
AGENDA
Mental Health/Disability Services of the East Central Region
Governing Board - Special Meeting
Wednesday, June 18th, 2025 at 1:00 pm – ZOOM ONLY

<https://us06web.zoom.us/j/89637912822>

Dial by your location: 877 853 5247 US Toll-free or 888 788 0099 US Toll-free

Meeting ID: 896 3791 2822

Board Members: BEN ROGERS, CHAIR LINN CO | DEWEY HILDEBRANDT, VICE CHAIR BREMER CO | DIANE BRECHT ADULT PROVIDER REP | RICK COLPITTS CHILDREN’S EDUCATOR REP | JONATHAN DEGAN IOWA CO | AMY GRASK CHILDREN’S PROVIDER REP | SHIRLEY HELMRICHS DELAWARE CO | JOHNNY HILL LAW ENFORCEMENT REP | LAURA SEMPRINI ADULT & FAMILY PEER REP | LORI SHEELER PARENT REP | ROD SULLIVAN JOHNSON CO | RON TIPPETT BENTON CO

- 1. Call to order at 1:00 pm: Quorum and Introductions;** Chair
- 2. Public Comment;** Chair. 2 minutes
- 3. Approval of Special Meeting Agenda;** Chair (*Operational Action*)
- 4. Conflict of Interest Review;** Chair (*Possible Action*)
- 5. HHS Contract Amendment;** Julie Davison (*Financial Action*)

Adjourn

First Amendment to the Disability Access Points Contract

This Amendment to Contract Number ADSCI25014 is effective as of July 1, 2025, between the Iowa Department of Health and Human Services (Agency) and Mental Health Disability Services of the East Central Region (Contractor).

Section 1: Amendment to Contract Language

The Contract is amended as follows:

Revision 1. Section 1.3.1.2.1 is hereby added to the Contract:

1.3.1.2.1 Continuity of Local District Programs and Sustainability Funding

- A. Scope. Contractor shall manage local district programs currently coordinated by Mental Health and Disability Services (MHDS) Regions to individuals transitioning to the Disability Access Point (DAP). Local district programs are services that are not listed elsewhere in this Contract and are listed only within section 1.3.1.2.1. Contractor shall support program development and sustainability to these Agency identified programs.

Individuals receiving local district program services on June 30, 2025, shall continue to be provided these same services through Contractor. Contractor shall maintain the individual's same services at the same level of robustness by coordinating with the program provider to ensure continuation of the service.

Local district program service levels shall not be increased to any individual receiving these services nor shall Contractor enroll or coordinate local district program services for any individual not already receiving these services on June 30, 2025.

Allowable local district programs are Local District Program Services.

1. Local District Programs Services that Contractor will coordinate are:
 - a. LTSS Housing and Transportation
 - b. Other. Programming provided by MHDS not listed in other sections of this Contract, mutually agreed upon in writing by Contractor and Agency, to be coordinated in accordance with the provisions of 1.3.1.2.1

Sustainability Funds mean supplemental payments to priority programs identified by the Agency to assist with program start up or to the sustainability of the program.

1. Sustainability programs the Contractor will coordinate are:
 - a. Individual Placement and Support (IPS), Provided by First Resources, Imagine the Possibilities, Goodwill, and Hope Haven
 - b. Intensive Residential Services Homes Sustainability (IRSH) for Abbe Center for CMH

Identified local district programs and sustainability funds may possibly be incorporated into DAP Disability Services through an additional amendment for provision or coordination after June 30, 2026.

B. Deliverables.

1. Continuity of Local District Programs.

- a. Scope. Contractor shall provide continuity of local district program services for individuals to maintain the same services at the same level of robustness as were administered by MHDS Regions on June 30, 2025.
- b. Deliverable Schedule. Contractor shall provide continuity of local district program services through June 30, 2026, unless programs are identified to end at an earlier date through the process outlined below in 1.3.1.2.1(B)(2).

2. Identify Local District Programs for Continuation.

- a. Scope. Contractor shall meet with Agency monthly to discuss Agency evaluation of Contractor's performance and progress. Contractor will assist Agency in identifying which of the provided local district program services should continue after December 31, 2025, and which local district programs will end.
- b. Deliverable Schedule. Contractor shall meet with Agency monthly as scheduled in Attachment 1 "Task Calendar" of this Contract. Local district program services will be an agenda item at those meetings.

3. Administer Funds for Sustainability.

- a. Scope. Contractor shall administer funds to support the development or sustainability of Agency identified programs.
- b. Deliverable Schedule. Contractor shall administer funds on Contractor's schedule as not to be in arrears with program providers.

4. Monthly Reporting.

- a. Scope. Contractor shall provide monthly reports detailing local district program services coordinated by identifying number of individuals served by each local district program and by identifying each specific individual served.

- b. Deliverable Schedule. Contractor shall provide local district program monthly reports along with Transition Plan Monthly Reports as scheduled in Attachment 1 “Task Calendar” of this Contract.

5. Quarterly Reporting.

- a. Scope. Contractor shall provide quarterly reports detailing activities related to sustainability funding. This will include funds expended and activities to support the step down of ongoing support.
- b. Deliverable Schedule. Contractor shall provide sustainability funding quarterly reports along with Quarterly Reporting Items as scheduled in Attachment 1 “Task Calendar” of this Contract.

6. Monthly Invoicing.

- a. Scope. Contractor shall invoice no more than monthly for local district program services, and sustainability funds delivered using the invoice template provided by the Agency.
- b. Deliverable Schedule. Contractor shall invoice on Contractor’s schedule not to exceed sixty (60) days after local district program service was provided. Sustainability funds shall be invoiced monthly.

7. Local District Program Services Transition Plan.

- a. Scope. The Contractor shall assess individual needs and develop a transition plan for the individual’s services to transition to ongoing Disability Services or other appropriate services and supports. Contractor shall report quarterly on local district program services transition plans.
- b. Schedule. Contractor shall provide local district program services transition plans quarterly reports along with Quarterly Reporting Items as scheduled in Attachment 1 “Task Calendar” of this Contract.

C. Agency Obligations.

- 1. Compensation. Agency will reimburse Contractor for local district program services and sustainability funding coordinated up to the amount specified in 1.3.1.2.1(D) of this Contract.
- 2. Monthly Invoicing. Agency will provide the templates and formatting instructions for the local district program services and sustainability funds

monthly invoice to Contractor by July 15, 2025, or as soon as available thereafter.

3. Compliance. Agency will monitor compliance through submission of Contractor documents, reporting, and joint meetings.

D. Payment.

Contractor will be compensated on a monthly reimbursement basis for local district program services and sustainability funds coordinated within the district. The total compensation for local district program services and sustainability funds July 1, 2025, through June 30, 2026, shall not exceed \$1,229,900.

Revision 2. Section 1.5.6.1 is amended to add the following statement to the end of the section:

See Attachment 2 for the list of variables to be shared from the former MHDS regions.

Revision 3. Section 1.5.6.2 is amended to add the following to the end of the section:

CSN data from the former MHDS regions are confidential and may be shared for purposes of care coordination (Iowa Code 228.2).

Revision 4. Attachment 2 is hereby incorporated into the Contract by reference:

Attachment 2
CSN data that may be shared (including Client ID for all)

Variable	Table
Allergy	Allergies
IsActive	Allergies
EligibilityEndDate	Applications
EligibilityStartDate	Applications
AccrualFiscalYear	Claims
AmountPaid	Claims
BillingProvider	Claims
CoaCode	Claims
CoaDesc	Claims
GeneralServiceType	Claims
PaidDate	Claims
ProviderBillingCode	Claims
RateDescriptor	Claims
ServiceEndDate	Claims
ServiceName	Claims
ServiceProvider	Claims

ServiceStartDate	Claims
UnitOfService	Claims
UnitsBilled	Claims
UnitsPaid	Claims
CellPhone	ClientMain
Current Address City	ClientMain
Current Address Line 1	ClientMain
Current Address Line 2	ClientMain
Current Address State	ClientMain
Current Address Zip	ClientMain
DOB	ClientMain
DOD	ClientMain
EducationalLevel	ClientMain
EmailAddress	ClientMain
Ethnicity	ClientMain
FirstName	ClientMain
Gender	ClientMain
HomePhone	ClientMain
IsHighProfile	ClientMain
LastName	ClientMain
LegalResidenceCounty	ClientMain
MaritalStatus	ClientMain
MiddleName	ClientMain
OtherPhone	ClientMain
PhysicalResidenceCounty	ClientMain
PrimaryLanguage	ClientMain
Race	ClientMain
StateID	ClientMain
WorkExtension	ClientMain
WorkPhone	ClientMain
AXIS	Diagnoses_DSM
CMEvaluationFirstNameDSM	Diagnoses_DSM
CMEvaluationLastNameDSM	Diagnoses_DSM
CMEvaluationType	Diagnoses_DSM
DiagnosisDSMEndDate	Diagnoses_DSM
DiagnosisDSMStartDate	Diagnoses_DSM
DSMDiagnoses	Diagnoses_DSM
IsPrimaryDiagnosisDSM	Diagnoses_DSM
DiagnosisReviewDate	Diagnoses_ICD
CMEvaluationFirstName	Diagnoses_ICD
CMEvaluationLastName	Diagnoses_ICD
CMEvaluationType	Diagnoses_ICD
DiagnosisEndDate	Diagnoses_ICD

DiagnosisStartDate	Diagnoses_ICD
ICDCode	Diagnoses_ICD
IsPrimaryDiagnosis	Diagnoses_ICD
DGEndDate	Disability_Group
DGStartDate	Disability_Group
DisabilityGroup	Disability_Group
IsPrimary	Disability_Group
EmployerContact	Employment
HourlyWage	Employment
HrsWorkedWeekly	Employment
EmployerName	Employment
EndDate	Employment
Phone	Employment
PhoneExt	Employment
Position	Employment
StartDate	Employment
FacilitySize	Funding Requests
BillingProvider	Funding Requests
FundingRequestType	Funding Requests
IsCrisis	Funding Requests
Provider	Funding Requests
ServiceEndDate	Funding Requests
ServiceName	Funding Requests
ServiceStartDate	Funding Requests
HospitalizationNotes	Hospitalizations
HospitalizationStartDate	Hospitalizations
HospitalizationType	Hospitalizations
Location	Hospitalizations
Reason	Hospitalizations
CompanyName	Insurance
InsuranceEndDate	Insurance
InsuranceNotes	Insurance
InsuranceStartDate	Insurance
InsuranceType	Insurance
PolicyNumber	Insurance
Address1	Interested Persons
Address2	Interested Persons
AgencyContactEmailAddress	Interested Persons
AgencyName	Interested Persons
City	Interested Persons
EmailAddress	Interested Persons
FirstName	Interested Persons
IsCrisisPlan	Interested Persons

IsPartOfCareTeam	Interested Persons
IsPrimaryCaseWorker	Interested Persons
LastName	Interested Persons
Notes	Interested Persons
OutsideAgencyName	Interested Persons
OutsideContactName	Interested Persons
PrimaryPhone	Interested Persons
PrimaryPhoneExt	Interested Persons
Roles	Interested Persons
SecondaryPhone	Interested Persons
SecondaryPhoneExt	Interested Persons
StateName	Interested Persons
ZipCode	Interested Persons
DateCompleted	Level of Support
Instrument	Level of Support
InstrumentScore	Level of Support
LevelOfSupport	Level of Support
LevelOfSupportEndDate	Level of Support
LevelOfSupportNotes	Level of Support
LevelOfSupportStartDate	Level of Support
Dosage	Medication
EndDate	Medication
Frequency	Medication
Medication	Medication
PrescribingPhysician	Medication
StartDate	Medication
NickName	Name
Note	Notes
NoteDate	Notes
NoteType	Notes
GoalBaseline	Progress_Goals
GoalDescription	Progress_Goals
GoalProgressNotes	Progress_Goals
GoalStatus	Progress_Goals
GoalStrategy	Progress_Goals
ClientRiskFactorDescription	Risk_Factors
ClientRiskFactorType	Risk_Factors
RiskFactorEndDate	Risk_Factors
RiskFactorNote	Risk_Factors
SeizureDate	Seizures
SeizureType	Seizures
AttendedDate	Treatment_Connections
ProviderAgency	Treatment_Connections

ScheduledDate	Treatment_Connections
TreatmentDescription	Treatment_Connections
TreatmentType	Treatment_Connections
DischargeDate	Veteran
IsMilitaryPapersVerified	Veteran
MilitaryBranch	Veteran
MilitaryDischargeType	Veteran

Revision 5. Section 1.8.2 table is hereby amended to include the UEI# as follows:

UEI#: QV3PUWCCTFJ9

Section 2: Ratification & Authorization

Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof. Each party to this Amendment represents and warrants to the other that it has the right, power, and authority to enter into and perform its obligations under this Amendment, and it has taken all requisite actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and that this Amendment constitutes a legal, valid, and binding obligation.

Section 3: Execution

IN WITNESS WHEREOF, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

Contractor, Mental Health Disability Services of the East Central Region		Agency, Iowa Department of Health and Human Services	
Signature of Authorized Representative:	Date:	Signature of Authorized Representative:	Date:
Printed Name:		Printed Name: Kelly Garcia	
Title:		Title: Director	