adaptability to performing a variety of duties, regularly changing from one task to another of a different nature without loss of efficiency or composure.

- Demonstrates competent computer skills, including use of Microsoft Office 365 and CSN.
- Ability to present ideas effectively, in both oral and written form.
- Demonstrated ability in critical thinking and problem solving,
- Ability to work alone or as part of a team.
- Ability to comprehend and follow oral and/or written directions.
- Ability to negotiate and resolve conflict between dissenting parties.
- Knowledgeable in crisis intervention principles and practices.

**ENTRY REQUIREMENTS:**

- 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 individuals with mental illness, intellectual disabilities, brain injury, or other developmental disabilities and three years' experience with general business practices.
- A valid driver's license, reliable transportation, and adequate liability insurance are required.
- Working understanding of Windows operating system and accurate typing skills necessary.

**WORK ENVIRONMENT:**

While performing the duties required of this position, the employee is regularly subject to a mentally stressful environment; however, the likelihood of bodily injury or similar occupational hazard is slight. Must have physical and mental stamina and be able to perform successfully under time-limited pressure.

Regular office hours are 8:00am to 4:30pm, Monday through Friday. Must have the flexibility to adjust the schedule occasionally in order to accommodate others' schedules.

**PHYSICAL REQUIREMENTS:**

Must be physically able to operate a variety of automated office machines and equipment. The position may entail long periods of sitting or driving, depending on circumstances.

In most cases, physical demand requirements are at a level of those for sedentary or office environment work which may involve some lifting, carrying, pushing, and/or pulling of light to moderate weight materials (approximately thirty pounds).

**DISCLAIMERS:**

- Marginal functions of the position that are incidental to the performance of essential job duties have been excluded from this description.
- All requirements are subject to possible modification to reasonably accommodate qualified individuals with disabilities. Prospective employees are encouraged to discuss possible accommodations with the employer.
- Job description in no way imply that the description includes every duty to be performed by the employee in the position. Employees will be required to follow any other job-related instructions and to perform any other job-related duties required by the CEO.

Franklin County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, reasonable accommodations will be provided to qualified individuals with disabilities. Prospective employees are encouraged to discuss potential needs for accommodations with the employer.

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Signature

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Date

## Job Description Planning and Development Officer



# CICS

Supporting Individuals. Strengthening Communities.

NAME:

POSITION: Planning and Development Officer

REPORTS TO: CICS CEO

DEPARTMENT: Central Iowa Community Services

FISA STATUS: Exempt

**POSITION SUMMARY:** The purpose of the position is to perform The Planning and Development Officer is responsible for managing and overseeing service development in the CICS region. This includes development and implementation of services and oversees external quality assurance. This position also manages and monitors contract compliance for the region. The Planning and Development Officer is a member of the CICS Administrative Team. The Planning and Development Officer must have strong strategic planning and communication skills, including an ability to work well with the chief executive officer, board members, other CICS staff, and MHDS stakeholders.

This position is subject to criminal and abuse background checks and requires pre-employment physical and drug screening.

**SALARY:** Based on the CICS pay matrix.

### PRIMARY ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Develops services as mandated and directed by CEO using an RFP process as appropriate
- Monitors access standards throughout the region
- Prepares quarterly reports and recommendations on meeting access standards
- Recommends provider network development to meet access standards through gap analysis, community partners and advisory group
- Makes recommendations regarding need for new services
- Oversees development and implementation for approved projects
- Oversees aspects of external quality assurance
- Supervises program management operations
- Works with individual agencies to meet standards and project outcomes
- Assesses program effectiveness and recommends improvements
- Develops quality improvement process that provides for ongoing and periodic evaluation of the service system
- Assists with internal planning for identified service and supports
- Develops and documents trainings for assigned staff
- Monitors compliance with all state requirements, including performance targets/outcome measures
- Monitors provider contract compliance
  - Investigates provider complaints
  - Develops corrective action plan if needed
  - Works with individual agencies to meet standards and project outcomes
- Supervises assigned staff
- Oversees job performance of assigned staff through regular job performance evaluations.
- Oversees assigned staff leave time approval and other personnel functions as assigned by CEO.
- Acts as Administrative Team liaison to assigned CICS member counties
- Reviews and/or revises processes in area of responsibility to ensure compliance with laws, regulations, policies, plans, and procedures
- Monitors workloads and submits recommendations for personnel needs to the CEO
- Serves on boards and committees as assigned by the CEO
- Other duties as assigned by CEO.

#### NECESSARY KNOWLEDGE, SKILLS, AND ABILITIES:

The successful candidate must possess the following knowledge, skills, and abilities or be able to explain and demonstrate that he / she can perform the essential functions of the job:

- Applies professional level of knowledge of federal and state assistance programs for disability populations.
- Demonstrates adaptability to performing a variety of duties, regularly changing from one task to another of a different nature without loss of efficiency or composure.
- Demonstrates competent computer skills, including use of Microsoft o365 and CSN.
- Ability to present ideas effectively, in both oral and written form.
- Demonstrated ability in critical thinking and problem solving,
- Ability to work alone or as part of a team.
- Ability to comprehend and follow oral and/or written directions.
- Ability to negotiate and resolve conflict between dissenting parties.
- Knowledgeable in crisis intervention principles and practices.

#### ENTRY REQUIREMENTS:

- 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 individuals with mental illness, intellectual disabilities, brain injury, or other developmental disabilities and three years' experience with planning, development, and general business practices.
- A valid driver's license, reliable transportation, and adequate liability insurance are required.
- Working understanding of Windows operating system and accurate typing skills necessary.

#### WORK ENVIRONMENT:

While performing the duties required of this position, the employee is regularly subject to a mentally stressful environment; however, the likelihood of bodily injury or similar occupational hazard is slight. Must have physical and mental stamina and be able to perform successfully under time-limited pressure.

Regular office hours are 8:00am to 4:30pm, Monday through Friday. Must have the flexibility to adjust the schedule occasionally in order to accommodate others' schedules.

#### PHYSICAL REQUIREMENTS:

Must be physically able to operate a variety of automated office machines and equipment. The position may entail long periods of sitting or driving, depending on circumstances.

In most cases, physical demand requirements are at a level of those for sedentary or office environment work which may involve some lifting, carrying, pushing, and/or pulling of light to moderate weight materials (approximately thirty pounds).

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Franklin County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, reasonable accommodations will be provided to qualified individuals with disabilities. Prospective employees are encouraged to discuss potential needs for accommodations with the employer.

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Signature

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Date

# Central Iowa Community Services (CICS) Supplemental Employee Manual

CICS shall follow the Employer of Record policies for employment unless otherwise stated in this Supplemental Employee Manual and the 28E Agreement between CICS and the Employer of Record.

## **CICS Positions**

These policies apply to all persons who receive wages or salaries from the CICS Employer of Record for positions funded through the Mental Health and Disability Services funds, and for whom a Memorandum of Understanding (MOU) has been executed between CICS and the Employer of Record.

The CEO shall provide staffing recommendations to the Governing Board. If recommending changes to current positions, the CEO shall submit an explanation of the change. A MOU shall be submitted to the Employer of Record at least annually and as position changes occur.

## **Approving Regional Positions:**

The Administrative Team shall determine the need for additional staff and the CEO shall present a recommendation to the Governing Board, which shall include a job description, wage scale, and reason for the recommendation.

## **Hiring Procedure**

If an opening occurs, the following steps shall be followed:

If the job duties can be reallocated to existing employees, reallocation shall be the first priority.

If the job duties cannot be reallocated the position shall be advertised:

- All approved, vacant positions must be posted for a minimum of 10 working days on the public CICS website and through the Employer of Record. The posting shall include a description of the position, application requirements, and contact information.
- All postings must comply with the EEOC guidelines.
- Any individual interested in employment must submit the Employer of Record's standard application form, resume, and a list of three (3) professional references.
- No applicants shall be considered for any position until an application and resume are received.
- The CEO shall appoint an interview committee to interview.

Selection:

- Once an applicant is selected, the Employer of Record shall be notified.
- A tentative offer of employment shall be extended to the selected applicant in accordance with the Employer of Record's policies.
- After the selected applicant has accepted the position and after any pre-hiring requirements are completed, a MOU shall be presented to the Governing Board.

## **Open Door/Conflict Resolution Policy**

CICS promotes prompt and responsible resolution of issues raised by staff and administrators. This procedure may be used freely without fear of retaliation.

If there is a problem, a misunderstanding, or a request, the employee is encouraged to talk to their supervisor about it. If the employee's supervisor is not able to give him/her a satisfactory answer, the

employee must take his/her problem to the Supervising Officer if different from their supervisor or the Regional CEO if the Supervising Officer is their supervisor. If the Regional CEO is not able to give the employee a satisfactory answer, he/she must take the problem to the CICS Employment Committee. If the CICS Employment Committee is unable to give the employee a satisfactory answer, he/she must take the problem to the CICS Governing Board, who shall render a final decision. An issue submitted to the Governing Board must be presented in writing.

When the issue personally involves the immediate supervisor, the employee may bypass that individual and proceed to the next person in authority without fear of reprisal.

### **Wage Policy**

The Region has set forth a wage schedule (see Appendix A). If an employee is over the maximum wage schedule for the position as of July 1, 2022, the Region shall pay at that wage until such employee is no longer employed or conducting regional work. The wage for these employees may be increased each year by the actual percentage the wage schedule is increased. The Region shall not pay over the maximum wage for new hires after July 1, 2022.

### **Training and Education, Mileage and Reimbursable Expenses**

Training away from the office must have prior approval from the employee's supervisor and shall not interfere with completing job duties. Trainings within the office, shall be reviewed with the employee's supervisor and not interfere with completing job duties. The supervisor will make a final determination on appropriateness of training within the office.

The following expenses for meetings, trainings, and conventions shall be considered for reimbursement.

- Registration fees
- Lodging expenses when travel exceeds 70 miles one way from residence or office if closer. Stays in locations less than this may be approved, if necessary, to ensure the safety of employees (i.e. inclement weather). All stays must comply with state and federal law.
- Nontaxable meal expenses when overnight stay is appropriate while attending meetings pertaining to CICS Regional work shall be reimbursed at actual meal costs and shall not exceed the regular Federal per diem rates as established by the Internal Revenue Services Administration and the U.S. General Services Administration for meals and incidental expenses (M&IE). (<https://www.gsa.gov/travel/plan-book/per-diem-rates>) Employees must submit itemized receipts for reimbursement.
- Necessary parking fees shall be reimbursed upon presentation of receipts.

Prior approval must be obtained from the CEO and Governing Board for out-of-state, overnight travel.

An employee required to use his or her own vehicle to fulfill the responsibilities of the Region shall be reimbursed for mileage at the Federal rate. All employee reimbursements must be approved by the employee's supervisor. CEO reimbursements shall be approved by the Operations Officer.

Travel to the office from home, or to home from the office, is not a covered mileage expense. The official starting point for mileage calculation shall be the location of the employee's office or home, whichever is the shortest distance. However, if a staff member leaves the office and returns to the office, the mileage for the entire trip shall be covered. The most direct route shall be used. Allowances for detours shall be allowed.

Only expenses not reimbursable from other sources shall be considered.

## ACKNOWLEDGEMENT

My signature below acknowledges that I have received a copy of the CICS Supplemental Employee Manual. I agree to read the manual and agree to comply with the policies of CICS. I understand that neither receipt of this manual nor the policies contained therein are to be construed as creating any contractual obligations or constitute a guarantee or contract of employment.

I understand that this manual is intended to supplement the Employer of Record's Employee Handbook.

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Print Name

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Employee's Signature

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Date

DRAFT

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**TO:** Mental Health and Disability Services Regions

**FROM:** Iowa Department of Human Services, Division of Community Mental Health and Disability Services

**SUBJECT:** Intensive Residential Service Homes

**EFFECTIVE:** Immediately

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### **Authority**

Iowa's Mental Health and Disability Services (MHDS) regions are charged with ensuring access to an array of services and supports. It is the intent of the State of Iowa that the regional service system should ensure that all Iowans have access to mental health and disability services regardless of the location of their residence ([331.389](#)). It is the expectation of the Department of Human Services (DHS) that each MHDS region will work strategically and collaboratively toward ensuring access to identified services and supports as outlined in Iowa Code and Administrative Rule.

### **Intensive Residential Service Homes**

Intensive Residential Service Homes (IRSH), are defined in rule to mean *intensive, community-based services provided 24 hours per day, 7 days per week, 365 days per year to individuals with a severe and persistent mental illness who have functional impairments and may also have multi-occurring conditions* ([441.25](#)). Providers of IRSH are expected to be enrolled with Medicaid as providers of home-based habilitation or intellectual disability (ID) waiver supported community living (SCL) services. However, IRSH service provision, as specified in subrule [25.6\(8\)](#), contains specific provisions that exceed the level of service currently delivered via typical home-based habilitation and SCL models in Iowa. The role of MHDS regions includes ensuring access to IRSH, designating at least one IRSH provider for the region, and fully funding IRSH for eligible individuals who do not qualify for other sources of funding.

### **Current Status**

MHDS regions have worked with DHS, providers, and Medicaid managed care organizations (MCO's) to identify potential IRSH providers. Currently, there are providers identified and considered to be in development of IRSH but, there are not regionally designated IRSH providers. Frequently cited barriers to securing designated IRSH providers are: (1) costs associated with enhanced IRSH requirements such as training and clinical staffing requirements and uncertainty regarding reimbursement for those additional expenses; (2) navigation of no eject / no reject admission standards and (3) challenges presented by overall workforce shortages. There have been some localized efforts and investments made toward the establishment of IRSH, but there is a need for collaborative effort amongst MHDS regions to invest strategically toward establishing and securing ongoing access to IRSH statewide.

## **Expectations and Next Steps**

It is the expectation of DHS that each MHDS region will make necessary investments to secure access to required services to the extent that there are funds available. It is further expected that MHDS regions will make investments into required services prior to making other investments. IRSH is a required service and MHDS regions must ensure access ([331.397](#)). DHS expects that MHDS regions will collaboratively plan for strategic investment of regional funds to ensure access to IRSH. DHS also expects that MHDS regions will collaborate to develop consistent criteria including but not limited to: (1) identification and designation of IRSH providers; (2) identification of IRSH-eligible individuals; (3) referral pathways; (4) definition and monitoring of no eject / no reject criteria; (4) measurement of length of stay and (5) reporting at individual and aggregate level of disposition at the start and close of IRSH delivery.

Establishment of IRSH may require MHDS regions to invest in: (1) startup funding to establish the service and support providers to meet designation criteria; (2) 100% payment of the service for eligible individuals who meet criteria for the service and (3) fees for expenses associated to maintaining access to the service. Expenses associated to maintaining access may include funds used in support of enhanced service delivery and other necessary expenses that fall outside of the scope and payment structures of other available funding. Each region should calculate the investment needed to secure IRSH access and participate in collaborative action planning to secure IRSH provision. Examining the total number of IRSH beds needed in the region, providers who are the right match for service provision, geographic location and access to other necessary care and other sources of funding are all potential considerations related to forecasting the cost and necessary investments associated with starting and maintaining access to IRSH.

There are instances when projected costs must be utilized for service development and deployment. In those instances, it is expected that the projected costs are outlined clearly. For IRSH, it is expected that costs associated to establishing and maintaining enhanced components of the service are distinctly identified. Services paid based on projected costs should be reviewed no less than annually based on a reporting of actual costs and may include provisions for cost settlement. Regional funding for IRSH development and access may be eligible for encumbrance if specific investments necessary to establish and maintain IRSH are identified and contracts outlining those investments are established prior to the end of the fiscal year.

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### **INQUIRIES:**

For further information, contact Rob Aiken at [raiken@dhs.state.ia.us](mailto:raiken@dhs.state.ia.us) or 515-669-8002 or Don Gookin at [dgookin@dhs.state.ia.us](mailto:dgookin@dhs.state.ia.us) or (515) 669-8001.



# CICS

Supporting Individuals. Strengthening Communities.

## **REQUEST FOR PROPOSALS (RFP) Intensive Residential Services**

**PROPOSALS SHALL BE DIRECTED TO:**

RUSSELL WOOD, CEO

CICS REGION

123 1st Avenue SW

Hampton, Iowa 50441

[russell.wood@cicsmhds.org](mailto:russell.wood@cicsmhds.org)

## **I. Purpose**

The CICS Mental Health and Disability Services Region (hereinafter referred to as REGION) is a 28E-organized governmental agency comprised of 15 counties in Iowa. These counties are: Boone, Cerro Gordo, Franklin, Greene, Hamilton, Hancock, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, Warren, Webster, and Wright.

The purpose of this RFP is to solicit bids for a contractor or contractors to provide Intensive Residential Services (IRSH) for adults pursuant to Iowa Administrative Code 441-25.

## **Timeline**

<b>Event</b>	<b>Date</b>
REGION issues RFP and posts on region's website	4/29/2022
Questions submitted by	5/10/2022
REGION responds to questions by	5/13/2022
DEADLINE for Bidder proposals	5/20/2022
REGION announces notice of intent to award and enters into contract negotiations	5/27/2022
Execution of contract and distribution of start-up funds	No later than 6/30/2022
Anticipated start date of services	No later than 1/1/2023

## **Questions, Requests for Clarification, and Suggested Changes**

Providers who intend to bid on this RFP are invited to submit written questions, requests for clarifications, and/or suggestions for changes to the specifications of this RFP (hereafter "questions") by the due date and time provided in the Timeline. Providers are not permitted to include assumptions in their Bid Proposals. Instead, they shall address any perceived ambiguity regarding this RFP through the question-and-answer process. REGION prefers to receive questions by electronic mail. The provider may wish to request confirmation of receipt from the CEO to ensure delivery.

Written responses to questions shall be posted on REGION's website [www.CICSMHDS.org](http://www.CICSMHDS.org).

REGION assumes no responsibility for verbal representations made by officers or employees unless such representation is confirmed in writing and incorporated into the RFP. In addition, REGION's written responses to questions shall not be considered part of the RFP. If the REGION determines that changes to this RFP are necessary, REGION shall issue an amendment.

## **Duration of Contract**

The REGION anticipates executing contracts under this RFP that shall support start-up costs and a one-year contract to begin July 1, 2022, and ending June 30, 2023 with consideration for annual renewal.

## **Communication and Submission of Bids**

The points of contact regarding the RFP from the date of issuance until selection of the successful bidder are: Patti Treibel-Leeds, Karla Webb, and Russell Wood. To ensure continuity of communication, bidders may only communicate with the points of contact regarding this RFP from the issue date of this RFP until announcement of the successful bidder(s).

Proposals shall be received via email submission only. Proposals shall be submitted in Word format with an Excel Spreadsheet for timelines, budgets, and budget narratives.

## **II. Project Scope and Specifications**

The requirements for IRSH, including the target population, can be found in Iowa Administrative Code 441.25. Proposals shall identify how the applicant shall comply with those requirements.

REGION intends to develop and fund up to 16 beds. REGION shall guarantee the funding of the service and shall implement a cost settlement process at the end of the contract. The REGION may contract with multiple Bidders.

### **Eligible Applicants**

Bidders shall be in good standing with their state licensing/accrediting authority(s) and shall be current providers of Medicaid funded services. Providers shall meet the requirements identified for IRSH in Iowa Administrative Code 441.25

REGION shall accept applications from individual organizations and shall also allow organizations to partner and apply as a team of organizations to propose stronger program models. Applicant teams consisting of multiple organizations shall identify an eligible provider to serve as the lead applicant and fiscal agent. This identified provider shall be willing to serve as the primary contact for the application as well as for the program.

### **No Reject, No Eject**

Participants shall be accepted into the program according to the requirements of No Reject, No Eject as set forth in Iowa Administrative Code 441.25 and the clarifying procedures agreed upon by the Department of Human Services, Managed Care Organizations, and MHDS Regions.

### **Measurable Outcomes**

REGION shall require successful bidders to participate in and contribute to an outcome measurement effort. REGION shall provide a process and outcomes evaluation methodology for providers to use post-award. Outcomes evaluation shall document effects the IRSH services have on people served.

Post award, REGION shall work with providers to identify key data to be collected and how it shall be collected, timelines, etc., for regular evaluation throughout the contract period. There may be additional data that the Department of Human Services wishes to collect; REGION shall provide information as it becomes available. Providers shall be responsible for submitting an annual report of their program activities to REGION within 45 days of the end of the contract. Bidders shall provide a statement in their proposal that agrees to participate in the evaluation activities and to provide required reports to REGION.

### **Cost Structure**

The provider shall be paid through a fee-for-service cost structure at a per diem rate for days in which services were delivered. Proposals shall include a Projected Cost Report and Budget Narrative. At the end of the contract, an Actual Cost Report shall be submitted. REGION shall cost settle with the provider.

Proposals shall identify a per-person per-day rate based upon the submitted Projected Cost Report. Providers shall bill Medicaid or other responsible funder for Fee-for-Service for any Habilitation or HCBS Waiver funded services. Providers shall bill REGION for costs that exceed the Medicaid Reimbursement as an "Access Fee". Bidders shall include startup cost for the program in the completed proposal.

### **III. RFP Conditions**

#### **Acceptance/Rejection of Proposals**

REGION reserves the right to reject any or all proposals.

REGION reserves the right to negotiate contracts with one or more Providers, and to accept any proposal(s) or modified proposal(s) which, in its judgment, shall be most advantageous to the REGION.

REGION reserves the right to consider any specific proposal which is conditional or not prepared in accordance with their instructions and requirements of this RFP to be noncompetitive.

REGION reserves the right to waive any defects or minor informalities/irregularities in any proposal, which do not materially affect the proposal or discredit other applications.

#### **Amendments to RFP**

REGION reserves the right to amend the RFP at any time. Any amendments to or interpretations of the RFP shall be described in written addenda. REGION shall provide copies of addenda to the providers officially known to have received the RFP.

#### **Cost of Preparing Bid Proposal**

The costs of preparation and delivery of proposals are solely the responsibility of the bidder.

#### **Personnel**

In submitting their proposals, providers are representing that the personnel described in their proposals shall be available to perform the services described. Furthermore, all personnel shall be, at all times, the employees of the provider, and shall not be employees or agents of REGION. All employees of the service shall participate in required trainings for this service as defined in IAC 441.25.

#### **Authorized Signature**

All proposals shall be signed by an individual authorized to bind the organization/collaborative to the provisions of the RFP.

#### **Additional Terms and Conditions**

REGION reserves the right to add terms and conditions during contract negotiations. These terms and conditions shall be within the scope of the RFP and shall not affect the proposal evaluations.

Final Agreement for the service shall be in the form of a contract. Terms of the negotiated contract shall supersede items in the RFP other than requirements of Iowa Administrative Code.

#### **Evaluation Committee**

An Evaluation Committee shall be established for the purpose of developing a process and outcomes evaluation methodology, and to review annual reports. The Evaluating Committee may include officers, employees, and agents of the REGION.

#### **Cancellation of Procurement**

REGION reserves the right to cancel the RFP for sound business reasons at any time before the contract is fully executed and approved.

#### **IV. Application and Submission Information**

Bidders shall address each area of program design and service delivery in their proposal. Bidders shall organize responses in the same order as the items are shown in the RFP. Responses shall be prepared simply and economically, providing a straightforward and concise description of the agency's ability to meet the requirements outlined in this document and in accordance with Iowa Administrative Code 441.25. Bidders shall submit a response that includes the timeline, budget, and budget narrative.

Proposals shall contain, in the following order:

##### **Eligibility:**

- Bidder eligibility, staffing roles, and staffing qualifications
- Evidence of the bidder's current eligibility to bill Medicaid according to the requirements of Iowa Administrative Code 441.25

##### **Scope of Work**

- The process the provider shall engage in to ensure an adequate facility is available for this service. The process may include the remodel of a current structure.
- Staff composition, roles, qualifications, hours of operation, and training (include disciplines, position titles, qualifications, number of positions and full-time equivalents for this project.).
- How the agency shall staff and structure the Service to meet the requirements.
- Provide an implementation schedule, including start-up to full implementation and the agency's ability to meet start-up timelines.
- Statement of agreement to participate in evaluation efforts and to provide performance reports to REGION

##### **Budget**

- Proposed line-item budget for start-up costs and service delivery for 1 year
- Proposed start-up budget narrative
- Provider agrees that the Projected Cost Report shall be compared to the Actual Cost Report that shall be submitted within 45 days of the end of the contract and the contract shall be cost settled.

##### **OTHER TERMS:**

- The Medicaid/MCO rate shall be honored for Fee-for-Service.
- REGION shall pay an Access Fee for any approved amount above the Medicaid/MCO rate.
- Contract modifications may be executed through a written agreement between REGION and Provider.
- Provider shall submit to REGION an itemized invoice with supporting documentation of expenditures for IRSH start-up costs.
- IRSH start-up costs may include essential itemized expenses identified in the proposal and negotiated with the region.
- Provider shall receive a prior authorization before admission of a client.



# CICS

Supporting Individuals. Strengthening Communities.

## **CICS Proclamation**

### ***May Mental Health Month 2022***

### ***“Back to Basics”***

WHEREAS, mental health is essential to everyone’s overall health and well-being; and

WHEREAS, all Americans experience times of difficulty and stress in their lives; and

WHEREAS, prevention is an effective way to reduce the burden of mental health conditions; and

WHEREAS, there is a strong body of research that supports specific tools that all Americans can use to better handle challenges, and protect their health and well-being; and

WHEREAS, mental health conditions are real and prevalent in our nation; and

WHEREAS, with early and effective treatment, those individuals with mental health conditions can recover and lead full, productive lives; and

WHEREAS, each business, school, government agency, healthcare provider, organization and citizen shares the burden of mental health problems and has a responsibility to promote mental wellness and support prevention efforts.

THEREFORE, we CICS Governing Board, do hereby proclaim May 2022 as Mental Health Month in the Central Iowa Community Services (CICS) Mental Health and Disability Services Region. We also call upon the citizens, government agencies, public and private institutions, businesses, and schools in CICS to recommit our communities to increasing awareness and understanding of mental health, the steps our citizens can take to protect their mental health, and the need for appropriate and accessible services for all people with mental health conditions.

Signed this 28<sup>th</sup> day of April 2022.

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BJ Hoffman, Chair, CICS Governing Board



# CICS

Supporting Individuals. Strengthening Communities.

## RESOLUTION

### **Resolution of Public Purpose for ASIST Training for Trainers**

Whereas, Central Iowa Community Services (CICS) provides access to services for persons in crisis and in need; and

Whereas, CICS feels it is in the best interests of the public to receive suicide intervention assistance; and

Whereas, ASIST helps caregivers become willing, ready, and able to provide emergency first aide to persons with thoughts of suicide; and,

Whereas, ASIST train the trainer will expand the number of people available to help persons with thoughts of suicide; and,

Whereas, ASIST national trainers have requested that lunch be provided for the intensive five day training to allow for a shorter break to facilitate people getting back to the training more quickly; and,

Whereas, the CICS CEO recommends that the having trained individuals is in the public interest, and will better enhance the lives of citizens; now,

Therefore, we find that the expenditures for food, beverages and items of a similar nature for the ASIST Train the Trainer Training provided by CICS are for a public purpose and is in the public interest.

Motion was made by:

Seconded by:

to adopt the foregoing resolution. Vote taken thereon resulted as follows:

Ayes:

Nays:



# Crisis Intervention Training

Don't miss out on this transformational training opportunity

**SolutionPoint+ offers the premier Crisis Intervention Training in the nation. Our instructors are both active and former law enforcement officers, experts in mental health, de-escalation, and officer wellness. This 40-hour training is FREE to all first responders in the region, thanks to a partnership with your local Mental Health & Disability Services Region leadership.**



# CICS

Supporting Individuals. Strengthening Communities.

**July 18-22, 2022**

**8:00 am-4:30 pm daily**

**Jasper County Emergency Management**

**1030 W. 2nd St. S. • Newton, IA 50208**

*Limited to 20 participants*

*Contact Patti Leeds at 515-297-2839 or [patti.treibel@cicsmhds.org](mailto:patti.treibel@cicsmhds.org) with questions.*

For more information on SolutionPoint+ please visit: [www.solutionpointplus.com](http://www.solutionpointplus.com)

## March 2022 Expenditure Report

FY 2022	CICS MHDS Region	Monthly Expenditures	YTD Expenditures	FY22 Budget	Budget Remaining	% of Budget Used
<b>Core Domains</b>						
<b>COA</b>	<b>Treatment</b>					
42305	Mental health outpatient therapy	\$ 1,215	\$ 18,242	\$ 150,000	\$ 131,758	12%
42306	Medication prescribing & management	\$ 217	\$ 12,261	\$ 20,000	\$ 7,739	61%
43301	Assessment & evaluation	\$ -	\$ -	\$ 20,000	\$ 20,000	0%
71319	Mental health inpatient therapy-MHI	\$ 21,130	\$ 80,142	\$ 200,000	\$ 119,858	40%
73319	Mental health inpatient therapy	\$ -	\$ -	\$ 25,000	\$ 25,000	0%
<b>Crisis Services</b>						
32322	Personal emergency response system	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
44301	Crisis evaluation	\$ 57,531	\$ 450,115	\$ 625,000	\$ 174,885	72%
44302	23 hour crisis observation & holding	\$ -	\$ -	\$ 40,000	\$ 40,000	0%
44305	24 hour access to crisis response	\$ -	\$ -	\$ -	\$ -	
44307	Mobile response	\$ 95,334	\$ 837,468	\$ 950,000	\$ 112,532	88%
44312	Crisis Stabilization community-based services	\$ 19,573	\$ 168,505	\$ 250,000	\$ 81,495	67%
44313	Crisis Stabilization residential services	\$ -	\$ 149,627	\$ 150,000	\$ 373	100%
44396	Access Centers: start-up / sustainability	\$ -	\$ -	\$ 500,000	\$ 500,000	0%
<b>Support for Community Living</b>						
32320	Home health aide	\$ -	\$ -	\$ -	\$ -	
32325	Respite	\$ 789	\$ 2,572	\$ 5,000	\$ 2,428	51%
32328	Home & vehicle modifications	\$ -	\$ -	\$ -	\$ -	
32329	Supported community living	\$ 44,040	\$ 465,030	\$ 1,100,000	\$ 634,970	42%
42329	Intensive residential services	\$ -	\$ -	\$ 500,000	\$ 500,000	0%
<b>Support for Employment</b>						
50362	Prevocational services	\$ 881	\$ 6,255	\$ 25,000	\$ 18,745	25%
50364	Job development	\$ -	\$ -	\$ -	\$ -	
50367	Day habilitation	\$ 6,035	\$ 83,271	\$ 225,000	\$ 141,729	37%
50368	Supported employment	\$ 15,253	\$ 92,316	\$ 100,000	\$ 7,684	92%
50369	Group Supported employment-enclave	\$ 933	\$ 10,991	\$ 20,000	\$ 9,009	55%
<b>Recovery Services</b>						
45323	Family support	\$ 4,373	\$ 32,688	\$ 25,000	\$ (7,688)	131%
45366	Peer support	\$ -	\$ 3,719	\$ 20,000	\$ 16,281	19%
<b>Service Coordination</b>						
21375	Case management	\$ -	\$ -	\$ -	\$ -	
24376	Health homes	\$ -	\$ -	\$ -	\$ -	
<b>Sub-Acute Services</b>						
63309	Subacute services-1-5 beds	\$ -	\$ -	\$ 100,000	\$ 100,000	0%
64309	Subacute services-6 and over beds	\$ 17,900	\$ 213,249	\$ 100,000	\$ (113,249)	213%
<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)	\$ 19,956	\$ 87,847	\$ 125,000	\$ 37,153	70%
45373	Family psychoeducation	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
<b>Core Domains Total</b>		<b>\$ 305,158</b>	<b>\$ 2,714,297</b>	<b>\$ 5,305,000</b>	<b>\$ 2,590,703</b>	<b>51%</b>
<b>Mandated Services</b>						
46319	Oakdale	\$ -	\$ -	\$ 50,000	\$ 50,000	0%
72319	State resource centers	\$ -	\$ -	\$ -	\$ -	
74XXX	Commitment related (except 301)	\$ 33,992	\$ 187,996	\$ 400,000	\$ 212,004	47%
75XXX	Mental health advocate	\$ 24,184	\$ 178,813	\$ 250,000	\$ 71,187	72%
<b>Mandated Services Total</b>		<b>\$ 58,176</b>	<b>\$ 366,809</b>	<b>\$ 700,000</b>	<b>\$ 333,191</b>	<b>52%</b>
<b>Additional Core Domains</b>						
<b>Justice system-involved services</b>						
25xxx	Coordination services	\$ 31,326	\$ 227,820	\$ 600,000	\$ 372,180	38%
44346	24 hour crisis line**	\$ -	\$ -	\$ -	\$ -	
44366	Warm line**	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
46305	Mental health services in jails	\$ 18,754	\$ 99,529	\$ 250,000	\$ 150,471	40%
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	\$ 71,346	\$ 582,179	\$ 785,000	\$ 202,821	74%
42397	Psychiatric rehabilitation (IPR)	\$ 2,096	\$ 9,889	\$ 60,000	\$ 50,111	16%
<b>Additional Core Domains Total</b>		<b>\$ 123,522</b>	<b>\$ 919,416</b>	<b>\$ 1,735,000</b>	<b>\$ 815,584</b>	<b>53%</b>
<b>Other Informational Services</b>						
03371	Information & referral	\$ -	\$ 615	\$ -	\$ (615)	
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	\$ 4,068	\$ 108,495	\$ 200,000	\$ 91,505	54%
<b>Other Informational Services Total</b>		<b>\$ 4,068</b>	<b>\$ 109,110</b>	<b>\$ 250,000</b>	<b>\$ 140,890</b>	<b>44%</b>
<b>Essential Community Living Support Services</b>						
06399	Academic services	\$ -	\$ -	\$ -	\$ -	

### March 2022 Expenditure Report

FY 2022	CICS MHDS Region	Monthly Expenditures	YTD Expenditures	FY22 Budget	Budget Remaining	% of Budget Used
22XXX	Services management	\$ 145,555	\$ 1,226,832	\$ 1,950,000	\$ 723,168	63%
23376	Crisis care coordination	\$ -	\$ -	\$ -	\$ -	
23399	Crisis care coordination other		\$ -	\$ -	\$ -	
24399	Health home other		\$ -	\$ -	\$ -	
31XXX	Transportation	\$ 15,885	\$ 136,046	\$ 250,000	\$ 113,954	54%
32321	Chore services		\$ -	\$ -	\$ -	
32326	Guardian/conservator	\$ -	\$ 300	\$ 5,000	\$ 4,700	6%
32327	Representative payee	\$ 768	\$ 7,467	\$ 20,000	\$ 12,533	37%
32335	CDAC		\$ -	\$ -	\$ -	#DIV/0!
32399	Other support		\$ -	\$ -	\$ -	#DIV/0!
33330	Mobile meals		\$ -	\$ -	\$ -	
33340	Rent payments (time limited)	\$ 2,128	\$ 28,107	\$ 200,000	\$ 171,893	
33345	Ongoing rent subsidy	\$ -	\$ 770	\$ -	\$ (770)	
33399	Other basic needs	\$ 704	\$ 25,569	\$ 80,000	\$ 54,431	
41305	Physiological outpatient treatment	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
41306	Prescription meds	\$ 923	\$ 1,227	\$ 15,000	\$ 13,773	8%
41307	In-home nursing		\$ -	\$ -	\$ -	
41308	Health supplies		\$ -	\$ -	\$ -	
41399	Other physiological treatment		\$ -	\$ -	\$ -	
42309	Partial hospitalization		\$ -	\$ -	\$ -	
42310	Transitional living program	\$ -	\$ 58,609	\$ 400,000	\$ 341,391	15%
42363	Day treatment		\$ -	\$ -	\$ -	
42396	Community support programs	\$ -	\$ 531	\$ 10,000	\$ 9,469	5%
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	\$ 3,975	\$ 28,683	\$ 50,000	\$ 21,317	57%
50361	Vocational skills training		\$ -	\$ -	\$ -	
50365	Supported education		\$ -	\$ -	\$ -	
50399	Other vocational & day services		\$ -	\$ -	\$ -	
63XXX	RCF 1-5 beds (63314, 63315 & 63316)	\$ -	\$ -	\$ -	\$ -	
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>\$ 169,938</b>	<b>\$ 1,514,141</b>	<b>\$ 2,985,000</b>	<b>\$ 1,470,859</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)	\$ 41,839	\$ 467,446	\$ 900,000	\$ 432,554	52%
64XXX	ICF 6 and over beds (64317 & 64318)	\$ 3,896	\$ 3,896	\$ -	\$ (3,896)	
64329	SCL 6 and over beds	\$ 10,548	\$ 105,586	\$ -	\$ (105,586)	
64399	Other 6 and over beds	\$ -	\$ -	\$ -	\$ -	
	<b>Other Congregate Services Total</b>	<b>\$ 56,283</b>	<b>\$ 576,927</b>	<b>\$ 900,000</b>	<b>\$ 323,073</b>	<b>64%</b>
	<b>Administration</b>					
11XXX	Direct Administration	\$ 94,263	\$ 1,072,929	\$ 1,500,000	\$ 427,071	72%
12XXX	Purchased Administration	\$ 1,474	\$ 27,425	\$ 125,000	\$ 97,575	22%
	<b>Administration Total</b>	<b>\$ 95,737</b>	<b>\$ 1,100,353</b>	<b>\$ 1,625,000</b>	<b>\$ 524,647</b>	<b>68%</b>
	<b>Regional Totals</b>	<b>\$ 812,882.20</b>	<b>\$ 7,301,054.07</b>	<b>\$ 13,500,000</b>	<b>\$ 6,198,946</b>	<b>54%</b>
						75%
	<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	\$ -	\$ -			
14951	MHDS fiscal agent reimbursement to MHDS regional member county	\$ -	\$ -			
15481	Distribution to Other MHDS Region (CARES)	\$ -	\$ -			

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

Disbursement Date 04/05/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount	
5861 V	20	Access, Inc.		Support Services - Suppor	41500	04232	329	62				400.00	
5861 V	20	Access, Inc.		Support Services - Suppor	41500	04032	329	62				6114.64	
5861 V	20	Access, Inc.		Day Habilitation	41500	04050	367	62				1241.19	
				Disbursement#	5074							Disbursement Total	7,755.83
5862 V	169	Amazon Capital Services		Direct Admin - Stationary	41500	04411	260	62				16.99	
5862 V	169	Amazon Capital Services		Direct Admin - Stationary	41500	04411	260	62				7.95	
5862 V	169	Amazon Capital Services		Direct Admin - Stationary	41500	04411	260	62				79.99	
				Disbursement#	5075							Disbursement Total	104.93
5866 V	790	Black Hawk Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				35.56	
				Disbursement#	5076							Disbursement Total	35.56
5868 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				155.61	
5868 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				232.09	
5868 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45	
5868 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				232.09	
5868 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45	
5868 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				232.09	
5868 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90	
5868 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90	
5868 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90	
5868 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45	
5868 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				217.35	
5868 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90	
				Disbursement#	5077							Disbursement Total	1,866.18
5869 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				143.03	
5869 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				130.03	
5869 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				143.03	
5869 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				325.06	
5869 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				390.08	
5869 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				260.05	
5869 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				234.05	
5869 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				312.06	
5869 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				494.10	
5869 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				390.08	
5869 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				338.07	
5869 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				416.08	
5869 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				702.13	
				Disbursement#	5078							Disbursement Total	4,277.85
5870 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				69.43	
5870 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61	
5870 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61	
5870 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				253.03	
5870 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				311.22	
5870 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				347.15	
				Disbursement#	5079							Disbursement Total	1,292.05



Disbursement Date 04/05/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
5879	V 2975	Herting Law, PLLC		Commitment - Legal Repres	41500	04074	393	62				196.52
				Disbursement# 5093		Disbursement		Total				196.52
5880	V 3019	Hillcrest Family Services		Comm Based Settings (6+ B	41500	04064	314	62				2423.40
				Disbursement# 5094		Disbursement		Total				2,423.40
5881	V 3203	Hy-Vee Pharmacy-Indianola		Physiological Treatment -	41500	04041	306	62				624.99
				Disbursement# 5095		Disbursement		Total				624.99
5882	V 3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04232	329	62				614.88
5882	V 3227	Imagine The Possibilities Inc		Day Habilitation	41500	04250	367	62				736.98
5882	V 3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04250	368	62				591.86
5882	V 3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04332	329	62				605.12
5882	V 3227	Imagine The Possibilities Inc		Day Habilitation	41500	04350	367	62				640.35
5882	V 3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04350	368	62				1223.24
5882	V 3227	Imagine The Possibilities Inc		Day Habilitation	41500	04750	367	62				336.12
				Disbursement# 5096		Disbursement		Total				4,748.55
5883	V 3720	Johnson County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				61.67
				Disbursement# 5097		Disbursement		Total				61.67
5895	V 6008	Johnson Law Office		Commitment - Legal Repres	41500	04074	393	62				66.00
5895	V 6008	Johnson Law Office		Commitment - Legal Repres	41500	04074	393	62				63.00
5895	V 6008	Johnson Law Office		Commitment - Legal Repres	41500	04074	393	62				31.50
				Disbursement# 5098		Disbursement		Total				160.50
5885	V 4400	Mainstream Living		Voc/Day - Group Supported	41500	04350	369	62				146.40
5885	V 4400	Mainstream Living		Day Habilitation	41500	04350	367	62				442.08
				Disbursement# 5099		Disbursement		Total				588.48
5906	V 8100	Marco		Direct Admin - Office Equ	41500	04411	444	62				211.61
				Disbursement# 5100		Disbursement		Total				211.61
5886	V 4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
5886	V 4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				61.00
				Disbursement# 5101		Disbursement		Total				92.00
5887	V 4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				277.75
5887	V 4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				290.38
5887	V 4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				303.00
5887	V 4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				290.38
5887	V 4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				126.25
5887	V 4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				75.75
5887	V 4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				75.75
				Disbursement# 5102		Disbursement		Total				1,439.26
5888	V 4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				1048.66
				Disbursement# 5103		Disbursement		Total				1,048.66
5889	V 4919	MIW Inc.		Voc/Day - Individual Supp	41500	04050	368	62				374.42

Disbursement Date 04/05/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
5889 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04250	362	62				412.40
5889 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04350	362	62				412.40
5889 V	4919	MIW Inc.		Voc/Day - Individual Supp	41500	04350	368	62				70.07
				Disbursement# 5104							Disbursement Total	1,269.29
5890 V	5596	Penn Center		Comm Based Settings (6+ B	41500	04064	314	62				6044.64
				Disbursement# 5105							Disbursement Total	6,044.64
5893 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				56.74
				Disbursement# 5106							Disbursement Total	56.74
5894 V	5910	Quill Corporation		Direct Admin - Stationary	41500	04411	260	62				58.98
5894 V	5910	Quill Corporation		Direct Admin - Stationary	41500	04411	260	62				16.99
				Disbursement# 5107							Disbursement Total	75.97
5897 V	6420	REM Ia Developmental Srv, Inc		Day Habilitation	41500	04750	367	62				1211.80
				Disbursement# 5108							Disbursement Total	1,211.80
5896 V	6096	Respite Connection		Support Services - Respit	41500	04332	325	62				740.90
				Disbursement# 5109							Disbursement Total	740.90
5899 V	6470	Kim Schomaker		Services Management - Mil	41500	04022	413	62				72.40
5899 V	6470	Kim Schomaker		Services Management - Mil	41500	04222	413	62				70.27
5899 V	6470	Kim Schomaker		Services Management - Mil	41500	04322	413	62				72.03
				Disbursement# 5110							Disbursement Total	214.70
5898 V	6455	Scott County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				70.27
				Disbursement# 5111							Disbursement Total	70.27
5867 V	1121	Shawn Smith		Commitment - Legal Repres	41500	04074	393	62				84.00
				Disbursement# 5112							Disbursement Total	84.00
5900 V	6794	Staples Credit Plan		Direct Admin - Stationary	41500	04411	260	62				97.40
				Disbursement# 5113							Disbursement Total	97.40
5863 V	367	Betsy Stursma		Direct Admin - Mileage &	41500	04411	413	62				434.18
				Disbursement# 5114							Disbursement Total	434.18
5877 V	2770	Tom Switzer		Basic Needs - Rent Paymen	41500	04033	340	62				600.00
				Disbursement# 5115							Disbursement Total	600.00
5901 V	7202	Thrifty White Pharmacy		Prescription Medication (	41500	04046	306	62				51.55
5901 V	7202	Thrifty White Pharmacy		Prescription Medication (	41500	04046	306	62				37.44
				Disbursement# 5116							Disbursement Total	88.99
5864 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83
5864 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83
5864 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83
5864 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83
5864 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83

Disbursement Date 04/05/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
5864 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				6960.00
				Disbursement#	5117							7,239.15
5903 V	7601	VISA		Direct Admin - Informatio	41500	04411	632	62				160.39
5904 V	7601	VISA		Direct Admin - Postage &	41500	04411	412	62				118.00
5904 V	7601	VISA		Direct Admin - Mileage &	41500	04411	413	62				179.20
5904 V	7601	VISA		Direct Admin - Informatio	41500	04411	632	62				772.90
				Disbursement#	5118							1,230.49
5905 V	7694	Walters & Johnson		Commitment - Legal Repres	41500	04074	393	62				52.80
5905 V	7694	Walters & Johnson		Commitment - Legal Repres	41500	04074	393	62				52.80
				Disbursement#	5119							105.60
					46	Total Disbursements					66,619.65	
					0	Total ACH					.00	
					0	Total EFT					.00	
					46	Grand Total					66,619.65	
						Credits/Refunds Included					.00	

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Totals by Fund		
41500	Central Iowa Community Service	66,619.65
	Final Total	66,619.65

End of report

Disbursement Date 04/19/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6108 V	15	Abbe Center for Community		Psychotherapeutic Treatme	41500	04042	305	62				188.00
6108 V	15	Abbe Center for Community		Comm Based Settings (6+ B	41500	04064	314	62				1039.43
6108 V	15	Abbe Center for Community		Comm Based Settings (6+ B	41500	04064	314	62				6692.28
				Disbursement# 5120								Disbursement Total 7,919.71
6109 V	60	Linn Adams		Services Management - Mil	41500	04022	413	62				256.87
				Disbursement# 5121								Disbursement Total 256.87
6110 V	169	Amazon Capital Services		Direct Admin - Stationary	41500	04411	260	62				22.37
				Disbursement# 5122								Disbursement Total 22.37
6114 V	508	ARC of Story County		Information & Referral Se	41500	04003	371	62				133.65
6114 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04042	366	62				256.25
6114 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04242	366	62				3110.31
6114 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04342	366	62				273.44
				Disbursement# 5123								Disbursement Total 3,773.65
6115 V	588	Brittany Baker		Services Management - Mil	41500	04022	413	62				244.41
6115 V	588	Brittany Baker		Services Management - Mil	41500	04222	413	62				225.87
6115 V	588	Brittany Baker		Services Management - Mil	41500	04322	413	62				225.87
				Disbursement# 5124								Disbursement Total 696.15
6117 V	877	Boone Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				99.96
				Disbursement# 5125								Disbursement Total 99.96
6119 V	1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				924.61
6119 V	1230	Capstone Behavioral Healthcare		Justice System Involved C	41500	04025	376	62				242.00
6119 V	1230	Capstone Behavioral Healthcare		Justice System Involved C	41500	04025	376	62				242.00
6119 V	1230	Capstone Behavioral Healthcare		Justice System Involved C	41500	04025	376	62				6293.00
6119 V	1230	Capstone Behavioral Healthcare		Support Services - Suppor	41500	04032	329	62				1016.32
6119 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				284.00
6119 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				284.00
6119 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				7388.00
6119 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				266.00
6119 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				266.00
6119 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				6917.00
6119 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				114.17
6119 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				347.20
				Disbursement# 5126								Disbursement Total 24,584.30
6130 V	2097	Cedar Valley Ranch, Inc.		Comm Based Settings (6+ B	41500	04064	314	62				4867.62
				Disbursement# 5127								Disbursement Total 4,867.62
6121 V	1327	Center Associates		Crisis Evaluation	41500	04044	301	62				462.29
6121 V	1327	Center Associates		Justice System Involved C	41500	04025	376	62				6648.00
6121 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				155.61
6121 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				232.09
6121 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				72.45
6121 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				72.45
6121 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45

Disbursement Date 04/19/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6121	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				232.09
6121	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				232.09
6121	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
6121	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				304.54
6121	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
6121	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
					Disbursement# 5128		Disbursement	Total				8,846.31
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				403.08
6123	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				325.06
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				416.08
6123	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				221.04
6123	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				260.05
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				312.06
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				182.04
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				416.08
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				442.09
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				442.09
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				572.12
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				663.13
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				442.09
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				663.13
6123	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				338.07
6123	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				429.08
6123	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				364.07
6123	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				663.13
6123	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				390.08
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				442.09
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				390.08
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				390.08
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				260.05
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				312.06
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				377.07
6123	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				416.08
6123	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				221.04
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				455.09
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				208.04
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				390.08
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				156.03
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				754.15
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				234.05
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				221.04
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				442.09
					Disbursement# 5129		Disbursement	Total				13,964.76
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				221.04
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				845.17
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				793.16
6123	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				494.10

Disbursement Date 04/19/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				351.07
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				390.08
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				286.06
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				416.08
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				351.07
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				390.08
6123	V	1349	Central Iowa Detention	Commitment - Sheriff Tran	41500	04074	353	62				312.06
6123	V	1349	Central Iowa Detention	Commitment - Sheriff Tran	41500	04074	353	62				182.04
6123	V	1349	Central Iowa Detention	Commitment - Sheriff Tran	41500	04074	353	62				221.04
6123	V	1349	Central Iowa Detention	Commitment - Sheriff Tran	41500	04074	353	62				390.08
6123	V	1349	Central Iowa Detention	Commitment - Sheriff Tran	41500	04074	353	62				728.15
6123	V	1349	Central Iowa Detention	Commitment - Sheriff Tran	41500	04074	353	62				286.06
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				455.09
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				416.08
6123	V	1349	Central Iowa Detention	Commitment - Sheriff Tran	41500	04074	353	62				403.08
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				260.05
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				416.08
6123	V	1349	Central Iowa Detention	Commitment - Sheriff Tran	41500	04074	353	62				247.05
6123	V	1349	Central Iowa Detention	Commitment - Sheriff Tran	41500	04074	353	62				247.05
6123	V	1349	Central Iowa Detention	Commitment - Sheriff Tran	41500	04074	353	62				338.07
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				429.08
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				273.05
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				130.03
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				572.12
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				455.09
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				520.10
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				208.04
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				104.02
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				429.08
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				312.06
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				481.09
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				559.11
				Disbursement#	5130	Disbursement	Total					13,912.76
6123	V	1349	Central Iowa Detention	Transportation - General	41500	04031	354	62				468.09
6123	V	1349	Central Iowa Detention	Commitment - Sheriff Tran	41500	04074	353	62				221.04
6123	V	1349	Central Iowa Detention	Commitment - Sheriff Tran	41500	04074	353	62				312.06
6123	V	1349	Central Iowa Detention	Commitment - Sheriff Tran	41500	04074	353	62				442.09
				Disbursement#	5131	Disbursement	Total					1,443.28
6125	V	1362	Central Iowa Psychological	Mental Health Services in	41500	04046	305	62				69.43
6125	V	1362	Central Iowa Psychological	Mental Health Services in	41500	04046	305	62				69.43
6125	V	1362	Central Iowa Psychological	Mental Health Services in	41500	04046	305	62				277.72
6125	V	1362	Central Iowa Psychological	Psychotherapeutic Treatme	41500	04042	305	62				155.61
6125	V	1362	Central Iowa Psychological	Mental Health Services in	41500	04046	305	62				138.86
6125	V	1362	Central Iowa Psychological	Mental Health Services in	41500	04046	305	62				155.61
				Disbursement#	5132	Disbursement	Total					866.66
6124	V	1361	Central Iowa Recovery Inc.	Psychotherapeutic Treatme	41500	04042	366	62				1358.50
6124	V	1361	Central Iowa Recovery Inc.	Psychotherapeutic Treatme	41500	04242	366	62				6051.50

Disbursement Date 04/19/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6124 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				6293.00
6124 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04242	366	62				1117.00
6124 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				5592.00
6124 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	397	62				2187.36
6124 V	1361	Central Iowa Recovery Inc.		Support Services - Suppor	41500	04332	329	62				284.58
6124 V	1361	Central Iowa Recovery Inc.		Day Habilitation	41500	04350	367	62				1306.40
6124 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				785.00
6124 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				785.00
				Disbursement#	5133							25,760.34
6122 V	1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04332	329	62				4897.59
				Disbursement#	5134							4,897.59
6126 V	1372	Central Services 2-5-12		Direct Admin - Building (	41500	04411	450	62				750.00
				Disbursement#	5135							750.00
6127 V	1475	Choice Employment Services		Voc/Day - Individual Supp	41500	04250	368	62				299.54
				Disbursement#	5136							299.54
6183 V	83451	Community Care of Knoxville		Comm Based Settings (6+ B	41500	04064	314	62				1952.69
				Disbursement#	5137							1,952.69
6111 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				20.00
6111 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				20.00
6111 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				20.00
				Disbursement#	5138							60.00
6128 V	1751	Jessica Crawford		Services Management - Mil	41500	04022	413	62				159.72
6128 V	1751	Jessica Crawford		Services Management - Mil	41500	04222	413	62				155.02
6128 V	1751	Jessica Crawford		Services Management - Mil	41500	04322	413	62				155.02
				Disbursement#	5139							469.76
6129 V	1974	John Lowell Dirks		Commitment - Legal Repres	41500	04074	393	62				99.00
				Disbursement#	5140							99.00
6167 V	6709	Duncan Heights, Inc.		Support Services - Suppor	41500	04032	329	62				162.27
6167 V	6709	Duncan Heights, Inc.		Support Services - Suppor	41500	04032	329	62				6054.98
				Disbursement#	5141							6,217.25
6131 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
6132 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
6132 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
6132 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00
6132 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00
6132 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
6132 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
6132 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				870.00
6132 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2900.00
6132 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00
6132 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				870.00

Disbursement Date 04/19/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2610.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2610.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1160.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2610.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				580.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1160.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				870.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2610.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04244	301	62				290.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04244	301	62				290.00
6132	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Stabilization Comm	41500	04044	312	62				900.00
6133	V	2219 eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
			Disbursement#	5142		Disbursement	Total					52,230.00
6158	V	5696 Eyerly Ball CMHS		Crisis Evaluation	41500	04044	301	62				232.09
6158	V	5696 Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				17804.71
6158	V	5696 Eyerly Ball CMHS		Justice System Involved C	41500	04025	376	62				275.00
6158	V	5696 Eyerly Ball CMHS		Justice System Involved C	41500	04025	376	62				275.00
6158	V	5696 Eyerly Ball CMHS		Justice System Involved C	41500	04025	376	62				7138.00
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3892.53
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2595.02
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				5190.04
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2595.02
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2595.02
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2595.02
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2595.02
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				6487.55
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1297.51
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3892.53
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1297.51
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3892.53
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3892.53
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1297.51
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3892.53
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1297.51
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2595.02
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2595.02
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2595.02
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2595.02
6158	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1297.51

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6158 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2595.02
6158 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3892.53
6158 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1297.51
6158 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1297.51
6158 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1297.51
6158 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1297.81
6158 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3892.53
6158 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2595.02
6158 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3892.53
				Disbursement#	5143							106,170.72
6134 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04042	366	62				2550.16
6134 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04242	366	62				3292.92
6134 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04342	366	62				420.92
				Disbursement#	5144							6,264.00
6136 V	2438	Foundation 2, Inc.		Mobile Response	41500	04044	307	62				9132.00
				Disbursement#	5145							9,132.00
6135 V	2430	Freedom Pointe of Greater		Psychotherapeutic Treatme	41500	04042	366	62				7410.00
				Disbursement#	5146							7,410.00
6138 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				104.00
6138 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				130.00
6138 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				97.50
6138 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				91.00
6138 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				227.50
				Disbursement#	5147							650.00
6137 V	2629	Greene County Sheriff		Prescription Medication (	41500	04046	306	62				199.83
				Disbursement#	5148							199.83
6139 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				903.75
6139 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				149.00
				Disbursement#	5149							1,052.75
6140 V	2726	Hamilton County Jail		Prescription Medication (	41500	04046	306	62				115.58
				Disbursement#	5150							115.58
6141 V	2782	Jodi Hamilton		Services Management - Mil	41500	04022	413	62				64.40
6141 V	2782	Jodi Hamilton		Services Management - Mil	41500	04222	413	62				62.51
6141 V	2782	Jodi Hamilton		Services Management - Mil	41500	04322	413	62				62.51
				Disbursement#	5151							189.42
6143 V	2975	Herting Law, PLLC		Commitment - Legal Repres	41500	04074	393	62				94.36
				Disbursement#	5152							94.36
6153 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				389.61
6153 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				367.15
6153 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				244.58

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	5153	Disbursement Total						1,001.34
6182	V	83215	Carrie Hisler	Services Management - Mil	41500	04022	413	62				126.71
6182	V	83215	Carrie Hisler	Services Management - Mil	41500	04222	413	62				122.97
6182	V	83215	Carrie Hisler	Services Management - Mil	41500	04322	413	62				122.97
				Disbursement#	5154	Disbursement Total						372.65
6144	V	3620	Jasper County Sheriff	Commitment - Sheriff Tran	41500	04074	353	62				90.85
6144	V	3620	Jasper County Sheriff	Commitment - Sheriff Tran	41500	04074	353	62				100.00
6144	V	3620	Jasper County Sheriff	Commitment - Sheriff Tran	41500	04074	353	62				365.88
6144	V	3620	Jasper County Sheriff	Commitment - Sheriff Tran	41500	04074	353	62				178.88
6144	V	3620	Jasper County Sheriff	Commitment - Sheriff Tran	41500	04074	353	62				54.60
				Disbursement#	5155	Disbursement Total						790.21
6145	V	3849	Kaplan & Frese LLP	Commitment - Legal Repres	41500	04074	393	62				125.40
				Disbursement#	5156	Disbursement Total						125.40
6120	V	1279	LifeWorks Community Services	Day Habilitation	41500	04250	367	62				647.76
6120	V	1279	LifeWorks Community Services	Voc/Day - Individual Supp	41500	04250	368	62				747.79
6120	V	1279	LifeWorks Community Services	Support Services - Suppor	41500	04332	329	62				67.27
6120	V	1279	LifeWorks Community Services	Day Habilitation	41500	04350	367	62				873.76
6120	V	1279	LifeWorks Community Services	Voc/Day - Individual Supp	41500	04350	368	62				374.42
6120	V	1279	LifeWorks Community Services	Voc/Day - Group Supported	41500	04350	369	62				458.64
6120	V	1279	LifeWorks Community Services	Day Habilitation	41500	04750	367	62				304.80
				Disbursement#	5157	Disbursement Total						3,474.44
6147	V	4400	Mainstream Living	Voc/Day - Group Supported	41500	04350	369	62				164.70
				Disbursement#	5158	Disbursement Total						164.70
6148	V	4443	Marshall County	Prescription Medication (	41500	04046	306	62				27.77
6148	V	4443	Marshall County	Prescription Medication (	41500	04046	306	62				13.11
6148	V	4443	Marshall County	Prescription Medication (	41500	04046	306	62				31.11
6148	V	4443	Marshall County	Prescription Medication (	41500	04046	306	62				33.85
6148	V	4443	Marshall County	Prescription Medication (	41500	04046	306	62				199.63
6148	V	4443	Marshall County	Prescription Medication (	41500	04046	306	62				44.12
6148	V	4443	Marshall County	Prescription Medication (	41500	04046	306	62				35.10
6148	V	4443	Marshall County	Prescription Medication (	41500	04046	306	62				242.29
6148	V	4443	Marshall County	Prescription Medication (	41500	04046	306	62				111.99
6148	V	4443	Marshall County	Prescription Medication (	41500	04046	306	62				54.45
6148	V	4443	Marshall County	Prescription Medication (	41500	04046	306	62				16.81
6148	V	4443	Marshall County	Prescription Medication (	41500	04046	306	62				129.87
6148	V	4443	Marshall County	Prescription Medication (	41500	04046	306	62				10.00
6148	V	4443	Marshall County	Prescription Medication (	41500	04046	306	62				212.54
				Disbursement#	5159	Disbursement Total						1,162.64
6178	V	7953	Robin McKee	Services Management - Mil	41500	04022	413	62				19.31
6178	V	7953	Robin McKee	Services Management - Mil	41500	04222	413	62				19.89
6178	V	7953	Robin McKee	Services Management - Mil	41500	04322	413	62				44.46
				Disbursement#	5160	Disbursement Total						83.66

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6151 V	4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				372.07
				Disbursement# 5161		Disbursement	Total					372.07
6149 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				35.59
6149 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				123.99
				Disbursement# 5162		Disbursement	Total					159.58
6150 V	4766	Mid-Iowa Triumph Recovery Ctr		Psychotherapeutic Treatme	41500	04042	366	62				6344.00
				Disbursement# 5163		Disbursement	Total					6,344.00
6152 V	4992	Mumma and Pedersen Attorney		Commitment - Legal Repres	41500	04074	393	62				99.00
				Disbursement# 5164		Disbursement	Total					99.00
6118 V	1226	NAMI Central Iowa		Peer Family Support - Fam	41500	04045	323	62				4372.50
6118 V	1226	NAMI Central Iowa		Public Education Services	41500	04005	373	62				3587.50
6118 V	1226	NAMI Central Iowa		Public Education Services	41500	04005	373	62				86.60
6118 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04042	366	62				4551.00
				Disbursement# 5165		Disbursement	Total					12,597.60
6154 V	5220	Nite Owl Printing		Services Management - Sta	41500	04022	260	62				42.50
6154 V	5220	Nite Owl Printing		Services Management - Sta	41500	04022	260	62				42.50
				Disbursement# 5166		Disbursement	Total					85.00
6155 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	314	62				1771.20
6155 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04032	329	62				378.63
6155 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04050	368	62				449.30
6155 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	314	62				6997.14
6155 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	314	62				3958.02
6155 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04232	329	62				378.63
6155 V	5283	North Iowa Vocational Center		Voc/Day - Prevocational S	41500	04250	362	62				196.84
6155 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04250	368	62				716.00
6155 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04332	329	62				54.09
6155 V	5283	North Iowa Vocational Center		Day Habilitation	41500	04350	367	62				182.98
6155 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04350	368	62				1193.33
6155 V	5283	North Iowa Vocational Center		Voc/Day - Group Supported	41500	04350	369	62				423.36
6155 V	5283	North Iowa Vocational Center		Basic Needs - Other	41500	04033	399	62				1039.43
6155 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	329	62				1508.85
				Disbursement# 5167		Disbursement	Total					19,247.80
6156 V	5317	Nyemaster Goode, PC		Purchased Admin - Legal &	41500	04412	425	62				562.50
				Disbursement# 5168		Disbursement	Total					562.50
6142 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				26.77
6142 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				1185.00
6142 V	2872	Optimae LifeServices, Inc.		Justice System Involved C	41500	04025	376	62				5882.00
6142 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				202.03
6142 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				67.03
6142 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				27.00
				Disbursement# 5169		Disbursement	Total					7,389.83

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6179	V 7966	Alfredo Parrish PLLC		Commitment - Legal Repres	41500	04074	393	62				294.33
				Disbursement# 5170		Disbursement		Total				294.33
6157	V 5548	Bill Patten		Direct Admin - Mileage &	41500	04411	413	62				65.52
				Disbursement# 5171		Disbursement		Total				65.52
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				68.50
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				114.17
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				69.43
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				69.43
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				69.43
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				114.17
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				114.17
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				59.43
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				114.17
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				91.34
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				70.00
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				98.50
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				91.34
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				68.50
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				91.34
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				134.17
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				12.00
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				114.17
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				30.00
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				68.50
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				114.17
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				72.45
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				30.00
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				18.00
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				18.00
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				72.45
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				12.00
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				30.00
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				102.45
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				72.45
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				30.00
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				30.00
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				30.00
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				13.25
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				20.32
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	366	62				3819.15
				Disbursement# 5172		Disbursement		Total				6,147.45
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04242	366	62				1211.34
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04342	366	62				370.13
6180	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04742	366	62				622.50
6181	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				110.60
6181	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				110.60
6181	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				110.60

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount	
6181 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				30.00	
6181 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				90.00	
6181 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				110.60	
6181 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				30.00	
6181 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				70.00	
6181 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				4.85	
6181 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				134.15	
6181 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				46.15	
6181 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				30.00	
6181 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				30.00	
6181 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				23.15	
6181 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				20.00	
6181 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				180.30	
				Disbursement#	5173							Disbursement Total	3,334.97
6159 V	5825	Premier Payee, Inc		Support Services - Repres	41500	04032	327	62				48.00	
				Disbursement#	5174							Disbursement Total	48.00
6160 V	5840	Progress Industries		Support Services - Suppor	41500	04032	329	62				700.32	
6160 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04250	368	62				1123.26	
6160 V	5840	Progress Industries		Support Services - Suppor	41500	04332	329	62				332.63	
6160 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04350	368	62				1123.26	
6160 V	5840	Progress Industries		Support Services - Suppor	41500	04732	329	62				675.99	
				Disbursement#	5175							Disbursement Total	3,955.46
6161 V	5910	Quill Corporation		Direct Admin - Stationary	41500	04411	260	62				41.72	
				Disbursement#	5176							Disbursement Total	41.72
6162 V	6420	REM Ia Developmental Srv, Inc		Day Habilitation	41500	04750	367	62				105.16	
6162 V	6420	REM Ia Developmental Srv, Inc		Day Habilitation	41500	04750	367	62				1454.16	
6162 V	6420	REM Ia Developmental Srv, Inc		Support Services - Suppor	41500	04032	329	62				6114.64	
				Disbursement#	5177							Disbursement Total	7,673.96
6112 V	322	Salvation Army		Support Services - Repres	41500	04032	327	62				624.00	
6112 V	322	Salvation Army		Support Services - Repres	41500	04232	327	62				96.00	
				Disbursement#	5178							Disbursement Total	720.00
6164 V	6470	Kim Schomaker		Services Management - Mil	41500	04022	413	62				73.00	
6164 V	6470	Kim Schomaker		Services Management - Mil	41500	04222	413	62				70.85	
6164 V	6470	Kim Schomaker		Services Management - Mil	41500	04322	413	62				70.85	
				Disbursement#	5179							Disbursement Total	214.70
6163 V	6455	Scott County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				47.77	
				Disbursement#	5180							Disbursement Total	47.77
6165 V	6471	Scott Pharmacy		Prescription Medication (	41500	04046	306	62				10.90	
				Disbursement#	5181							Disbursement Total	10.90
6166 V	6579	Jen Sheehan		Services Management - Mil	41500	04022	413	62				345.05	
6166 V	6579	Jen Sheehan		Services Management - Mil	41500	04222	413	62				304.25	

Disbursement Date 04/19/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6166	V 6579	Jen Sheehan		Services Management - Mil	41500	04322	413	62				304.25
				Disbursement# 5182		Disbursement		Total				953.55
6168	V 6982	Storey-Kenworthy Company		Direct Admin - Stationary	41500	04411	260	62				630.00
				Disbursement# 5183		Disbursement		Total				630.00
6169	V 7025	Story County Auditor		Purchased Admin - Account	41500	04412	420	62				4377.11
				Disbursement# 5184		Disbursement		Total				4,377.11
6170	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.20
6170	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				131.20
6170	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				156.20
6170	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				156.20
6170	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				156.20
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				56.00
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				468.40
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				251.20
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				41.20
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				633.60
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				206.00
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				298.60
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				202.40
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				118.60
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				156.20
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				276.20
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				213.60
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				251.20
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				323.60
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				227.40
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				251.20
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				101.20
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				167.40
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				273.60
6171	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				82.40
				Disbursement# 5185		Disbursement		Total				5,271.00
6172	V 7125	Story County Treasurer		Prescription Medication (	41500	04046	306	62				176.39
				Disbursement# 5186		Disbursement		Total				176.39
6146	V 4112	Patti Treibel-Leeds		Direct Admin - Mileage &	41500	04411	413	62				631.91
				Disbursement# 5187		Disbursement		Total				631.91
6173	V 7421	Trilix Marketing Group		Public Education Services	41500	04005	373	62				350.00
				Disbursement# 5188		Disbursement		Total				350.00
6116	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83
6116	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83
6116	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83
6116	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83
6116	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83

Disbursement Date 04/19/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6116 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83
				Disbursement# 5189								334.98
6174 V	7601	VISA		Direct Admin - Mileage &	41500	04411	413	62				525.36
6174 V	7601	VISA		Direct Admin - Informatio	41500	04411	632	62				768.58
6174 V	7601	VISA		Direct Admin - Publicatio	41500	04411	400	62				25.04
				Disbursement# 5190								1,318.98
6175 V	7694	Walters & Johnson		Commitment - Legal Repres	41500	04074	393	62				87.90
				Disbursement# 5191								87.90
6176 V	7696	Webster County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				3.00
				Disbursement# 5192								3.00
6113 V	350	Woolstock Mutal Telephone Assn		Direct Admin - Telecommun	41500	04411	414	62				55.00
				Disbursement# 5193								55.00
6177 V	7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				4682.47
				Disbursement# 5194								4,682.47
					75	Total Disbursements						400,728.72
					0	Total ACH						.00
					0	Total EFT						.00
					75	Grand Total						400,728.72
						Credits/Refunds Included						.00

Totals by Fund		
41500	Central Iowa Community Service	400,728.72
	Final Total	400,728.72

End of report



# CICS

Supporting Individuals. Strengthening Communities.

## **Central Iowa Community Services Management Plan Policies and Procedures Summary of Amendments Effective 7/1/22**

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Page 4-5: Reflects updated CICS office information.

Page 5-6: Updated information for Adult Advisory Committee structure and applications are received for both Adult Advisory Committee and Children's Behavioral Health Services Advisory Committee representation.

Page 6: Updated information regarding the Administrative Team, CICS Officers, CEO.

Page 6: Updated CICS office information.

Page 7: Updated Conflict of Interest information to align with current practice.

Page 8: Added MercyOne North Iowa Medical Center as a CICS designated hospital.

Page 10: Identify all regional funds will be maintained by the Regional Fiscal Agent and removed language regarding funds being maintained by member counties.

Page 12: Updated information regarding the application and enrollment process.

Page 14: Removed 250% from the Gross Income Guidelines as intend to have the individual cost share for Adult Outpatient Services including Therapy, Medication Prescribing & Management, Assessment and Evaluation follow the Children's Behavioral Health Services Cost Share Schedule. This applies to gross income only and this change is reflected on Page 45.

Page 15: Changed 250% to 500% of poverty for co-payment requirement for individuals with incomes within this range.

Page 16: For Intellectual Disability updated reference to the Diagnostic and Statistical Manual of Mental Disorders.

Page 18: Updated language from Access Points to entry points in regard to sending completed applications or referrals.

Page 28: Updated CICS office information.

Page 30: Added Behavioral Health Intervention Services as a service under Mental Health Outpatient Therapy.

Page 31: Added language for Mental Health Inpatient Treatment regarding funding for up to 5 days or until the initial commitment hearing if no other funding is available at a private mental health unit.

Page 37: For Subacute Services added Developmental Disability population group.

Page 38: Updated for Iowa Code reference for Mandated Services.

Page 42-43: Removed Required Implementation dates for Children's Behavioral Health Services Matrix, added Other Funding Information to column heading and added Behavioral Health Intervention Services as a service under Mental Health Outpatient Therapy.

Page 45: Identify on the Adult Mental Health and Disability Services Sliding Fee Schedule that this does not include Adult Mental Health Outpatient Services including Therapy, Medication Prescribing & Management, and Assessment and Evaluation and added Adult Mental Health Outpatient Services including Therapy, Medication Prescribing & Management, and Assessment and Evaluation to the Cost Share Schedule for Children's Behavioral Health Services.

# 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, 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
- 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: Wednesday and Friday 8:30am – 4:00pm

#### **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**

8545 State Street Suite 4  
Garner, IA 50438  
Phone: 641-494-3550/373-4735  
Fax: 641-494-3555  
Office Hours: Wednesday and Friday, 8:00am – 4:30pm/4:00pm

#### **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**

41 N 1<sup>st</sup> Ave/101 East Main St.  
Marshalltown, Iowa 50158  
Phone: (641) 754-6390  
Fax: (641) 754-6391  
Office Hours: Monday – Friday, 8:00am - 4:30pm

#### **Poweshiek 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~~2928  
Fax: (515) 663-2940  
Office Hours: Monday – Friday, 8:00am - 4:30pm

**Warren County**

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

**Wright County**

120 1<sup>st</sup> Ave. NW, Ste. 1  
Clarion, Iowa 50525  
Phone: 515-532-3309  
Fax: 515-532-6064  
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

## **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.

Adult advisory committee members are appointed by the Regional Governing Board. Committee members include Each county may appoint an individual who utilizes mental health and disability services or are an actively involved relative of such an individual, and an individual representing providers of the county region, and Regional Governing Board members. 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

For both committees, 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 as CICS Officers, according to the CICS employee manual. As stated in the CICS 28E, the CEO shall assign the Regional functions and responsibilities to ensure that each of the required functions are performed. ~~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. Adequate credentialed staff shall carry out the administration of this Plan.

<b>County Office</b>	<b>Address</b>	<b>Phone</b>
<u>CICS - Boone County</u> <del>Community Services</del>	900 W 3 <sup>rd</sup> St., Boone IA 50036	515-433-0593
<u>CICS - Cerro Gordo County</u> <del>Community Services</del>	220 N. Washington Ave., Mason City, IA 50401	641-494-3550
<u>CICS - Franklin County</u> <del>Community Services</del>	123 1 <sup>st</sup> Ave SW, Hampton IA 50441	641-456-2128
<u>CICS - Greene County</u> <del>Community Services</del>	114 N. Chestnut St., Jefferson, IA 50129	515-386-5686 or 515-433-0593 ext. 4883
<u>CICS - Hamilton County</u> <del>Community Services</del>	500 Fairmeadow Dr., Webster City IA 50595	515-823-9550
<u>CICS - Hancock County</u> <del>Community Services</del>	<del>8545</del> State Street <del>Suite 1</del> , Garner, IA 50438	641- <del>373-4735</del> <u>494-3550</u>
<u>CICS - Hardin County</u> <del>Community Services</del>	1201 14 <sup>th</sup> Ave, Eldora IA 50627	641-939-8167
<u>CICS - Jasper County</u> <del>Community Services</del>	115 N 2 <sup>nd</sup> Ave E, Newton IA 50208	641-791-2304

<del>CICS - Madison County Community Services</del>	112 John Wayne Drive, Winterset IA 50237	515-493-1219
<del>CICS - Marshall County Community Services</del>	<del>41 N 4<sup>th</sup> Ave</del> 101 East Main St., Marshalltown IA 50158	641-754-6390
<del>CICS - Poweshiek County Community Services</del>	200 4 <sup>th</sup> Ave West, Grinnell IA 50112	641-236-9199
<del>CICS - Story County Community Services</del>	126 S Kellogg Ave Suite 001, Ames IA 50010	515-663- <del>2930</del> 2928
<del>CICS - Warren County Community Services</del>	1007 S. Jefferson Way, Indianola IA 50125	515-961-1068
<del>CICS - Webster County Community Services</del>	308 Central Ave., Fort Dodge, IA 50501	515-573-1485
<del>CICS - Wright County Community Services</del>	120 1 <sup>st</sup> Ave NW, <u>Ste. 1</u> , Clarion, IA 50525	515-532-3309

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

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

**Conflict of Interest**

Funding authorization decisions shall be made by the CICS staff, who shall have no ~~financial conflict of~~ interest in the services or supports to be provided. In the event that such a situation occurs, that ~~conflict of~~ interest must be fully disclosed in a Conflict of Interest statement. A funding decision shall not be made by a subordinate of the individual with the conflict of interest. ~~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 [and MercyOne North Iowa Medical Center](#) are ~~is~~ CICS's designated hospitals 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, all funds shall be maintained by 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. Local CICS offices are ~~or may contact one of~~ the designated access points (Attachment A) to complete an application and CICS offices shall determine eligibility for funding. ~~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~~ CICS office 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

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

Eligibility for services under 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

- Income Guidelines: (IC 331.395.1)
  - 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).
  - A person who is eligible for federally funded services and other supports must apply for such services and support.
  - 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); individuals accessing CICS funding prior to 1/1/21 for representative payee services may continue to receive

funding if the individual meets all other eligibility criteria and the representative payee service continues uninterrupted.

- 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~~500% 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 [most recent Diagnostic and Statistical Manual of Mental Disorders, ~~Fourth Edition,~~ published by the 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~~ [Entry 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).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.

The contracting/rate setting process is initiated with the 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**

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.

### **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 analyzes the following data for regionally funded services:
    - Access standards for required core services.
    - Penetration rates, 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
<del>Boone CICS - Boone County Community Services</del>	900 W 3rd St, Boone IA 50036	515-433-0593
<del>CICS - Cerro Gordo County Community Services</del>	220 N. Washington Ave., Mason City, IA 50401	641-494-3550
<del>CICS - Franklin County Community Services</del>	123 1st Ave SW, Hampton IA 50441	641-456-2128
<del>CICS - Greene County Community Services</del>	114 N. Chestnut St, Jefferson IA 50129	515-386-5686 or 515-433-0593 ext. 4883
<del>CICS - Hamilton County Community Services</del>	500 Fairmeadow Dr., Webster City IA 50595	515-832-9550
<del>CICS - Hancock County Community Services</del>	<del>545-845 State Street Suite 4</del> , Garner, IA 50438	641- <del>494-3550</del> <a href="tel:641-373-4735">373-4735</a>
<del>CICS - Hardin County Community Services</del>	1201 14th Ave, Eldora IA 50627	641-939-8167
<del>CICS - Jasper County Community Services</del>	115 N 2nd Ave E, Newton IA 50208	641-791-2304
<del>CICS - Madison County Community Services</del>	112 John Wayne Dr., Winterset IA 50273	515-493-1219
<del>CICS - Marshall County Community Services</del>	<del>41 N. 1st Ave</del> <a href="tel:641-754-6390">101 East Main St.</a> , Marshalltown IA 50158	641-754-6390
<del>CICS - Poweshiek County Community Services</del>	200 4 <sup>th</sup> Ave W, Grinnell IA 50112	641-236-9199
<del>CICS - Story County Community Services</del>	126 S Kellogg Ave Suite 001, Ames IA 50010	515-663- <del>2930</del> <a href="tel:515-2928">2928</a>
<del>CICS - Warren County Community Services</del>	1007 S Jefferson Way, Indianola IA 50125	515-961-1068
<del>CICS - Webster County Community Services</del>	308 Central Ave., Fort Dodge, IA 50501	515-573-1485
<del>CICS - Wright County Community Services</del>	120 1 <sup>st</sup> Ave. NW, <a href="tel:515-532-3309">Ste. 1</a> , Clarion, IA 50525	515-532-3309

## Attachment B

### Federal Poverty Guidelines

2022 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	\$1,133	\$13,590	\$1,699	\$20,385	\$2,831	\$33,975	\$5,663	\$67,950
2	\$1,526	\$18,310	\$2,289	\$27,465	\$3,815	\$45,775	\$7,629	\$91,550
3	\$1,919	\$23,030	\$2,879	\$34,545	\$4,798	\$57,575	\$9,596	\$115,150
4	\$2,313	\$27,750	\$3,469	\$41,625	\$5,781	\$69,375	\$11,563	\$138,750
5	\$2,706	\$32,470	\$4,059	\$48,705	\$6,765	\$81,175	\$13,529	\$162,350
6	\$3,099	\$37,190	\$4,649	\$55,785	\$7,748	\$92,975	\$15,496	\$185,950
7	\$3,493	\$41,910	\$5,239	\$62,865	\$8,731	\$104,775	\$17,463	\$209,550
8	\$3,886	\$46,630	\$5,829	\$69,945	\$9,715	\$116,575	\$19,429	\$233,150
9	\$4,279	\$51,350	\$6,419	\$77,025	\$10,698	\$128,375	\$21,396	\$256,750
10	\$4,673	\$56,070	\$7,009	\$84,105	\$11,681	\$140,175	\$23,363	\$280,350
Each additional member	\$393	\$4,720	\$590	\$7,080	\$983	\$11,800	\$1,967	\$23,600

Source: Federal Register, published January 12, 2022

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. <a href="#">(Includes Behavioral Health Intervention Services).</a>	
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. <a href="#">CICS will fund up to 5 days or until the initial civil commitment hearing if no other funding is available at a private mental health unit.</a>
<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	X	X				

	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.						
<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	X		
<b>Core Evidenced-Based Treatment</b>							
Education & Training Services - provider competency	Educational and Training Services means training related to provider competency in delivering co-occurring integrated services, trauma-informed services and evidenced-based practices.	X					
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	X					A sufficient number of ACT teams shall be available to serve the

	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.						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 <del>Administrative Code</del> 812.	X					
Commitment related (evaluations, sheriff transport, legal representation, mental health advocate)	Court ordered services related to Iowa <del>Administrative Code</del> 229 mental health commitments	X	X	X	X	X	Court order
<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- program that operates a crisis hotline either directly or through a contract. The	X	X	X	X	X	State Funded

	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.						
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		
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	X					

	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.						
<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	X	X	X	X		

	personal business of the individual.						
Representative payee	Activities provided to manage an individual's finances.	X	X	X	X		See Co-payment and Client Participation for Adult Services
Rent payments (time limited)	Assistance for rent, utilities etc.	X	X	X	X		2-month lifetime limit tied to use of community-based services
Other basic needs	Other costs associated with necessities such as utilities.	X	X	X	X		
Prescription meds (time limited)	Prescription psychiatric medications for persons having a mental health diagnosis	X	X	X	X		
Transitional living program	Transitional living means any type of living situation that is transition with the primary purpose or mission to help the individual become a productive member of society; length of stay may vary but is not permanent housing.	X	X	X	X		
Community support programs	Community Support Programs - is for comprehensive programs to meet individual treatment and support needs of consumers which enable consumers with a mental illness, intellectual disability, brain injury, or a developmental-disability to live and work in a community setting.	X	X	X	X		
Adult Day Care Services	Structured social, habilitation, and health activities provided in a congregate setting to alleviate deteriorating effects of isolation; to aid in transition from one living arrangement to another; to provide a supervised environment while the regular caregiver is working or otherwise unavailable or to provide a setting for receipt of multiple health services in a coordinated setting.	X	X	X	X		

**Other Congregate Services (Non-Core)**

Residential care facilities	Community facility providing care and treatment	X					<p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.</p> <p>It is the intent of CICS to support individual within integrated community-based service settings and according to the HCBS Quality Settings Standards. Individuals must be discharging from an inpatient setting at the time of application for RCF services. In the event that funding would need to be made available for Additional Core Services, residential care facility funding would be discontinued within 90 days.</p>
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\*\*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/Other Funding Information***
Mental health outpatient therapy	Services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management, and individual, family, and group therapy	7/1/2020	Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment. <a href="#">(Includes Behavioral Health Intervention Services)</a>

<p><b>Medication prescribing &amp; management</b></p>	<p>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.</p>	<p>7/1/2020</p>	<p>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.</p>
<p><b>Assessment and evaluation</b></p>	<p>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.</p>	<p>7/1/2020</p>	<p>Standardized Functional Assessment will be completed within 4 weeks of request for appointment.</p> <p>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</p>
<p><b>Behavioral health inpatient treatment</b></p>	<p>Inpatient psychiatric services to treat an acute psychiatric condition provided in a licensed hospital with a psychiatric unit or licensed freestanding psychiatric hospital</p>	<p>7/1/2021</p>	<p>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.</p>
<p><b>Mobile response</b></p>	<p>A mental health service which provides on-site, face-to-face mental health crisis services for individuals experiencing a mental health crisis. Mobile crisis staff have the capacity to intervene wherever the crisis is occurring including but not limited to the individual's place of residence, emergency rooms, police stations, outpatient mental health settings, schools, recovery centers or any other location where the individual lives, works, attends school, or socializes.</p>	<p>7/1/2021</p>	<p>An individual in need of mobile response services shall have face-to-face contact with mobile crisis staff within 60 minutes of dispatch</p>

<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.	<del>7/1/2021</del>	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.	<del>7/1/2021</del>	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	<del>7/1/2020</del>	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.	<del>7/1/2020</del>	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	<del>7/1/2021</del>	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 indicate a need for further evaluation	<del>7/1/2021</del>	A child shall receive early identification services within four weeks of the time the request for such services is made.

~~\*\*\*Regions are required to meet Access Standards beginning 7/1/2021.~~

## Attachment D

### Sliding Fee/Cost Share Schedule for Services

#### **Adult Mental Health and Disability Services Sliding Fee Schedule**

(Not including Adult Mental Health Outpatient Services including Therapy, Medication Prescribing & Management, and Assessment and Evaluation Cost Share Schedule)

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

#### **Children's Behavioral Health Services and Adult Mental Health Outpatient Services Cost Share Schedule**

(Including Therapy, Medication Prescribing & Management, and Assessment and Evaluation)

<b>Family Income as a % of FPL</b>	<b>Cost Share % Paid by Family</b>
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 ([www.cicsmhds.org](http://www.cicsmhds.org)):

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

DRAFT



# CICS

Supporting Individuals. Strengthening Communities.

**Central Iowa Community Services  
Provider and Program Participation Agreement Amendment No. 1**

**1. This amendment is entered into this 3<sup>rd</sup> day of March by and between Central Iowa Community Services (CICS) and Arc of Marshall County (Provider), original parties to the agreement dated First day of July, 2021.**

**2. In consideration of the mutual covenants herein made, the agreement is amended as follows: Attachment A is removed and replaced in its entirety with the following attachment A:**

**Arc of Marshall County ATTACHMENT A Effective 1/1/22  
SERVICE DEFINITIONS AND RATES  
FISCAL YEAR 2022**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
42366	Special Recreation	Monthly	\$598.00/month

**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, provider will submit documentation of participant names for month billed.

**3. All other terms and conditions of the Agreement identified in the caption hereof shall remain in full force and effect except as specifically modified by this amendment. If there is conflict between this amendment and the agreement, the terms of this amendment will prevail.**



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

**Central Iowa Community Services:**

**Arc of Marshall County:**

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

By: Allen Fagerlund

Print Name: BJ Hoffman

Print Name: ALLEN FAGERLUND

Print Title: Chair, CICS Governing Board

Print Title: EXECUTIVE DIRECTOR

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

Date: 4/25/2022





# CICS

Supporting Individuals. Strengthening Communities.

**RECEIVED**

APR 07 2022

STORY COUNTY  
COMMUNITY SERVICES

## Central Iowa Community Services Provider and Program Participation Agreement Amendment No. 2

1. This amendment is entered into this 2<sup>nd</sup> day of March by and between Central Iowa Community Services (CICS) and Capstone Behavioral Healthcare (Provider), original parties to the agreement dated First day of July, 2021.

2. In consideration of the mutual covenants herein made, the agreement is amended as follows: Attachment A is removed and replaced in its entirety with the following attachment A:

### Capstone Behavioral Healthcare ATTACHMENT A Effective 3/1/22 SERVICE DEFINITIONS AND RATES FISCAL YEAR 2022

**ENTERED**

APR 8 2022

Chart of Account	Service Description	Unit of Service	Rate
46305 Jail 42305 Outpatient	Therapy Evaluation (90791)	Visit	\$155.61
46305 Jail 42306 Outpatient	Psychiatric Evaluation (90792)	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
46305 Jail 42305 Outpatient	Therapy 90837 90834 90832	60 Min. 45 Min. 30 Min.	\$114.17 \$114.17 \$59.43
46305 Jail 42306 Outpatient	Medication Management (99213)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
42306	Care Coordination	One tele health session	\$31.21
46305 Jail 42305 Outpatient	Group Therapy (90853)	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83
41305	Injection (96372)	N/A	\$26.38
41305	Nursing (S9123)	Nurse Visit	\$58.64
43301	Evaluation, Non-Crisis Assessment and Evaluation	Hour	\$190.89



44301	Crisis Therapy Services (2 appointments/month – Jasper) (1 appointment/month – Poweshiek)	60 Min. 45 Min. 30 Min.	\$114.17 \$114.17 \$59.43
44301	Crisis Psychiatric Evaluation (2 appointments/month – Jasper) (1 appointment/month – Poweshiek)	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
42306	Medication Prescribing & Management Onboarding & Access July 2021 – April 2022 (Susan Graves, PA)	N/A	*****Maximum of \$12,500.00
42306	Medication Prescribing & Management Onboarding & Access March 2022 – June 2022 (Laura Owens, ARNP)	N/A	*****Maximum of \$5,000.00
42305	Licensed Independent Social Worker (LISW) Onboarding & Access March 2022 – June 2022 (Morgan Bloom, LISW)	N/A	*****Maximum of \$3,333.00
44305	Community Based Crisis Intervention Services	Hour	\$120.00
05373	Public Education, Prevention and Education	Hour	\$120.00; Maximum of 12 hours/contract period
32329	Supported Community Living – 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 \$54.09 \$116.72 \$135.28 \$218.38 \$221.40 \$388.73
42396	Community Support Services– Poweshiek Co. Low level CSS High level CSS	Monthly Monthly	\$176.87 \$520.20
42366	Clubhouse - Poweshiek Co.	Monthly	**See Other Terms
42366	Drop-in Center – Jasper Co.	Monthly	**See Other Terms
25376	***Jail Diversion/Intensive Case Management	Monthly	\$6,293.00

**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.



**Psychological Testing is a service under Evaluation, Non-Crisis Assessment and Evaluation.**

CICS may be billed the Crisis Psychiatric Evaluation rate if the Crisis Psychiatric Evaluation appointment is reserved and unfilled. Two Crisis Psychiatric Evaluation appointments shall be available monthly for Jasper County and one per month for Poweshiek County. If crisis medication management is needed, this can be performed during the reserved crisis psychiatric evaluation time slot and billable at the contracted medication management reimbursement rate as applicable. CICS Service Coordination staff shall be informed of the reserved time slot for the Crisis Psychiatric Evaluation service.

CICS may be billed the Crisis Therapy Services 60-minute rate if the Crisis Therapy appointment is reserved and unfilled. Two Crisis Therapy appointments shall be available monthly for Jasper County and one per month for Poweshiek County. If a crisis therapy evaluation is needed, this can be performed during the reserved crisis therapy time slot and billable at the contracted therapy evaluation reimbursement rate as applicable. CICS Service Coordination staff shall be informed of the reserved time slot for the Crisis Therapy Service.

**\*\*\*\*\* Capstone Behavioral Healthcare will provide in writing notification to CICS Operations Officer credentials and employment start date for the Psychiatric Prescriber. Psychiatric Prescriber will provide Outpatient Medication Prescribing and Management services to residents of CICS region and accept and provide services to patients with Medicaid and/or Medicare, private insurance, and MHDS regional funding. The Medication Prescribing & Management Onboarding & Access Fee shall be prorated and paid by June 30, 2022 for Fiscal Year 2022 with an invoice submitted by the provider.**

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. When due to Covid 19 precautionary measures implemented by the Provider, telepsychiatry services provided by the Psychiatric Prescriber are acceptable for consideration of the Medication Prescribing & Management Onboarding & Access fee. Otherwise the Medication Prescribing & Management Onboarding & Access fee does not apply to telepsychiatry services.

In the event the Psychiatric Prescriber does not maintain employment with Capstone Behavioral Healthcare and upon initiation continue to provide Psychiatric Prescriber services in the Outpatient setting for the entire CICS Provider and Program Participation Agreement service period ending April 30, 2022 for Susan Graves, PA and June 30, 2022 for Laura Owens, ARNP, no Medication Prescribing & Management Onboarding & Access Fee will be paid by CICS.

**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.**

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.

**\*Based on the client’s individualized assessment, CICS will honor the Provider’s Medicaid tiered rate for Home Based 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.**

**\*\*For Clubhouse – Poweshiek County Drop-in Center services the monthly amount to be billed and reimbursed is not to exceed \$6,917.00/month with all employee positions filled. If employee positions are unfilled at any time, provider needs to notify CICS to determine a monthly reimbursement up to the \$6,651.00/month based on the budget provided for this Agreement. At time of monthly billing submission, provider will submit daily attendance log documentation and participant names for month billed.**

**For Drop-in Center – Jasper County \$7,388.00 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 \$7,104.00 based on the budget provided for this Agreement. At time of monthly billing submission, provider will submit daily attendance log documentation and participant names for month billed.**

**\*\*\*For billing of Jail Diversion/Intensive Case Management staff positions must provide service for the entire month or rate is to be prorated based on the budget provided for this Agreement. Monthly amount to be billed and reimbursed not to exceed \$6,293.00/month. For individual client eligibility provider will seek funding prior authorization with CICS. At time of monthly billing submission for Jail Diversion/Intensive Case Management services, provider will submit documentation of participant names with hours served for month billed.**

**\*\*\*\*\*Capstone Behavioral Healthcare will provide in writing notification to CICS Operations Officer credentials and employment start date for the LISW. LISW will 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. The LISW Onboarding & Access Fee shall be prorated and paid in the month of June 2022 for Fiscal Year 2022 with an invoice submitted by the provider.**

**For employment of a new LISW if the 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.**

**In the event the LISW does not maintain employment with Capstone Behavioral Healthcare and upon initiation continue to provide Outpatient Therapy Services in the Outpatient setting for the entire CICS Provider and Program Participation Agreement service period ending June 30, 2022, no Licensed Independent Social Worker Onboarding & Access Fee will be paid by CICS.**



3. All other terms and conditions of the Agreement identified in the caption hereof shall remain in full force and effect except as specifically modified by this amendment. If there is conflict between this amendment and the agreement, the terms of this amendment will prevail.

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

Central Iowa Community Services:

Capstone Behavioral Healthcare:

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

By: Julie Smith

Print Name: BJ Hoffman

Print Name: Julie Smith

Print Title: Chair, CICS Governing Board

Print Title: Center Director

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

Date: 4-5-2022





# CICS

Supporting Individuals. Strengthening Communities.

**RECEIVED**  
MAR 25 2022  
STORY COUNTY  
COMMUNITY SERVICES

**Central Iowa Community Services  
Provider and Program Participation Agreement Amendment No. 2**

**1. This amendment is entered into this 3<sup>rd</sup> day of March by and between Central Iowa Community Services (CICS) and NAMI Central Iowa (Provider), original parties to the agreement dated First day of July, 2021.**

**2. In consideration of the mutual covenants herein made, the agreement is amended as follows: Attachment A is removed and replaced in its entirety with the following attachment A:**

**NAMI Central Iowa ATTACHMENT A Effective 1/1/22  
SERVICE DEFINITIONS AND RATES  
FISCAL YEAR 2022**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
42366	Wellness Center (Drop In Center)	Monthly	*\$4,733.00 Maximum for contract period \$55,704.00
05373	Public Education and Awareness	Monthly	\$3,587.50 Maximum for contract period \$43,050.00
45323	Family and Consumer Education / Support	Monthly	\$4,372.50 Maximum for contract period \$52,470.00
05373	Public Education and Awareness – NAMI On Campus	Monthly	Reimbursable Amount is Based on Actual Expenses not to Exceed a Total Maximum for Contract Period of \$1,280.00
45323	Facilitator Training	N/A	**Maximum for contract period of \$8,660.00
45366	Facilitator Training; Peer-to-Peer Courses, Connections Stipend	N/A	***Maximum for contract period of \$17,860.00
45366	WRAP Training and WRAP Facilitator Training	N/A	****Maximum for contract period of \$5,725.00



## **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.

**\*\$4733.00** is the monthly amount to be billed/reimbursed when all employee positions are filled, maximum amount for contract period is \$55,704. If employee positions are unfilled at any time, provider needs to notify CICS to determine a monthly reimbursement up to the \$4733.00 based on the budget provided for this Agreement. At time of monthly billing submission, provider will submit daily attendance log documentation and participant names for month billed.

Provider and CICS agree to the below identified deliverables:

- 1) Provider will provide outreach and support to drop-in centers located within CICS to include but not limited to hosting and facilitating a quarterly meeting with drop-in centers within CICS to provide a time for networking and program sharing.
- 2) Provider will support existing agencies and groups such as local NAMI Chapters where they exist in CICS Region.
- 3) Provider will develop and maintain support groups including but not limited to Peer Support and Family to Family support groups in CICS Counties as requested.
- 4) Provider will establish and maintain contacts within each county to promote the development of new services and supports as requested.

**\*\*Provider will invoice CICS based on the 6/2/21 budget submitted for this Agreement after each training service is completed, this shall include training to train facilitators in the following:**

- Family to Family – up to 2 Trainings \$2,165/training maximum of \$4,330/year.
- Family Support Groups – up to 2 Trainings \$2,165/training maximum of \$4,330/year.

**\*\*\* Provider will invoice CICS based on the 6/2/21 budget submitted for this Agreement after each training service is completed, this shall include training to train facilitators in the following:**

- Peer to Peer - up to 2 Trainings \$2, 165/training maximum of \$4,330/year.
- Connections – up to 2 Trainings \$2,165/training maximum of \$4,330/year.

**\*\*\*The reimbursement shall also include Connections Stipends for two facilitators per support group, \$25/support group not to exceed an annual maximum of \$5,200; and up to two Peer-to-Peer Courses, \$250/mentor not to exceed an annual maximum of \$4,000; provider shall invoice CICS after services are provided.**

**\*\*\*\*Provider will invoice CICS based on the 6/15/21 budget submitted for this Agreement after the individual WRAP training and Facilitator WRAP training is completed, not to exceed a total of \$5,725.**

3. All other terms and conditions of the Agreement identified in the caption hereof shall remain in full force and effect except as specifically modified by this amendment. If there is conflict between this amendment and the agreement, the terms of this amendment will prevail.



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

**Central Iowa Community Services:**

**NAMI Central Iowa:**

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

By: Angela Tharp

Print Name: BJ Hoffman

Print Name: Angela Tharp

Print Title: Chair, CICS Governing Board

Print Title: Executive Director

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

Date: 3/30/2022





**Central Iowa Community Services  
Provider and Program Participation Agreement Amendment No. 2**

1. This amendment is entered into this 2<sup>nd</sup> day of March, 2022 by and between Central Iowa Community Services (CICS) and Optimae Life Services (Provider), original parties to the agreement dated First day of July, 2021.

2. In consideration of the mutual covenants herein made, the agreement is amended as follows: Attachment A is removed and replaced in its entirety with the following attachment A:

**Optimae Life Services ATTACHMENT A Effective 1/1/22  
SERVICE DEFINITIONS AND RATES  
FISCAL YEAR 2022**

Chart of Account	Service Description	Unit of Service	Rate
32329	Supported Community Living – ID/DD	15 Min.	\$12.25
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 \$196.91 \$211.09 \$280.88 \$284.00 \$484.65 \$648.61
64329	**SCL Provided in a Residential Care Facility (RCF) licensed for 6 or more beds – without day services ID/DD*****	Daily	\$129.75
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 \$175.58 \$189.17 \$226.13 \$229.26 \$402.53 \$555.55
64329	**SCL Provided in a Residential Care Facility (RCF) licensed for 6 or more beds – with day service ID/DD*****	Daily	\$109.61



32329/64329	Supported Community Living or Residential Care Facility** – 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  \$54.09 \$116.72 \$135.28 \$218.38 \$221.40 \$388.73
64329	**Residential Care Facility Service Fee SSA	Daily	\$33.53
50367	Day Habilitation – ID/DD/MI	15 Min.	\$3.64
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 \$70.22 \$73.68 \$83.91 \$85.10 \$99.10 \$121.18
50367	Day Habilitation - MI	Daily	\$63.65
25376	Jail Diversion/Intensive Case Management	Monthly	\$6,117.00
42305	Therapy Evaluation 90791	Visit	\$155.61
42306	Psychiatric Evaluation 90792	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
42305	Therapy 90837 90834 90832	60 Min. 45 Min. 30 Min.	\$114.17 \$114.17 \$59.43
42306	Medication Management 99213	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
42305	Group Therapy 90853	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83
50362	Prevocational Services	Hourly	\$10.36
50362	Prevocational Services: Career Exploration	Hourly Maximum of 34 hours of Career Exploration over a 90 day period	\$39.63
50368	***Supported Employment: Individual Supported Employment	Hourly - Initial Authorization not to exceed 40 hourly units Hourly – Extended Authorization not to exceed 20 hourly units	\$68.48 \$68.48
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	\$70.07 \$374.42 \$747.79 \$1,169.27 \$46.76/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	\$2.94 \$1.83 \$1.31
32329	Supported Community Living Startup Costs (Warren County)	N/A	\$41,675.00
42306	Medication Management Start Up Costs (Warren County)	N/A	\$1,000.00

**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.**

**\*\*A billable unit shall be day when the consumer is present at the facility. Facility is responsible for collecting client participation. CICS will authorize and pay the Service Fee and will not be responsible for SSA Rate unless specifically authorized by CICS. FY22 contracted SSA rate will be equal to the same reimbursement rate as provided by Iowa Department of Human Services.**

**\*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. These applicable rates will also be honored for individuals accessing Residential Care Facility (RCF) – MI 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.**

**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.**

**Total cost per person for all supported employment services not to exceed \$3,167.89/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.

For billing of Jail Diversion/Intensive Case Management services, position must provide service for the entire month or rate is to be prorated. Monthly amount to be billed and reimbursed not to exceed \$6,117.00/month. For individual client eligibility provider will seek funding prior authorization with CICS. At time of monthly billing submission for Jail Diversion/Intensive Case Management services, provider will submit documentation of participant names with hours served for month billed.

Provider will submit to CICS an itemized invoice with supporting documentation of expenditures for Supported Community Living Startup Costs and Medication Management Startup Costs for a one-time reimbursement of actual expenditures up to \$41,675 for Supported Community Living Startup and up to \$1,000 for Medication Management Startup.

Startup costs for Supported Community Living include per the itemized December 20th, 2021 budget detail by Provider: January and February wage costs up to \$14,500, office space costs up to \$7,800, IT equipment cost up to \$13,400, and site startup cost up to \$5,975.

Startup costs for Medication Management include per the itemized December 20th, 2021 budget detail by Provider: IT equipment - Telehealth equipment up to \$1,000.

3. All other terms and conditions of the Agreement identified in the caption hereof shall remain in full force and effect except as specifically modified by this amendment. If there is conflict between this amendment and the agreement, the terms of this amendment will prevail.

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

Central Iowa Community Services:

Optimae Life Services:

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

By: Meghan Foster

Print Name: BJ Hoffman

Print Name: Meghan Foster

Print Title: Chair, CICS Governing Board

Print Title: COO Optimae Life Services

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

Date: 3/25/2022



**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	\$196.91 \$211.09 \$280.88 \$284.00 \$484.65 \$648.61
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	\$175.58 \$189.17 \$226.13 \$229.26 \$402.53 \$555.55
32329	Supported Community Living 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	\$54.09 \$116.72 \$135.28 \$218.38 \$221.40 \$388.73
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	\$70.22 \$73.68 \$83.91 \$85.10 \$99.10 \$121.18
50367	Day Habilitation – MI	Daily	\$67.55
50367	Day Habilitation – MI, ID/DD	15 Min.	\$2.81

**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.

\*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:**

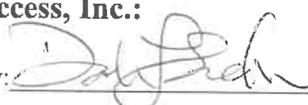
By: \_\_\_\_\_

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**Access, Inc.:**

By: 

Print Name: Dale L. Scriver

Print Title: Executive Director

Date: 3/29/22

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Achieve Mental Health 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
05373	Public Education, Prevention and Education	Hour	\$126.00; 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.

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.

**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.**

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Achieve Mental Health Inc.:**

**Central Iowa Community Services:**

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

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**Achieve Mental Health Inc.:**

By: 

Print Name: Alison Brennan MANCLOWE

Print Title: President CEO

Date: 4.14.2022

**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>
03371	Information and Referral Services	Hour	\$28.06 (Not to exceed \$1,113)
42366	Special Recreation	Monthly	\$3,822 (Not to exceed \$45,864)

**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: BJ Hoffman  
 Print Title: Chair, CICS Governing Board  
 Date: \_\_\_\_\_

**Arc of Story County:**

By: *Tricia Conroy*  
 Print Name: Tricia Conroy  
 Print Title: Executive Director  
 Date: 5/31/2022

**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	*\$7,781.00
42366	Drop In Center (Warren County)-based on budget submitted	Monthly	**\$5,872.00
42366	Drop In Center (Hamilton County) over 17 hours per week	Monthly	***\$7,781.00
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	\$196.91 \$211.09 \$280.88 \$284.00 \$484.65 \$648.61
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	\$175.58 \$189.17 \$226.13 \$229.26 \$402.53 \$555.55
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	\$54.09 \$116.72 \$135.28 \$218.38 \$221.40 \$388.73

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	\$70.22 \$73.68 \$83.91 \$85.10 \$99.10 \$121.18
50367	Day Habilitation – ID/DD, MI	15 Minutes	\$2.84
50367	Day Habilitation – MI	Daily	\$64.29
31354	Transportation	Per One Way Trip	\$28.46

**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-- \$7,781.00 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 \$7,781.00. At time of monthly billing submission, provider will submit daily attendance log documentation and participant names for month billed.

\*\* Warren County--\$5,872.00/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 \$5,872.00. At time of monthly billing submission, provider will submit daily attendance log documentation and participant names for month billed.

\*\*\* Hamilton County, \$7,781.00 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 \$7,781.00. 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:**

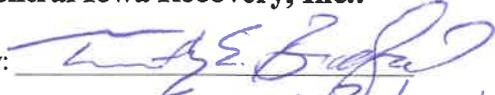
By: \_\_\_\_\_

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**Central Iowa Recovery, Inc.:**

By: 

Print Name: Timothy E. Boston

Print Title: CEO

Date: 4-8-22

**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.	\$9.23
32325	Individual Respite	15 Min.	\$4.59
32325	Group Respite	15 Min.	\$3.20

**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: BJ Hoffman  
 Print Title: Chair, CICS Governing Board  
 Date: \_\_\_\_\_

**ChildServe Community Options:**

By:   
 Print Name: Korte Reynolds  
 Print Title: Ames Area Director - ChildServe  
 Date: 4.4.22

**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); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	\$196.91 \$211.09 \$280.88 \$284.00 \$484.65 \$648.61
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	\$175.58 \$189.17 \$226.13 \$229.26 \$402.53 \$555.55
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	\$54.09 \$116.72 \$135.28 \$218.38 \$221.40 \$388.73
50362	Prevocational Services: Career Exploration	Hour	\$39.63
50368	Supported Employment: Individual Supported Employment	Hourly - Initial Authorization not to exceed 40 hourly units Hourly – Extended Authorization not to exceed 20 hourly units	\$68.48 \$68.48
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	\$70.07 \$374.42 \$747.79 \$1,169.27 \$46.76/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	\$2.94 \$1.83 \$1.31
50367	Day Habilitation – ID/DD	Tier 1 (U1); Daily Tier 2 (U2); Daily	\$70.22 \$73.68

		Tier 3 (U3); Daily	\$83.91
		Tier 4 (U4); Daily	\$85.10
		Tier 5 (U5); Daily	\$99.10
		Tier 6 (U6); Daily	\$121.18
50367	Day Habilitation (ID/DD/MI)	15 Min.	\$2.54
50367	Day Habilitation (MI)	Daily	\$67.81

**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 \$3,167.89/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.

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

**Christian Opportunity Center  
Central Iowa Community Services:**

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

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**Christian Opportunity Center:**

By: John Eilers

Print Name: JOHN EILERS

Print Title: EXECUTIVE DIRECTOR

Date: 4.7.22

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
CIRSI, 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 Minute	\$11.44
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	\$196.91 \$211.09 \$280.88 \$284.00 \$484.65 \$648.61
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	\$175.58 \$189.17 \$226.13 \$229.26 \$402.53 \$555.55
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	\$54.09 \$116.72 \$135.28 \$218.38 \$221.40 \$388.73
50367	Day Habilitation (Poweshiek)	15 Minute	\$3.36
50367	Day Habilitation – ID/DD (Poweshiek)	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	\$70.22 \$73.68 \$83.91 \$85.10 \$99.10 \$121.18
50367	Adult Day Services (Marshall)	15 Minute Half Day	\$3.87 \$43.85
50367	Adult Day Services (Marshall)	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	\$58.36 \$61.23 \$69.73 \$70.72 \$82.35 \$100.70

**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, Adult Day Services 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.

\*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: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**CIRSI, Inc.:**

By: *Jeff Vance*

Print Name: Jeff Vance

Print Title: Executive Director

Date: April 1, 2022

**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 - Home Based Habilitation		
	High Recovery	UA; .25-2 Hours/Day	\$54.09
	Recovery Transitional	UB; 2.25-4 Hours/Day	\$116.72
	Medium Need	UC; 4.25-8.75 Hours/Day	\$135.28
	Intensive I	UD; 9-12.75 Hours/Day	\$218.38
	Intensive II	U8; 13-16.75 Hours/Day	\$221.40
	Intensive III	U9; 17-24 Hours/Day	\$388.73

**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: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**Duncan Heights, Inc.:**

By: 

Print Name: Heidi Hansen

Print Title: Director

Date: 4/1/22

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
FIA Friendship Club, Inc.**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
42366	Drop In Center	Monthly	\$6,577.00

**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.

\$6,577.00 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 \$6,577.00 based on the budget provided for this Agreement. At time of monthly billing submission, provider will submit daily attendance log documentation and participant names for month billed.

**Central Iowa Community Services:**

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

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**FIA Friendship Club, Inc.:**

By: Mary Nelson

Print Name: Mary Nelson

Print Title: Director

Date: 4-11-2022

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Freedom Pointe of Greater Webster County**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
42366	Drop-in Center	Monthly	\$7,781.00

**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.

\$7,781.00 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 \$7,781.00 based on the budget provided for this Agreement. At time of monthly billing submission, provider will submit daily attendance log documentation and participant names for month billed.

**Central Iowa Community Services:**

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

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**Freedom Pointe of Greater Webster County:**

By: Randall Hoover

Print Name: Randall Hoover

Print Title: Executive Director

Date: 4-8-22

**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>
32329	Supported Community Living – ID/DD	15 Min.	\$9.61
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	\$196.91 \$211.09 \$280.88 \$284.00 \$484.65 \$648.61
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	\$175.58 \$189.17 \$226.13 \$229.26 \$402.53 \$555.55
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	\$70.22 \$73.68 \$83.91 \$85.10 \$99.10 \$121.18
50367	Day Habilitation	15 Min. 1:1 15 Min. 1:3	\$8.23 \$3.57

**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: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**Friendship Ark, Inc.:**

By: Jennifer Ellis

Print Name: Jennifer Ellis

Print Title: Executive Director

Date: 4/12/2022

**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:**

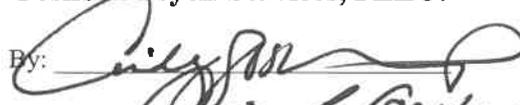
By: \_\_\_\_\_

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**Goshorn Psych-Services, PLLC:**

By: 

Print Name: Cheryl L. Goshorn

Print Title: Owner/Provider

Date: 4/4/22

**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	60 Min.	\$114.17
	90834	45 Min.	\$114.17
	90832	30 Min.	\$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 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: BJ Hoffman  
 Print Title: Chair, CICS Governing Board  
 Date: \_\_\_\_\_

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

By:  \_\_\_\_\_  
 Print Name: Lisa Ridge  
 Print Title: CEO  
 Date: 4-17-22

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Heartland Senior Services**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
50367	Adult Day Care Services	Half Day	\$23.36
50367	Adult Day Services	Tier 1 (U1); Daily	\$58.36
		Tier 2 (U2); Daily	\$61.23
		Tier 3 (U3); Daily	\$69.73
		Tier 4 (U4); Daily	\$70.72
		Tier 5 (U5); Daily	\$82.35
		Tier 6 (U6); Daily	\$100.70

**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 Adult Day Care 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.

**Central Iowa Community Services:**

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

**Heartland Senior Services:**

By: Laurie Yocum-Whipple  
 Print Name: Laurie Yocum-Whipple  
 Print Title: ADC Director  
 Date: 4-11-22

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Integrated Treatment Services, LLC**

<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	60 Min.	\$114.17
	90834	45 Min.	\$114.17
	90832	30 Min.	\$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.

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: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**Integrated Treatment Services, LLC:**

By: Karen Sallis

Print Name: Karen Sallis

Print Title: Clinical Director

Date: 4-3-22

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Mid-Iowa Triumph Recovery Center, Inc.**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
42366	Drop In Center	Monthly	*See Other Terms

**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.

The monthly amount to be billed and reimbursed is not to exceed \$6,661.00/month with all employee positions filled. If employee positions are unfilled at any time, provider needs to notify CICS to determine a monthly reimbursement up to the \$6,661.00/month based on the budget provided for this Agreement. At time of monthly billing submission, provider will submit daily attendance log documentation and participant names for month billed.

**Central Iowa Community Services:**

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

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**Mid-Iowa Triumph Recovery Center, Inc.:**

By: Sheila J. Rawe

Print Name: Sheila Rawe

Print Title: President of the Board

Date: 4-12-22

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

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
50362	Prevocational Services	Hourly	\$10.36
50362	Prevocational Services: Career Exploration	Hourly Maximum of 34 hours of Career Exploration over a 90 day period	\$39.63
50368	Supported Employment: Individual Supported Employment	Hourly - Initial Authorization not to exceed 40 hourly units Hourly – Extended Authorization not to exceed 20 hourly units	\$68.48 \$68.48
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	\$70.07 \$374.42 \$747.79 \$1,169.27 \$46.76/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	\$2.94 \$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.

Total cost per person for all supported employment services not to exceed \$3,167.89/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.

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

**Central Iowa Community Services:**

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

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**MIW, Inc.:**

By: 

Print Name: JACK ALLEN

Print Title: President / CEO

Date: 4-4-22

**ATTACHMENT A**  
**SERVICE DEFINITIONS AND RATES**  
**North Central Iowa Mental Health Center, Inc. dba UnityPoint Health-Berryhill Center**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
44305	Community Based Crisis Intervention Services	Hour	\$126.00
05373	Public Education, Prevention and Education	Hour	\$126.00; Maximum of 12 hours/contract period
42305	Therapy Evaluation (90791)	Visit	\$155.61
42306	Psychiatric Evaluation (90792)	Visit	Dr \$300.67 ARNP \$232.09 PA \$232.09
42305	Therapy 90837	60 Min.	\$114.17
	90834	45 Min.	\$114.17
	90832	30 Min.	\$59.43
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	Group Therapy (90853)	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83
41305	Injection (96372)	N/A	\$26.38
41305	Nursing (S9123)	Nurse Visit	\$58.64
42398	Assertive Community Treatment (ACT)	Daily (Maximum of 5 Days/Week)	\$55.83
42398	ACT Services Access Fee	Monthly Per Client	\$290.00*
42396	Community Support Services (CSS) – Low Intensity	Monthly	\$176.87
42396	Community Support Services (CSS) – High Intensity	Monthly	\$520.20

**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.

**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.**

**Community Based Crisis Intervention Services are counseling/supportive services provided to a community or organization after a crisis has occurred. This does not include urgent care or mobile crisis response services. Provider needs to seek written approval by CICS for funding of Community Based Crisis Intervention services.**

**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. For outpatient services, 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.**

**\*ACT Services Access fee is to be prorated if ACT services are not provided for the entire month.**

**Central Iowa Community Services:**

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

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**North Central Iowa Mental Health Center, Inc. dba UnityPoint Health-Berryhill Center:**

By: J. Pullen

Print Name: Junifer Pullen

Print Title: Executive Director

Date: 4-22-22

**ATTACHMENT A**  
**SERVICE DEFINITIONS AND RATES**  
**North Iowa Transitional and Employment Services Inc. dba 43 North Iowa**

<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
32329/64329	Supported Community Living or Residential Care Facility – 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	\$54.09 \$116.72 \$135.28 \$218.38 \$221.40 \$388.73
44313	Crisis Stabilization Residential Services	Daily	\$360.19
50362	Prevocational Services	Hourly	\$10.36
50367	Day Habilitation - MI	Daily	\$63.65
50367	Day Habilitation – ID/DD/MI	15 Min.	\$3.48
50368	Supported Employment: Individual Supported Employment	Hourly - Initial Authorization not to exceed 40 hourly units Hourly – Extended Authorization not to exceed 20 hourly units	\$68.48 \$68.48
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	\$70.07 \$374.42 \$747.79 \$1,169.27 \$46.76/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	\$2.94 \$1.83 \$1.31
64329	*Residential Care Facility Service Fee SSA	Daily	\$33.53
50368	Individual Placement & Support (IPS)	Completed Employment Plan (1 Unit) 1 <sup>st</sup> Day of Successful Placement (1Unit) 45 Days Successful / Job Retention (1 Unit) 90 Days Successful Job Retention (1 Unit)	\$1,347.37 \$2,054.33 \$2,054.33 \$747.79

## **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.

With the exception for crisis stabilization residential services, funding for all other 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.

\*A billable unit shall be day when the consumer is present at the facility. Facility is responsible for collecting client participation. CICS will authorize and pay the Service Fee and will not be responsible for SSA Rate unless specifically authorized by CICS. FY23 contracted SSA rate will be equal to the same reimbursement rate as provided by Iowa Department of Human Services.

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. These applicable rates will also be honored for individuals accessing Residential Care Facility (RCF) – MI 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.

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.

Total cost per person for all supported employment services including individual placement and support not to exceed \$3,167.89/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.

For Crisis Stabilization Residential Services:

- Length of stay for crisis stabilization residential services is up to 5 days.
- Clients need to have medical clearance before admission.
- Do not need prior authorization if admission is after hours.

- 43 North Iowa will complete a CICS funding application if admission is after hours and provide this to CICS within 1 business day.
- If admission is during office hours, 43 North Iowa staff will contact service coordination in the county of residence at time of admission to see if a funding application is needed.

**Central Iowa Community Services:**

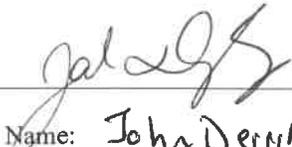
By: \_\_\_\_\_

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**North Iowa Transitional and  
Employment Services Inc. dba 43 North  
Iowa:**

By: 

Print Name: John Deryberg

Print Title: Executive Director

Date: 3/29/20

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
One Vision**

<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.	\$9.61
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	\$196.91 \$211.09 \$280.88 \$284.00 \$484.65 \$648.61
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	\$175.58 \$189.17 \$226.13 \$229.26 \$402.53 \$555.55
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	\$54.09 \$116.72 \$135.28 \$218.38 \$221.40 \$388.73
50368	Supported Employment: Individual Supported Employment	Hourly - Initial Authorization not to exceed 40 hourly units Hourly – Extended Authorization not to exceed 20 hourly units	\$68.48 \$68.48
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	\$70.07 \$374.42 \$747.79 \$1,169.27 \$46.76/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 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.

Total cost per person for all supported employment services not to exceed \$3,167.89/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: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**One Vision:**

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

Print Name: Mark C Dodd

Print Title: CEO

Date: 4/4/22

# Bylaws Central Iowa Community Services Adult Regional Advisory Committee

Effective Date: 7/1/21

## I NAME

The name of this organization shall be Central Iowa Community Services Adult Regional Advisory Committee (hereinafter "Adult Regional Advisory Committee")

## II PURPOSE

The Adult Regional Advisory Committee, pursuant to IC 331.390(2)e; 331.392.(2)i; IAC 441-25.14.(1)i Regional governance structure will look at how services are delivered, the quality of services and help identify and prioritize service needs.

The Adult Advisory Committee may also address any mental health related issues the Adult Regional Advisory Committee feels to be appropriate.

The Adult Regional Advisory Committee shall act in an advisory role and all authority for policy making shall remain with Central Iowa Community Services Regional Governing Board (hereinafter "Regional Governing Board")

## III MEMBERSHIP

The Adult Regional Advisory Committee shall consist of a maximum of ~~32~~22 members. All members shall be from counties within or provide service within the Central Iowa Community Services Region.

~~Two members and two alternates shall come from each of the 15 counties in the Central Iowa Community Services Region. The counties are Boone, Cerro Gordo, Franklin, Greene, Hamilton, Hancock, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, Warren, Webster, and Wright. From each county, one member and alternate will be a provider and one member and alternate will be an individual who utilizes mental health and disability services or is an actively involved relative of such an individual. Adult Regional Advisory Committee members shall be recommended by the local county and~~Ten members will be an individual who utilizes mental health and disability services or is an actively involved relative of such an individual and ten members will be a service provider. Two members from the Governing Board will serve as ex-officio non-voting non-voting members. An effort shall be made to have representation from each of the counties within the region.

Committee members shall be appointed ~~ratified~~ by the Regional Governing Board. Applications shall be presented to the Governing Board by the CICS staff member designated to provide support to the CICS Adult Advisory Committee.

~~Two members from the Governing Board will serve as ex-officio non-voting members.~~

Approved by Central Iowa Community Services Governing Board on June 24, 2021.

The Adult Regional Advisory Committee members shall serve two year terms. The appointments shall ~~be staggered, half of the members representing an individual who utilizes mental health and disability services or is an actively involved relative of such an individual and half of the members representing service providers shall serve until 12/31/22 with the other half of each serving until 12/31/23. divided into two classes. The first class (Boone, Franklin, Hamilton, Hardin and Jasper) shall serve until January 2015 and the second class (Madison, Marshall, Poweshiek, Story and Warren) shall serve until January 2016. Greene County terms begin 7/1/18. Cerro Gordo, Hancock, Webster, and Wright Counties terms begin 7/1/21 and shall serve until 12/31/22.~~ Thereafter, all appointments shall be for two years.

Members will be eligible for appointment for a total of 6 years. An individual can be reappointed again after at least one year off the committee.

#### IV OFFICERS

The officers of the Adult Regional Advisory Committee shall include a chair and vice-chair. Each shall be elected at the first advisory committee meeting of the calendar year. The chair shall preside at all meetings and appoint all sub-committees as determined necessary by the adult regional advisory committee. The vice-chair shall act in the chair's absence.

The permanent recording secretary shall be a ~~community services director~~ CICS staff member. ~~or designee from the region.~~

#### V MEETINGS

Meetings of the Adult Regional Advisory Committee shall be held ~~each January~~ in the first quarter of each calendar year and at least quarterly thereafter. ~~One of the community services directors~~ The CICS staff member shall be responsible for sending written notice to all members at least one week in advance of meetings. Public notice of meetings will be provided by posting meeting date, time and agenda on the Central Iowa Community Services website. ~~and/or local County websites.~~

Special meetings can be called at ~~anytime~~ any time at the request of two advisory committee members. The request for a special meeting shall be presented to the chair. The chair will then be responsible for scheduling the meeting.

A quorum will be a majority of appointed members in attendance. No action will be taken in the absence of a quorum.

Members may participate in any meeting by any means of communication that allows direct participation, including but not limited to telephone conference call and video conferencing. Members participating in this manner shall be considered present for purposes of quorum and voting.

#### VI ADOPTION

Approved by Central Iowa Community Services Governing Board on June 24, 2021.

These by-laws shall be adopted by both the Adult Regional Advisory Committee and the Regional Governing Board. These by-laws become effective upon approval by the Regional Governing Board.

#### VII REVISIONS

These by-laws will be reviewed annually ~~in January~~ and may be revised by the Adult Regional Advisory Committee with approval from the Regional Governing Board. The revision shall first be approved by the Adult Regional Advisory Committee and then presented to the Regional Governing Board. The revision shall become effective upon approval by the Regional Governing Board.

#### VIII TERMINATION

The Adult Regional Advisory Committee serves at the complete discretion of the Regional Governing Board. If state law changes and/or other circumstances arise, the Regional Governing Board may, upon board action, dissolve the Adult Regional Advisory Committee.

**Recommendation for CICS Children's Behavioral Health Advisory Committee Appointment**

<b>Member</b>	<b>Representing</b>	<b>Effective</b>
Melinda Struthoff	Children's Behavioral Health Provider with Mason City Clinic, Psychiatric Nurse Practitioner	4/28/2022



# 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. 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 24 months per Psychiatric Prescriber, funding is dependent upon approval of a CICS Provider Program and Participation Agreement. The Medication Prescribing & Management Onboarding &/or Access Fee shall be prorated 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 [for in-person services; \\$12,500 for telepsychiatry services.](#)

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

Onboarding &/or Access Fee Per Full Fiscal Year: \$15,000 [for in-person services; \\$7,500 for telepsychiatry services.](#)

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

LISW [and Psychologist](#) Onboarding &/or Access Fee shall be considered for new employment of a LISW [or Psychologist](#) or increase of LISW [or Psychologist](#) available hours with a Provider Agency/Entity for the provision of outpatient therapy services [or psychological services](#) in the CICS MHDS Region. CICS Administrative team will identify through history or assessment that a shortage or limited access of LISW [or Psychologist](#) 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 [and Psychologist](#) Incentive. A CICS Provider Program and Participation Agreement will be completed with the Provider Agency/Entity to contract for LISW [or Psychologist](#) Onboarding &/or Access Fee. A Provider Agency/Entity may be eligible to receive the LISW [or Psychologist](#) Onboarding &/or Access Fee for up to 24 months per LISW [or Psychologist](#), funding is dependent upon approval of a CICS Provider Program and Participation Agreement. The LISW [and Psychologist](#) Onboarding &/or Access Fee shall be prorated 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 [or Psychologist](#).

LISW [or Psychologist](#) needs to provide outpatient therapy services [and psychological 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 [or Psychologist](#) does not maintain employment with Provider Agency/Entity and upon initiation continue to provide outpatient therapy services [or psychological services](#) to residents of the CICS region for the entire CICS Provider and Program Participation Agreement period, no LISW [or Psychologist](#) Onboarding &/or Access Fee will be paid by CICS.

**For employment of a new LISW [or Psychologist](#):** If LISW [or Psychologist](#) 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 [or Psychologist](#) services are available to patients in the Outpatient setting.

**For increase of LISW [or Psychologist](#) available hours:** The Access fee will be prorated based on the total number of increased LISW [or Psychologist](#) hours of service available to patients in the Outpatient setting.

### **LISW [and Psychologist](#) Onboarding &/or Access Fee for credentialed LISW [or Psychologist](#):**

Onboarding &/or Access Fee Per Full Fiscal Year: \$10,000 [for in-person services](#); [\\$5,000 for tele-counseling](#).