



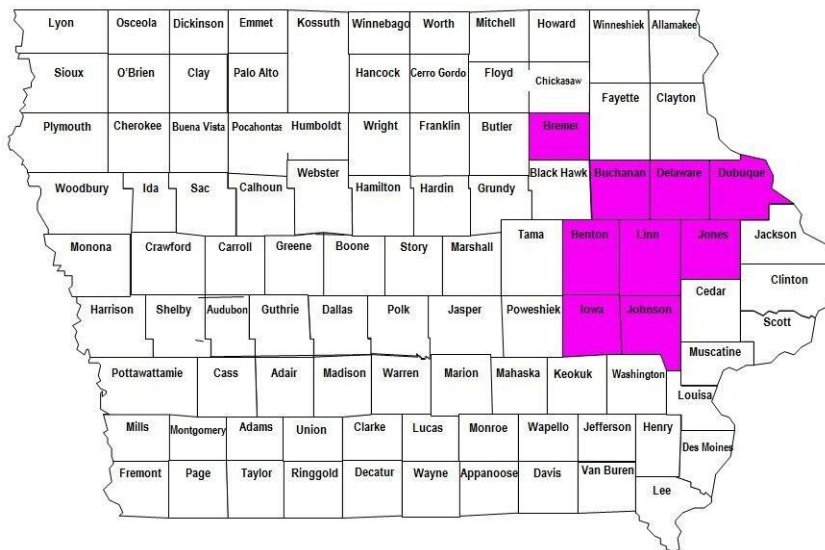
# Mental Health/ Disability Services of the East Central Region

Management Plan  
Policies and Procedures  
Effective July 1, 2023

Approved by the Regional Governing Board  
September 28, 2023

Geographic Area includes the following counties in Iowa:  
Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, Linn

***MHDS of the East Central Region***



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## INTRODUCTION AND VISION

The Mental Health/Disability Services of the East Central Region (ECR) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 225C.57. The ECR will maintain a regional management plan designed to improve health, hope, and successful outcomes for adults in the region who have brain (mental) health and/or intellectual/developmental disabilities, including those with multi-occurring substance use issues, health issues, physical disabilities, brain injuries, and other complex human service needs. In addition, the ECR has incorporated children services into the service array as determined through the Iowa Code 225C.57 regarding children with a diagnosis of a Serious Emotional Disturbance. Core Services for children and adults will be prioritized by the ECR. Additional services will be provided based on the availability and source of funds.

After collaborative planning and growth, the Region has moved into facilitation of a comprehensive network of services across the lifespan for the citizens of the East Central Region. ***The mission of ECR is to collaboratively strengthen the regional network of quality and accessible supports to meet the needs of adults and children with disabilities.*** In addition, the vision of ECR is to ensure a responsive system that:

- Honors the complexity of a region with urban and rural counties
- Adapts to the changing legislative landscape to advocate for stable and predictable funding
- Continues to be forward thinking while ensuring fiscal responsibility
- Demonstrates acceptance and value of all citizens to promote developmentally responsive support and mental wellness

The Regional Governing Board has set the following values:

**Service Orientation** - Staff of ECR will strive for equitable, inclusive and collaborative opportunities that meet the needs of people supported by ECR while building community and creating public awareness of the region

**Proficiency** - Staff of ECR will consistently and pro-actively demonstrate a commitment to productivity, team work, innovation, and creativity in order to ensure efficient communication and realistic fiscal responsibility for the region

**Caring** - Staff of ECR will use sensitivity, compassion and humility to support a family-like atmosphere while being patient, mindful and accepting of people supported by the region

**Integrity** - Staff of ECR will ethically promote transparency, trustworthiness, accountability, honesty and respect among regional staff and will encourage such with regional partners

# **BASIC FRAMEWORK OF THE REGIONAL MH/DS SERVICES MANAGEMENT PLAN**

This regional Mental Health & Disability Services Management Plan describes both the framework for system design that the ECR has organized across the lifespan for children and adults, as well as the specific activities within the system that will be funded and monitored directly by the ECR.

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

The plan meets the requirements of Iowa Code (IC) section 225C.60 and section 225C.57 which provide for cost-effective, individualized services and supports that assist persons with brain health concerns, co-occurring (brain health and substance use disorder), brain injury, intellectual and developmental disabilities as well as children with behavioral health needs 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, Annual Report, and Policies & Procedures Manual. The Annual Service & Budget Plan includes access points, service coordination & targeted case management agencies, crisis planning, intensive mental health services designation, children's behavioral health services, scope of services, budget & financing provisions, financial forecasting measures, and provider reimbursement provisions. The Annual Report provides an analysis of data concerning services managed for the previous fiscal year including a confirmation of services provided, the status of service development, actual number of children and adults served, documentation that designated access centers, ACT teams, subacute and intensive residential services met service standards, financial statement of actual revenues and expenditures, and outcomes achieved. The Policies & Procedures Manual includes policies and procedures concerning management of the MH/DS services and MH/DS plan administration.

The ECR shall maintain local county offices as the foundation for the service delivery system.

A current plan is available in each local ECR office and on the Regional and Department of Health and Human Services websites.

## **A. Organizational Structure**

### **Governing Board (IC 225C.57; IAC 441-25.12)**

The ECR organizational structure assigns the planning and development of the regional MH/DS system including the funding of non-Medicaid services with the Governing Board. The make-up of the board is described below. No member shall be an employee of the Department of Health and Human Services.

1. The Governing Board shall comply with all of the following requirements:

a. Each member of the governing board shall have one vote.

b. The membership of the governing board shall not include employees of the Department of Health and Human Services or a nonelected employee of a county.

c. The membership of the governing board shall consist of the following:

(1) Members representing the boards of supervisors of counties comprising the region. Members representing the boards of supervisors for a region's counties shall not exceed forty-nine percent of the total membership of the governing board. The Board of Supervisors of each member county shall select its Director based on the representation schedule and he or she shall serve indefinitely at the pleasure of the member county appointing the Director, until the member rotates off the board according to the approved schedule or unless an earlier appointment becomes necessary due to death, resignation, or the end of such person's service as a county supervisor. An alternate supervisor shall be appointed in the same manner and shall act in the temporary absence or unavailability of the Director. Any county-appointed Director or alternate may be removed for any reason by the member county appointing the Director or alternate, upon written notice to the Governing Board, which notice shall designate a successor Director or alternate to fill the vacancy.

(2) One member who is an adult person who utilizes mental health and disability services or is an actively involved relative of such an adult person. This member shall be designated by the regional advisory committee formed by the governing board described in Section 4.6 of the MH/DS ECR 28E Agreement. This Director shall be appointed to a two-year term.

(3) One member representing adult service providers in the region. This member shall be designated by the regional advisory committee formed by the governing board described in Section 4.6 of the MH/DS ECR 28E Agreement. This Director shall be appointed to a two-year term.

(4) One member representing children's behavioral health services providers in the region. This member shall be designated by the regional children's advisory committee formed by the governing board described in the MH/DS ECR 28E Agreement. This Director shall be appointed to a two-year term.

(5) One member representing the education system in the region. This member shall be designated by the regional children's advisory committee formed by the governing board described in Section 4.6 of the MH/DS ECR 28E Agreement. This Director shall be appointed to a two-year term.

(6) One member who is a parent of a child who utilizes children's behavioral health services or who is an actively involved relative of such a child. This member shall be designated by the regional children's advisory committee formed by the governing board described in Section 4.6 of the MH/DS ECR 28E Agreement. This Director shall be appointed to a two-year term.

(7) One member representing law enforcement in the region. This Director shall be appointed to a two-year term.

(8) One member representing the judicial system in the region. This Director shall be appointed to a two-year term.

Any Committee-appointed Director or alternate may be removed for any reason by the Committee appointing the Director, upon written notice to the Governing Board, which notice shall designate a successor Director to fill the vacancy.

Efforts will be made that all Directors referenced in paragraphs 1-8 above will be residents representative of all counties within the region.

## **MH/DS Advisory Committees (IC 225C.57; 225C.59; IAC 441-25.14(1)i and j)**

The ECR encourages stakeholder involvement by having Regional Advisory Committees assist in developing and monitoring the plan, goals and objectives identified for the service system, and to serve as a public forum for other related MH/DS issues. The MH/DS Advisory Committees shall represent stakeholders which shall include, but not be limited to, individuals, family members, county officials, and providers.

The Region shall have an Adult Advisory Committee consisting of individuals who utilize services or are actively involved relatives of such individuals, service providers, Governing Board members and other interested community members. The Region shall have a Children's Advisory Committee consisting of parents of children who utilize services or actively involved relatives of such children, a member of the education system, an early childhood advocate, a child welfare advocate, a children's behavioral health service provider, a member of the juvenile court, a pediatrician, a child care provider, a local law enforcement representative, and regional governing board members. The number and composition of the Advisory Committee shall be established by action of the Governing Board and appointments to the Advisory Committee shall be made by the Governing Board. Committee members shall serve indefinitely at the pleasure of the Governing Board. A member of the Governing Board shall be designated to act as liaison to the Advisory Committees. In addition to providing input to the Governing Board when requested, the Advisory Committee shall designate members to serve on the Governing Board as outlined in Section 4.1 MH/DS ECR 28E Agreement.

## **Chief Executive Officer**

The Governing Board will appoint the Chief Executive Officer (CEO) as referenced in Iowa Code 225C.59 and Iowa Administrative Code 441-25.12 (1) (e). The CEO functions are supervised and evaluated by the Governing Board. The Chief Executive Officer will be the single point of accountability for the Region and shall be responsible for entering into performance-based contracts with the Department of Health and Human Services. The Chief Executive Officer shall report to the Governing Board and will serve as the contact person for all requests for information or other inquiries from the Department of Health and Human Services or the State of Iowa regarding provision of services, quality of services and expenditures of Regional funds. The Chief Executive Officer shall serve at the direction of the Governing Board and shall be under its direct supervision, evaluation and control.

## **Administrative Entity**

The Governing Board shall appoint Coordinators of Services who shall be under the direction of the Chief Executive Officer. The Governing Board may adopt such policies, rules, regulations, procedures and other actions as are necessary in the operation of the Region that are not inconsistent with the law or the 28E Agreement.

The Regional Administrative Entity will perform all of the duties required by statute and administrative rule and in conformance with the Regional Management Plan. The Governing Board shall also provide for support staff as determined necessary and support staff shall be under the direction of the Chief Executive Officer. The duties of the Regional Administrative Entity will be coordinated and assigned by the Governing Board in a manner deemed to be in the best interests of the Region and to ensure as much efficiency as is practicable. These duties will include but are not limited to: care coordination, quality assessments, service development, performance outcomes, referrals, claims processing, budget and forecasting, implementation of best practice models, development of policy, intake procedures and access to services, development/expansion of crisis services and development of new services models that will meet the needs of the residents of the Region.

The Chief Executive Officer, the Coordinators of Mental Health and Disability Services for adults and Children's Behavioral Health, and all support staff will remain employees of individual counties.

Memorandums of Understanding exist between the Governing Board and the individual county Boards of Supervisors that identify the individual employee, the position to be filled, and the portion of the employee's wages and benefits that will be allocated to the county from Regional funds. The county's assignment of the employee to the region is subject to the review and appointment of the Governing Board. For the portion of the employee's time and responsibilities that are performed on behalf of the region, the region has the authority to review the employee's performance and make decisions that are communicated to the county board of supervisors regarding the employee's continued appointment by the Governing Board.

Staff shall include one or more coordinators of mental health and disability services and one or more coordinators of children's behavioral health, hired by their respective county for personnel, payroll and benefit purposes, and be accountable to their particular Board of Supervisors for business unrelated to East Central Region. For job duties performed on behalf of the Region, Service Coordinators shall be accountable to the East Central Region CEO and Governing Board.

In addition to the Regional Administrative Entity, the Governing Board may, as deemed necessary and with the consent of the member county, delegate any support functions to a member county. The cost of said support functions will be submitted to the Region as administrative overhead for the member county.

## **B. Service System Management**

The ECR shall directly administer the Region MH/DS Plan through the local county community services offices and contract with service providers to meet the service needs of individuals living in the region. Member counties shall provide adequate credentialed staff to carry out the administration of this Plan. The staff delegated to the perform functions of Coordinators of Disability Services shall have the qualifications required by IC 225C.57 and IAC 441-25.12(2)e & f.



<b>County</b>	<b>Address</b>	<b>Phone</b>
Benton County	811 D Ave Suite 33 Vinton IA 52349	319-472-4743
Bremer County	203 1 <sup>st</sup> Ave NE Waverly IA 50677	319-352-2993
Buchanan County	210 5 <sup>th</sup> Ave NE Independence IA 50644	319-334-7450
Delaware County	601 Grant St Manchester IA 52057	563-927-5116
Dubuque County	210 Jones Street Ste 208 Dubuque IA 52001	563-589-7870
Iowa County	495 4 <sup>th</sup> Ave PO 7 Conroy IA 52220	319-662-4245
Johnson County	855 S Dubuque St Iowa City IA 52240	319-339-6169
Jones County	105 Broadway Place Ste 2 PO 427 Anamosa IA 52205	319-462-4457
Linn County	1240 26 <sup>th</sup> Ave Court SW Cedar Rapids IA 52404	319-892-5671
Chief Executive Officer	210 Jones Street Suite 205 Dubuque IA 52001	563-239-0013

## **Risk Management and Fiscal Viability IC 225C.60(2)f; (IAC 441.25.21(1)f)**

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

## **Conflict of Interest**

Conflict of Interest statements are reviewed and signed by all staff and Regional Governing Board members annually. Financial decisions shall be made by the ECR staff and the Regional Governing Board, who shall have no personal or financial interest in the outcome of the decision. In the event that such a situation occurs, that interest must be fully disclosed to the individuals, counties, and other stakeholders. If it is perceived by any person that a conflict of interest is present, the concerned party may present the concern in writing to the Governing Board. The Chair shall schedule a meeting of the Governing Board within two weeks and notify the concerned party of the meeting date. The Governing Board will determine if a conflict of interest exists. If it is determined there is a conflict, a letter will be sent to the concerned party with options for resolution of the conflict. The Governing Board is empowered to define financial or non-financial conflict of interest situations involving its member(s) and shall take action regarding the voting rights of said member(s) in such situations by authorizing abstention from voting.

## **C. System Management**

### **System of Care Approach Plan IC 225C.60; (IAC 441-25.21(1)h)**

The ECR provides 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 is based on the expectation that individuals and families have multi-occurring issues, and incorporates an organized quality improvement partnership process to achieve the vision defined in this plan.

## **Addressing Integrated Multi-Occurring Needs IC 225C.60; (IAC 441-25.21(1)n; 441-25.21(1)m)**

IAC 441.25.1 “Multi-occurring conditions” means a diagnosis of a severe and persistent mental illness occurring along with one or more of the following: a physical health condition, a substance use disorder, an intellectual or developmental disability, or a brain injury. Because mental health and substance use disorders are so inextricably linked, the system structure should be blended for behavioral health and substance use services, and team-based care should be regulated to ensure services are delivered in the most integrated care models.

The ECR 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; integrated treatment; individualized, strengths-based practices; cultural competence; community-based services; accountability; and full participation of individuals served at all levels of the system. The ECR shall work to build the infrastructure needed to result in positive outcomes for individuals served.

In addition, the ECR shall partner with courts to ensure alternatives to commitment and to coordinate funding for services for individuals under Chapter 229 commitment. The ECR shall collaborate with the Iowa Department of Health and Human Services, Department of Corrections, Iowa Medicaid, other regions, other funders, service providers, Certified Community Behavioral Health Centers, case management, school systems, Area Education Agencies, Integrated Health Homes, individuals, families and advocates to ensure the authorized services and supports are responsive to individuals’ needs, are consistent with system principles, and are cost effective.

The ECR may create committees to organize the tasks, activities, and functions associated with building, implementing, and sustaining systems of care. These committees will ensure that authorized services and supports are responsive to individuals’ needs, consistent with system principles and are cost-effective by soliciting input from committee members and others concerned with the service system.

## **Decentralized Service Provisions (IC 225C.60 & IAC 441-25.21(1)i)**

The ECR shall strive to provide services in a dispersed manner to meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. The following measures will be used to ensure services are accessible in all parts of the region:

- Analyzing and assessing unmet needs
- Developing or expanding services to meet unmet needs
- Incorporating feedback from community stakeholders
- Identifying costs and exploring alternative funding streams
- Identifying and linking supports across service systems in order to serve the whole person
- Identifying service providers willing to provide services within the area
- Ensuring core services are available within 30 miles in urban areas or 45 miles in rural areas
- Exploring technological innovations and modalities to meet needs more efficiently

## **Utilization and Access to Services (IC 225C.60; IAC 441-25.21(1)d)**

Within the broad system approach outlined above, the ECR will oversee access and utilization to services as well as population-based outcomes for the MH/DS 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, the ECR will integrate planning, administration, financing, and service delivery using utilization reports from both the region and the state including the following:

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

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

- service offered
- adequate provider network
- restrictions on eligibility
- restrictions on availability
- siloed funding streams
- location

The region will assist all organizations to become high quality providers. ECR will embark on an effort to describe and improve service utilization through data analysis. The region will partner with other governmental agencies, the provider network, and third-party vendors, as necessary, to create a system for data input, processing and output. Outcomes will be identified that will be measured against this data gathering and analysis. There will be training and support offered utilizing available technology so that all providers have equitable access. The region will also encourage cooperation among providers and peers to share information and strategies so that the entire system increases service quality.

This information will be used for future planning in the annual service budget plan, improving the system of care approach plan, collaborating with agencies, decentralizing service provisions, and provider network formation. In addition, the data elements, indicators, metrics and performance improvement for population management will be continuously improved over time as the region develops increasing capability for managing the needs of its population.

## **D. Financing and Delivery of Services and Support (IC 225C.7A; IAC 441-25.21(1)a)**

**NOTE: This section, and the following sections, except for section I, focuses specifically on services directly funded by the East Central Region, within the larger system design partnership described in the previous section.**

The funding under control of the governing board shall be maintained in a combined account. The funding provided pursuant to appropriations from the mental health and disability services regional service fund created in section 225C.7A and from performance-based contracts with the department shall be credited to the account under the control of the governing board.

For each fiscal year beginning on or after July 1, 4 2021, there is appropriated from the general fund of the state to the mental health and disability services regional service fund an amount necessary to make all regional service payments under this section for that fiscal year. The department shall distribute the moneys appropriated from the mental health and disability services regional service fund to mental health and disability services regions for funding of services in accordance with performance-based contracts with the regions and in the manner provided in this section.

The performance-based contracts between the department and each mental health and disability services region shall be in effect beginning January 1, 2022, and shall include all of the following:

- (1) Authority for the department to approve, deny, or revise each mental health and disability services region's annual service and budget plan under section 331.393.
- (2) A requirement for the mental health and disability services region to provide access to all core services under section 331.397.
- (3) A requirement that the mental health and disability services region utilize all federal government funding, including Medicaid funding, third-party payment sources, and other nongovernmental funding prior to using regional service payments received under this section.

For each fiscal year beginning on or after July 1, 2021, the moneys available in a fiscal year in the mental health and disability services regional service fund, except for moneys in the region incentive fund under subsection 8, are appropriated to the department and shall be distributed to each region on a per capita basis calculated under subsection 4 using each region's population, as defined in section 331.388, for that fiscal year.

The amount of each region's regional service payment shall be determined as follows:

- a. For the fiscal year beginning July 1, 2021, an amount equal to the product of fifteen dollars and eighty-six cents multiplied by the sum of the region's population for the fiscal year.
- b. For the fiscal year beginning July 1, 2022, an amount equal to the product of thirty-eight dollars multiplied by the sum of the region's population for the fiscal year.
- c. For the fiscal year beginning July 1, 2023, an amount equal to the product of forty dollars multiplied by the sum of the region's population for the fiscal year.
- d. For the fiscal year beginning July 1, 2024, an amount equal to the product of forty-two dollars multiplied by the sum of the region's population for the fiscal year.
- e. For the fiscal year beginning July 1, 2025, and each succeeding fiscal year, an amount equal to the product of the sum of the region's population for the fiscal year multiplied by the sum of the dollar amount used to calculate the regional service payments under this subsection for the immediately preceding fiscal year plus the regional service growth factor for the fiscal year.

For purposes of this paragraph, "regional service growth factor" for a fiscal year is an amount equal to the product of the dollar amount used to calculate the regional service payments under this subsection for the immediately preceding fiscal year multiplied by the percent increase, if any, in the amount of sales

tax revenue deposited into the general fund of the state under section 423.2A, subsection 1, paragraph “a”, less the transfers required under section 423.2A, subsection 2, between the fiscal year beginning three years prior to the applicable fiscal year and the fiscal year beginning two years prior to the applicable year, but not to exceed one and one-half percent.

Regional service payments received by a region shall be deposited in the region’s combined account under section 331.391 and used solely for providing mental health and disability services under the regional service system management plan.

Regional service payments from the mental health and disability services regional service fund shall be paid in quarterly installments to the appropriate regional administrator in July, October, January, and April of each fiscal year.

Administrative costs, both for the Region and those incurred by member counties, shall be submitted to and paid through the Region account. Methods for determining allowable administrative costs, billing procedures and payment procedures shall be determined by the Governing Board.

Non-Medicaid mental health and disability services and Children’s Behavioral Health funding shall be under the control of the Governing Board in accordance with Iowa Administrative Code 441-25.13 and Iowa Code 225C.58. The Governing Board shall retain full authority and financial risk for the Plan. The finances of the Region shall be maintained to limit administrative burden and provide public transparency.

The Chief Executive Officer and Administrative Entity shall prepare a proposed annual budget based upon the services outlined in the Annual Service and Budget Plan. Services will be prioritized in the following order:

- Core Services to core populations
- Additional Core Services
- Additional populations
- Services determined to be necessary for the well-being of individuals living within the region

The proposed budget shall be reviewed by the Governing Board for final approval. The CEO, with assistance from the Finance Coordinator, shall be responsible for managing and monitoring the adopted budget.

Services funded by the ECR are subject to change or termination with the development of the regional MH/DS budget each fiscal year for the period of July 1 to June 30.

The Governing Board has contracted with a Regional Fiscal Agent. All expenditures, including funds held by the Regional Fiscal Agent and funds held in individual county general accounts, shall comply with the guidelines outlined in the Annual Service and Budget Plan. The financing of the regional mental health and disability services system is limited to a fixed budget amount. The fixed budget amount shall be the amount identified in a regional service system management plan and budget for the fiscal year. See 28E Agreement on ECR or Secretary of State website for specific financial and fund balance information.

## **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 may be a service provider or is directly billing and collecting payments.

## **Contracting/Provider Agreements**

Based on contracting criteria, the ECR will contract with MH/DS providers whose base of operation is in the region to meet the service needs of the population. The region may also honor contracts that other regions have negotiated with their local providers. The ECR 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.

When a non-traditional provider arrangement is more appropriate than a fee-for-service approach with a contracted provider, the ECR will make efforts to recruit and approve non-traditional providers as part of the service provider network and will utilize the criteria and process for selecting and approving providers not currently subject to license, certification, or other state approval standards designated in the ECR Management Plan. A non-traditional provider may be an individual, organization and/or business who delivers services in a person's home and/or other community setting. Non-traditional providers typically are individuals, organizations, or businesses which do not provide MHDS services as a part of their normal business. These services are not to provide treatment but are supportive and may be rehabilitative in focus and are initiated when there is a reasonable likelihood that such services will benefit the person's functioning, assist them in maintaining community tenure, and act as an alternative way to achieve the person's stated goals or outcomes. A request for funding with a non-traditional service provider may be made according to the region's Management Plan for eligibility and service authorization.

## **Funding**

Funding shall be provided for appropriate, flexible, cost-effective community services and supports to meet individual needs in the least restrictive environment possible. The region will consider outcomes-based or value-based funding as the system continues to evolve, including working collaboratively with the Department of Health and Human Services and Managed Care Organizations. The ECR 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 funding must apply for and accept such funding and support. Failure to do so shall render the individual ineligible for regional funds for services that would have been covered under 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.

The ECR shall be responsible for funding only those services and supports that are authorized in

accordance with the MH/DS Annual Service and Budget Plan, within the constraints of budgeted dollars and allowable services in the Iowa Code. The ECR shall be the funder of last resort and regional funds shall not replace other funding that is available.

## **E. Enrollment (IAC441-5.21(1)b, IC 225C.61)**

### **Application and Enrollment**

Individuals residing in the nine-county East Central Region, or their legal representative, may apply for regional funding for services by contacting any ECR Coordinator of Disability Services at one of the designated access points (Appendix A) to complete an application (Forms Attachment). Applications are also available for download at the ECR website (<https://ecriowa.org/apply/>) or may be completed online at <https://www.iacsn.org/apply>).

The MH/DS of the East Central Region Application Form or its equivalent shall be used for all service requests except for crisis services. ECR ensures accessibility through the use of an online application that can be accessed anywhere. People can complete applications at providers or online at <https://www.iacsn.org/apply>. If language or other barriers exist, the access points will attempt to contact an appropriate person to assist the applicant in the intake process. The completed application shall be forwarded by access points, crisis service providers and community mental health centers to the Intake Coordinator's office or designee by the end of the next business day.

ECR intake staff shall review the application within 5 (five) business days of receipt to determine if all necessary information is present and complete on the application. If the application is incomplete, the applicant will be notified, informing them of the additional items that must be submitted. Eligibility determination will be completed within 10 (ten) business days of receipt of a fully completed application and a notice of decision will be mailed to the individual unless otherwise requested. Failure to respond within 30 (thirty) days with necessary information and/or to provide a fully completed application may result in a delay or denial of funding.

### **Residency**

If an applicant has complied with all information requests, their access to services shall not be delayed while awaiting a determination of legal residence if it is clear that legal residence is within the state of Iowa. In these instances, the ECR shall fund services and later seek reimbursement from the region of the county of legal residence.

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

ECR may consider eligibility for individuals who are considered out-of-state residents on a case-by-case basis.

## Exception to Policy

An Exception to Policy (ETP) may be granted if a decision would result in severely negative consequences for the applicant or when the reversal has positive fiscal impact for the region.

Exceptions to Policy can be requested for unusual or extenuating circumstances, but should not be requested if:

- The service does not fall under the commonly understood scope of MH/DS
- The person is not eligible for the service under the guidelines of this plan

Exceptions to Policy can only be submitted for review by the region via a service coordinator (Regional Social Worker, IHH Worker, or Case Manager). If a person is not involved in service coordination, ETPs will be submitted by the Region's intake office. ETPs must be submitted on the regionally designated form and include a summary of the circumstances surrounding the need for an ETP.

A sub-committee of Coordinators will review and make a decision on the ETP, in consultation with the regional CEO, when necessary. ETPs will be decided within 10 business days. Notification of whether the ETP was granted will be sent to the party who requested the ETP and the service coordinator who brought it forth.

Exceptions to policy will not be accepted for services or expenses that were not preauthorized or were provided more than 45 days prior to the request for an ETP.

Exceptions for new funding requests including rent, deposit and utilities that were not pre-authorized will not be considered.

ETP denials will not be eligible for reconsideration or appeal, but regional staff retains the right to request additional information, if necessary. The exception period may not exceed one year and may be renewed following the Exception to Policy procedure.

## Confidentiality

The ECR is committed to respecting individual privacy. To that end, all persons, including ECR 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 may be released without written permission of the individual or their guardian for medical or psychological emergencies and inspection by certifying or licensing agencies of the state or federal government. Individual files will be maintained for 7 (seven) years following the date of service.



Procedures to assure confidentiality shall include:

- Individual's (or their legal guardian's) written consent shall be obtained prior to release of any confidential information, unless an emergency.
- 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 request a copy any regionally-generated information in the individual record.
- Individual and related conversations shall be conducted in private settings.
- All discussion and review of individual's status and/or records by ECR staff shall be conducted in private settings.
- All paper and computer files shall be maintained in a manner that prevents public access to them.
- All confidential information disposed of shall be shredded.
- Steps shall be taken to assure that all fax, email, and cellular phone transmissions are secure and private.
- Staff shall receive initial and ongoing training concerning confidentiality and staff shall sign a statement agreeing to confidentiality terms.
- For additional information, refer to the ECR website ([ecriowa.org](http://ecriowa.org)).

In order to determine eligibility for regional funding, perform ongoing eligibility review, and to provide service coordination and monitoring, individuals or their authorized representatives shall be requested to sign release forms. Failure of individuals to sign or authorize a release of information shall not be an automatic reason for denial; however, ECR staff's inability to obtain sufficient information to make an eligibility determination may result in denial of regional funding.

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

### **General Eligibility**

Some services for adults and children are determined via the following eligibility criteria:

- Financial eligibility – eligibility is based strictly on income and resource guidelines listed below. Examples include first outpatient therapy appointment and assessment for eligibility.
- Diagnostic eligibility – eligibility is based on income and resource guidelines and a verified diagnosis provided by a licensed health practitioner. Examples include outpatient therapy, medication prescription and medication management.
- Non-eligibility based – general services provided to regional citizens not dependent on financial or diagnostic criteria. Examples include prevention and education.

Extenuating circumstances may be considered to waive eligibility requirements and allow provisional, short-term funding.

For services that require diagnostic eligibility, individuals are eligible for services designated in the Annual Service and Budget Plan if an assessment verifies or the appropriate team recommends the need for these services. All services authorized shall be related to the qualifying diagnosis or diagnoses.

### Eligibility for brain (mental) health services for adults (IAC 441-25.15(1))

An individual must comply with all of the following requirements to be eligible for brain (mental) health services under the regional service system:

- a. The individual complies with the MH/DS of the East Central Region financial eligibility requirements, unless requesting services that do not require financial eligibility.
- b. The individual is at least 18 years of age.
- c. The individual is a resident of this state and currently has legal residency in one of the counties comprising the East Central Region.
- d. The individual has had at any time during the preceding 12-month period a mental health, behavioral, or emotional disorder or, in the opinion of a mental health professional, may now have such a diagnosable disorder. The diagnosis shall be made in accordance with the criteria provided in the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association and shall not include the manual's "V" codes identifying conditions other than a disease or injury. The diagnosis shall also not include substance-related disorders, dementia, antisocial personality, or developmental disabilities, unless co-occurring with another diagnosable mental illness.
- e. The results of a statewide agreed upon assessment tool support the need for mental health services of the type and frequency identified in the individual's case plan. A functional assessment must be completed according to the timeframe and implementation schedule agreed upon by the MHDS regions.
- f. The individual is a United States citizen or in the United States legally.

### Eligibility for children's behavioral health services (IAC 441-25.15(2))

Within the funds available, the region may pay for such services for eligible children when payment through the medical assistance program or another third-party payment is not available, unless the child is on a waiting list for such payment or it has been determined that the child does not meet the eligibility criteria for any such service.

An individual must comply with all of the following requirements to be eligible for children's behavioral health services under the regional service system:

- a. The individual is a child under 18 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 the financial eligibility requirements in rule 441—25.16(331) and as described below.
- d. The child has a diagnosis of serious emotional disturbance, which means a child from birth up to age 18 who currently or at any time during the past year has had 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 that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family,

school, or community activities. Sufficient duration refers to a continuous 12-month period (SAMHSA 1993). A serious emotional disturbance diagnosis is not required to access comprehensive facility and community-based crisis services according to Iowa Code section 331.397A(4)“b.,” unless requesting services that do not require financial or diagnostic eligibility.

e. Is a United States citizen or in the United States legally.

### Eligibility for intellectual disability services (IAC 441-25.15(3))

An individual must comply with all the following requirements to be eligible for intellectual disability services under the regional service system:

- a. The individual complies with the financial eligibility requirements in rule 441—25.16(331) and as described below.
- b. The individual has a diagnosis of intellectual disability as defined by Iowa Code section 4.1(9A) “Intellectual disability” means a diagnosis of intellectual disability or intellectual developmental disorder, global developmental delay, or unspecified intellectual disability or intellectual developmental disorder which diagnosis shall be made only when the onset of the person’s condition was during the developmental period and based on an assessment of the person’s intellectual functioning and level of adaptive skills. A diagnosis of intellectual disability shall be made by a licensed psychologist or psychiatrist who is professionally trained to administer the tests required to assess intellectual functioning and to evaluate a person’s adaptive skills and shall be made in accordance with the criteria provided in the current version of the diagnostic and statistical manual of mental disorders published by the American psychiatric association.
- c. The individual is a resident of this state and currently has legal residency in one of the counties comprising the East Central Region.
- d. The results of a standardized functional assessment support the need for intellectual disability services of the type and frequency identified in the individual’s case plan. The standardized functional assessment methodology shall be designated for intellectual services by the director of health and human services in consultation with the state commission. A functional assessment must be completed within 90 days of application for services.
- e. The individual is at least 18 years of age or an individual who is 17 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.
- f. Is a United States citizen or in the United States legally.

### Eligibility for developmental disability services (IAC 441-25.15(7))

- a. Until funding is designated for other service populations, eligibility for the core service domains shall be as identified in Iowa Code section 331.397(1)“b.”
- b. If a county in a region was providing services to an eligibility class of individuals with a developmental disability other than intellectual disability prior to formation of the region, the class of individuals shall remain eligible for the services provided when the region is formed, providing that funds are available to continue such services without limiting or reducing core services. The individual must also meet the requirements in paragraphs 25.15(7)“c,” “d,” “e” and “f.”
- c. The individual complies with the financial eligibility requirements in rule 441—25.16(331) and as described below.

- d. The individual is at least 18 years of age.
- e. The individual is a resident of this state and currently has legal residency in one of the counties comprising the East Central Region.
- f. The individual has a diagnosis of a developmental disability other than an intellectual disability as defined in rule 441—24.1(225C).

441.24.1 (225C) “Developmental disability” means a severe, chronic disability that:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before 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 major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and
5. Reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. A person from birth to the age of nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described above if the person, without services and supports, has a high probability of meeting those criteria later in life.

## Eligibility for brain injury services (IAC 441.83.81)

Regional support for Brain Injury services will be limited to those covered in the HCBS BI Waiver. A brain injury is classified as 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 list in the IAC.

## Financial eligibility (IAC 441—25.16(331))

### Income requirements (25.16(1))

- a. Income requirements for **adult** mental health and disability services shall be as follows:
  - (1) The person must have an income equal to or less than 150 percent of the federal poverty level. In determining income eligibility when income fluctuates, the average gross monthly household income for the past two months will be considered. Recent employment and/or income changes may be considered by the ECR in determining income eligibility. Gross income is that which is 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. Household income includes any Social Security benefits and wages of any adult in the household, related or not related, who would normally be responsible for the person’s bills, such as a spouse or significant other. It does not include wages of individuals under the age of 18 or full-time students,

educational loans, grants, work-study programs or scholarships. Deductions from gross income include alimony and child support.

(2) Applicants with household income above 150% may be eligible for regional funding with an individual cost share as specified in this manual.

(3) A person who is eligible for federally funded services and other support must apply for such services and support. ECR will provide funding for services while the individual is in the process of applying for health insurance or other funding sources. ECR staff may request proof of application and decision of eligibility. Once eligible, the individual must maintain eligibility with a good faith effort.

**b. 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 percent 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 family's countable household income is at least 150 percent and not more than 500 percent of the federal poverty level shall be subject to a cost share as described in sub rule 25.16(3).

(3) A child who is eligible for federally funded services and other support must apply for such services and support. ECR will provide funding for services while the individual is in the process of applying for health insurance or other funding sources. ECR staff may request proof of application and decision of eligibility. Once eligible, the individual must maintain eligibility with a good faith effort.

Income shall be verified using information from the previous two months. ECR intake staff will make every effort to verify income prior to determining eligibility.

1. Two months of pay stubs, tip records and/or employers' statements are required.
2. Information is not required from cash apps unless wages are paid through the application.
3. 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 from the previous two or three years may be used if that average is representative of anticipated earnings.

Financial eligibility shall be reviewed on an annual basis and may be reviewed more often in response to increases or decreases in income. Applicant is responsible to report any changes in income, finances, resources, or other changes in eligibility criteria, including household composition. Failure to report may result in repayment to the region and/or denial of service funding.

**Resource requirements (IAC 441-25.16(2))**

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

An adult seeking mental health and disability services 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. The \$2,000 individual and \$3,000 household cap will be strictly enforced across all service categories.

- a. The countable value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this sub rule.
- b. A transfer of property or other assets within 5 (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. If an individual expends funds after being determined over resources or immediately before applying for services, funds must be expended on products related to daily living or for documented debt. Expenditures for other purposes will render the individual ineligible for the time it would have taken to pay for requested services.
- c. Deposit of funds to a retirement account made within the last year of the date of application that exceed the resource threshold as stated above may result in denial or discontinuation of funding.
- d. The following resources shall be exempt:
  - (1) The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence. The homestead shall include all land that is contiguous to the home and the buildings located on the land.
  - (2) One automobile used for transportation.
  - (3) Tools of an actively pursued trade.
  - (4) General household furnishings and personal items.
  - (5) Burial account or trust limited in value as to that allowed in the medical assistance program.
  - (6) Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.
  - (7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.
- e. If an individual does not qualify for federally funded or state-funded services or other support but meets all income, resource, and functional eligibility requirements of this chapter, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:
  - (1) A retirement account that is in the accumulation stage.
  - (2) A medical savings account.
  - (3) An assistive technology account.
  - (4) A burial account or trust limited in value as to that allowed in the medical assistance program.
  - (5) Achieving a Better Life Experience (ABLE) account.

The Region will consider family eligibility based on a combination of these criteria for household units.

Revenue for adult applicants shall be verified utilizing financial information from the past two months. ECR intake staff will make every effort to verify resources prior to determining eligibility.

- 1. Two months of bank statements and proof of other resources are required.
- 2. For Social Security debit express cards, proof of the balance may be submitted in lieu of 2 months of statements if statements are not available.
- 3. For individuals with Social Security income, the bank account(s) resources will be determined using the date immediately preceding receipt of Social Security. If both SSDI and SSI are received, the date used will be prior to the larger of the two payments.

## **Acceptable verification for Diagnostic requirements**

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

## **Notice of Decisions/Timeframes**

Once a fully completed application is received in an East Central Region office, ECR staff or designee shall determine within 10 (ten) business days if the applicant meets the general eligibility criteria. A Notice of Decision shall inform the individual of the general eligibility determination and approval for an evaluation, outpatient therapy and/or medication prescription/management if requested. If services other than outpatient therapy and psychiatry are requested, the request will be reviewed based on needs related to the MH/DS diagnosis and presenting concerns. In the event of an emergency, the approval process will be expedited. An evaluation, including diagnosis, may be requested by the ECR. If the individual requires additional services, the individual may be referred to ECR service coordinators, a case management agency or the appropriate Integrated Health Home. Service authorizations will be approved within 5 (five) business days from the receipt of a Funding Request submitted by the coordinator/ social worker. The Service Notice of Decision shall inform the individual of the action taken on the application, reason for the action, authorized service provider, authorized service(s) and units of services approved based on results of the assessment, contingent on availability of funding. All individuals that receive ongoing ECR-funded services more intensive than outpatient therapy and psychiatry may have a service plan which shall identify the individual's needs and desires and establish goals with action steps to meet those goals. In all instances, the applicant shall be sent a copy of the region's appeal process and informed that they have the right to appeal the decision.

## **Service and Functional Assessment (IAC441-25.21(1)o)**

Upon receipt of procedures identified for standardized functional assessment methodology designated by the director of the Iowa Department of Health and Human Services or agreed upon by the state's MHDS regions, such assessments shall be completed on individuals requesting services more intense than outpatient therapy and psychiatry. The assessment will be completed within 90 (ninety) days of application. The results will determine if there is a need for services, including the type and frequency of service. Individuals eligible for services more intensive than outpatient therapy and psychiatry may be referred to service coordination or care coordination.

## **Re-enrollment**

Individuals must be recertified for services annually. Recertification shall be determined based on financial, resource, diagnostic criteria, and service need. Services may be reevaluated at any time. Individuals are responsible for informing the ECR of changes in income, resources, household members, insurance, or any other factors that may affect eligibility.

## Cost-share 441-25.16(3) standards

Cost sharing is allowed for adults with household income above 150 percent of the Federal Poverty Level as defined by the most recently revised poverty guidelines published by the United States Department of Health and Human Services. There will be a Sliding Fee Scale for outpatient mental health services including psychotherapeutic treatment and medication prescription/management, and for subacute and inpatient mental health services. Adults will be allowed to use the following Sliding Fee Scale up to 300% of the annually adjusted Federal Poverty Level (FPL). For adults, all other services will have a spenddown utilizing the following formula: amount over 150% of poverty minus \$100 divided by two. Cost-share amounts for children’s behavioral health services are applicable to core services as defined in Iowa Code section 331.397A. The family of a child receiving regional funding for behavioral health services shall be responsible for a cost-share amount based on the household income up to 500% of the FPL utilizing the following fee schedule.

### Sliding Fee Schedule for Children’s Behavioral Health and Adult Outpatient Brain (Mental) Health Services

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

Any cost sharing or other client participation required by any federal, state, regional or municipal program in which the individual participates shall be required by the regional administrative entity. Such cost sharing includes, but is not limited to:

- a. Client participation for maintenance in a residential care facility through the state supplementary assistance program.
- b. The financial liability for institutional services paid by counties as provided in Iowa Code section 230.15.
- c. The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.8

When cost sharing is determined for other services, it is the responsibility of the service agency to collect the cost share amount and to ensure this is paid until the end of placement.

Cost shares are expected to be collected timely every month in which a cost share is determined.



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

### **Non-Expedited Appeals Process**

Individuals, families, and individual representatives (with the consent of the individual) may appeal the decisions of the region or any of its designees or contractors at any time, excluding Exception to Policy determinations.

**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, a completed appeal form (see Appendix C) must be sent to the ECR Intake Office within ten (10) business days of receipt of the Notice of Decision. The appeal form must be signed by the client and include name, address, email address (if available) and phone number.

Step 1: Reconsideration/Administrative Review – Once an appeal form is received by the ECR Intake office, it will be forwarded to the CEO for consideration. The CEO reserves the right to request additional information from service providers, regional staff, or other interested parties. Following a review of additional information and all relevant facts, a written decision will be issued no later than 5 (five) business days following the receipt of the appeal. A copy of the decision will be sent to the client and/or legal guardian by standard United States Postal Service Mail or email, if applicable.

Step 2: Administrative Law Judge - If a resolution is not agreed upon through Administrative Review, the client and/or guardian may pursue an appeal hearing through a state Administrative Law Judge (ALJ). The decision of the state ALJ shall be the final decision. The East Central Region will not pay legal fees for client appeals. Appealing parties are welcome to contact Legal Services of Iowa at 1-800-532-1275 or <http://www.iowalegalaid.org> and will be assisted if necessary. Legal representation is permitted during an Administrative Law Judge hearing, but not required. Assistance in the appeals process is available at any of the following locations:

Benton 319-472-4743  
Bremer 319-352-2993  
Buchanan 319-334-7450  
Delaware 563-927-5116  
Dubuque 563-589-7870

Iowa 319-662-4245  
Johnson 319-339-6169  
Jones 319-462-4457  
Linn 319-892-5671

### **Expedited Appeals Process**

**This appeal process should only be used by a mental health professional.**

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 Health and Human Services or the Administrator's designee. The process is to be used when the decision of the ECR 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:**

Written appeal forms may be requested from ECR staff (see Appendix C).

1. The appeal shall be filed within 5 (five) business days of receiving the Notice of Decision by the ECR. The expedited review by the Division Administrator or designee shall take place within 2 (two) business days of receiving the request, unless more information is needed. There is an extension of 2 (two) business 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

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)**

The East Central Region fosters a welcoming, respectful attitude among all stakeholders and works together to implement a vision of accessibility, integration, cooperation, and financial accountability. In partnership with all stakeholders, the ECR offers a system of care that is individualized, offers integrated services and incorporates evidence-based practices that have been independently verified by the region as meeting established fidelity to evidence-based service models as indicated in IAC 441-25.5(3). The ECR collaborates with the intention that every provider and every person is equipped to succeed. The ECR involves people who use the services in planning and service delivery.

The ECR maintains a network of licensed and accredited, contracted service providers to meet the continuum of service needs of individuals and to provide each service in the required core service domains. The Region retains the right to select service providers and all must be approved ECR network providers in order to be eligible for regional funding. In addition, the region encourages providers to fully integrate care for people who experience brain health and substance use disorders and develop expectations for team-based care and coordination, so services are delivered in truly integrated care models. Payment for commitment related sheriff transportation, court-appointed attorneys, and other incidental or temporary services may be exempt from this policy. The ECR is encouraging all providers to participate in a quality system within the region. This will ensure person/family centered, trauma informed, and multi-occurring capabilities are incorporated. The region will provide opportunities for training, mentoring and support so that every provider who desires to increase their capabilities will succeed. The region values the excellent services that take place daily in the counties throughout the region and know that all providers take every opportunity to enhance the skills of their workforce. Consequently, it is believed that the provider network that exists today will continue to exist in the future.

To be included in the regional MH/DS provider network, a provider must meet at least one of the following criteria:

- Currently licensed, accredited or certified by the State of Iowa, or
- Currently enrolled as a Medicaid provider, or
- Currently accredited 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 any Iowa region
- Ability to meet unmet needs for the proposed services
- Provider experience in providing the services

All providers included in the ECR provider network subject to licensure or accreditation shall meet all applicable standards and criteria and must maintain their license or accreditation to remain network providers. If the situation warrants an immediate change in providers, the region shall assist in the transfer of individuals to another network provider.

ECR will recognize the following provider tiers:

1. Traditional (licensed or accredited)
2. Certified with additional training
3. Non-traditional - not expected to have licensure or training

The ECR will make efforts to approve non-traditional providers as part of the service provider network. The following is the criteria and process for selecting and approving providers not currently subject to license, certification, or other state approval standards:

- All applicants will provide documentation that service outcomes achieved by the non-traditional provider, as identified by the individual, must be comparable to services provided by traditional licensed providers
- All applicants will provide evidence that they have no current record in any of the following registries:
  - Criminal
  - Sex offender
  - Child abuse/dependent adult abuse
- All applicants shall provide evidence of applicable insurance (including liability insurance) and the mental/physical abilities or other qualifications needed to perform the service (i.e. driver's license, ability to lift, ability to read labels, etc.)
- When applicable, staff at non-traditional provider agencies will be expected to have the following training:
  - Dependent Adult Abuse
  - HIPAA training
  - Iowa Peer Workforce Collaborative (for Peer Run organizations and activities)

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 will provide service(s) that will enhance the service system. New network providers shall be approved through the following process:

1. A referral or request for a new network provider may be made by an individual (or authorized representative), individual's case manager, social worker, coordinator, or directly by a provider. All requests to become a provider shall be directed to the Region.
2. Provider applicant shall be screened by the Region. Provider may be asked to meet for an interview or provide additional information.
3. If providing Medicaid funded services, the provider must provide verification of a contract with Iowa's assigned Managed Care Organizations.
4. If approved, regional staff will present contracts to the Regional Governing Board.
5. The Region shall inform the provider of acceptance or denial.
6. New network providers shall receive appropriate orientation and training concerning ECR's Management Plan.

The ECR shall manage the provider network to ensure individual needs are met. The ECR shall ensure an adequate number of providers are available to avoid waiting lists by contracting with outpatient mental health providers, Community Mental Health Centers, at least one inpatient psychiatric hospital within reasonably close proximity and other providers of core services.

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

The Region has designated targeted case management providers to offer services to individuals enrolled in the Medicaid Program. The ECR shall offer a choice and access to cost effective, evidence based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g.

Designated Case Management agencies serving the ECR must be accredited by the Department of Health and Human Services. Targeted Case Management and Service Coordination Services (IHH) must meet the qualifications as defined in IAC 441-24.1(225C).

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

- Performance and outcome measures relating to the health, safety, school attendance and performance, 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 441-25.21(1)g which may include the use of electronic recording keeping and remote or internet-based training
- On-going collaboration with regional staff to ensure continuity of care, progress towards expected outcomes, and service identification.

ECR values and utilizes local service coordination through Regional Social Workers. Regional Social Workers assist with enrollment and service coordination for those who do not have the above-mentioned roles. A Regional Social Worker will be assigned when appropriate via the social work supervisor.

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

The ECR 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:

- degree to which services have been distributed throughout the region
- individual satisfaction, including empowerment and quality of life, provider satisfaction; patterns of service utilization; responsiveness to individual needs
- improvement of person/family centered, strength based, trauma informed, multi-occurring capable care
- improvement of provider partnerships with each other and with the regional management team
- number and disposition of individual appeals and the implementation of corrective action plans based on these appeals
- cost-effectiveness
- additional outcomes and performance measures outlined by the Department of Health and Human Services

Annually, the Governing Board shall assess the region's performance and develop a list of priority areas needing improvement. Staff shall participate in developing a program plan that includes measurable goals and action steps with a process of collecting data. Based on the data, areas needing improvement shall be addressed.

The Chief Executive Officer, with the assistance of staff, shall evaluate the levels of improvement resulting from the program plan and determine if further action is needed. This shall be documented in the Annual Quality Assurance Report.

## **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
- 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
- extent to which the provider implements trauma informed, multi-occurring, evidence-based practices

The evaluations shall ensure that services and supports are provided in accordance with provider contracts.

## **Methods Utilized for Quality Improvement**

- Direct interaction and feedback from individuals, families, providers, case managers, service coordinators, and other stakeholders
- Use of needs assessments, satisfaction surveys, and other written questionnaires

- Use of program tracking tools to monitor progress on the implementation of multi-occurring capability
- 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 Health and Human Services as requested for the following information for each individual served:
  - expenditure data
  - demographic information
  - data concerning the services and other support provided to each individual, as specified in administrative rule adopted by the Commission.

## Central Data Repository Regional Requirements

- The data collection and management information system utilized shall have the capacity to exchange information with the department, counties and regions, contractors, and others involved with services to persons with a disability who have authorized access to the central data repository.
- The information exchanged shall be labeled consistently and share the same definitions.

The East Central Region will designate and/or contract with licensed and accredited providers with the expectation that the standardized performance and outcome measures related to the specified service(s) provided by that individual or agency. The Region facilitates the collection of the below Performance and Outcome Measures as identified in Iowa Code 225C.6A(3):

- a. Access to services.
- b. Life in the community.
- c. Person-centeredness.
- d. Health and wellness.
- e. Quality of life and safety.
- f. Family and natural supports.

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

Each service provider shall provide monthly billing invoices and other information requested of the provider for utilization review.

The monthly invoices for services funded by individual shall include the following information:

- provider name and address
- name and unique identifier of each individual served during the reporting period
- identifier and name of service(s) provided
- dates of service
- number of units of service, unit rate and total cost of units provided to each individual
- total amount of invoice
- amount billed to other sources (including client participation or cost-sharing), and therefore deducted from the regional costs, for each individual
- copy of Explanation of Benefits for services partially paid by insurance

- attendance records and/or other requested documentation substantiating service provision

The monthly invoices for services funded as a lump sum or for special projects or start-up costs shall include the following:

- provider name and address
- name of service
- amount billed for each service and total amount of invoice
- names and demographic information for individual utilizing the service during the month (if requested) must be attached
- a copy of all receipts must be attached for special projects or start-up funding

Providers may submit invoices in the following manner:

- In an electronic format utilizing a form provided by ECR staff
- Utilizing an 837 Health Care Claim
- Mailing, e-mailing, or faxing claims to:

**MH/DS of the ECR**

**210 5<sup>th</sup> Ave NE**

**Independence IA 50644**

**Fax: 319-334-7495**

**E-mail: [claims@ecriowa.us](mailto:claims@ecriowa.us)**

Providers are expected to submit invoices within sixty (60) days of the service unless the provider is waiting for third party payment. No bill will be paid that is over one year old from the date of service rendered without specific approval from the CEO or unless there is a statutory obligation. All eligible bills shall be paid within sixty (60) days of receipt of required documentation unless unforeseen circumstances exist. Remittance advice will be provided to each provider showing the amount paid and explaining any reductions or denials in payment.

ECR staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. The ECR will only reimburse those services that are authorized and at the rate approved in the contract or MOU. The ECR will reimburse out-of-region providers according to the terms and rates outlined in the host region contract unless the ECR has a contract with such providers. Services delivered without service funding authorization shall be deducted from the billing, unless otherwise contracted.

## Dispute Resolution

It is the intent of the ECR that only ECR staff shall authorize services for residents of the ECR. ECR will reimburse another region for services paid while a determination of residency is being made. When written notification is received by the ECR of the error of the residency determination, ECR staff shall authorize services according to the policies and procedures set forth in this manual. Iowa Code 225C.61 reads:

5.a. The dispute resolution process implemented in accordance with this subsection applies to residency disputes. The dispute resolution process is not applicable to disputes involving persons committed to a state facility pursuant to chapter 812 or rule of criminal procedure 2.22, Iowa court

rules, or to disputes involving service authorization decisions made by a region.

b. If a county or region, as applicable, receives a billing for services provided to a resident in another county or region, or objects to a residency determination certified by another county's or region's regional administrator and asserts either that the person has residency in another county or region or the person is not a resident of this state, the person's residency status shall be determined as provided in this subsection. If the county or region asserts that the person has residency in another county or region, the county or region shall notify the other county or region within 120 (one hundred twenty) days of receiving the billing for services.

c. The county or region that received the notification, as applicable, shall respond to the party that provided the notification within forty-five days of receiving the notification. If the parties cannot agree to a settlement as to the person's residency status within ninety days of the date of notification, on motion of any of the parties, the matter shall be referred to the department of inspections and appeals for a contested case hearing under chapter 17A before an administrative law judge assigned in accordance with section 10A.801 to determine the person's residency status.

d. (1) The administrative law judge's determination of the person's residency status shall be considered final agency action, notwithstanding contrary provisions of section 17A.15. The party that does not prevail in the determination or subsequent judicial review is liable for costs associated with the proceeding, including reimbursement of the department of inspections and appeals' actual costs associated with the administrative proceeding. Judicial review of the determination may be sought in accordance with section 17A.19.

(2) If following the determination of a person's residency status in accordance with this subsection, additional evidence becomes available that merits a change in that determination, the parties affected may change the determination by mutual agreement. Otherwise, a party may move that the matter be reconsidered by the county or region, or by the administrative law judge.

e. (1) Unless a petition is filed for judicial review, the administrative law judge's determination of the person's residency status shall result in one of the following:

(a) If a county or region is determined to be the person's residence, the county or region shall pay the amounts due and shall reimburse any other amounts paid for services provided by the other county or region on the person's behalf prior to the determination.

(b) If it is determined that the person is not a resident of this state neither the region in which the services were provided nor the state shall be liable for payment of amounts due for services provided to the person prior to the determination.

(2) The payment or reimbursement shall be remitted within forty-five days of the date the determination was issued. After the forty-five-day period, a penalty of not greater than one percent per month may be added to the amount due.

6.a. The dispute resolution process implemented in accordance with this subsection applies beginning July 1, 2012, to billing disputes between the state and a county or region, other than residency disputes or other dispute processes under this section, involving the responsibility for service costs for services provided on or after July 1, 2011, under any of the following:

- (1) Chapter 221.
- (2) Chapter 222.
- (3) Chapter 229.
- (4) Chapter 230.
- (5) Chapter 249A.
- (6) Chapter 812.



b. If a county, region, or the department, as applicable, disputes a billing for service costs listed in paragraph “a”, the dispute shall be resolved as provided in this subsection. The county or region shall notify the department of the county’s or region’s assertion within ninety days of receiving the billing. However, for services provided on or after July 1, 2011, for which a county has received the billing as of July 1, 2012, the county shall notify the department of the county’s assertion on or before October 1, 2012. If the department disputes such a billing of a regional administrator, the department shall notify the affected counties or regions of the department’s assertion.

c. The department, county, or region that received the notification, as applicable, shall respond to the party that provided the notification within forty-five days of receiving the notification. If the parties cannot agree to a settlement as to the dispute within ninety days of the date of notification, on motion of any of the parties, the matter shall be referred to the department of inspections and appeals for a contested case hearing under chapter 17A before an administrative law judge assigned in accordance with section 10A.801 to determine facts and issue a decision to resolve the dispute.

d. (1) The administrative law judge’s decision is a final agency action, notwithstanding contrary provisions of section 17A.15. The party that does not prevail in the decision or subsequent judicial review is liable for costs associated with the proceeding, including reimbursement of the department of inspections and appeals’ actual costs associated with the administrative proceeding. Judicial review of the decision may be sought in accordance with section 17A.19.

(2) If following the decision regarding a dispute in accordance with this subsection, additional evidence becomes available that merits a change in that decision, the parties affected may change the decision by mutual agreement. Otherwise, a party may move that the matter be reconsidered by the department, county, or region, or by the administrative law judge.

e. (1) Unless a petition is filed for judicial review, the administrative law judge’s decision regarding a disputed billing shall result in one of the following:

(a) If a county or region is determined to be responsible for the disputed amounts, the county or region shall pay the amounts due and shall reimburse any other amounts paid for services provided by the other county or region or the department on the person’s behalf prior to the decision.

(b) If it is determined that the state is responsible for the disputed amounts, the state shall pay the amounts due and shall reimburse the county or region, as applicable, for any payment made on behalf of the person prior to the decision.

(2) The payment or reimbursement shall be remitted within 45 (forty-five) days of the date the decision was issued. After the forty-five-day period, a penalty of not greater than one percent per month may be added to the amount due.

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

The ECR requires each individual’s interdisciplinary team to continuously and actively utilize the following strategies to prevent the need to implement a waiting list or shorten the length of time on a waiting list:

1. Seek ways to move individuals to the least restrictive environments.
2. Assist individuals to utilize or learn to utilize natural supports whenever possible.
3. Determine that services reflect the individual’s needs based on assessment.

4. Ensure that individuals access and accept all other funding sources for which they qualify prior to accessing ECR funding.

The ECR will only implement a waiting list if all dollars available to the region have been fully encumbered. The ECR may implement a waiting list if encumbered expenses for a given fiscal year exceed regional MH/DS funds available.

Core Services to core populations will be a priority. Additional Core Services will be the next priority. Additional populations served will be the next priority, and other services determined to be necessary for the well-being of individuals living in the region will be the final priority.

If a waiting list is implemented, individuals placed on the waiting list will be notified and provided the estimated length of time before funding will be available. When funding becomes available, the ECR will determine the services and individuals approved for funding in accordance with the date placed on the waiting list and on emergency need.

The waiting list applies to all new recipients, individuals requesting an increase in services or additional services, and may include renewal of identified services as they come up for reauthorization. Exceptions may be granted based on vital need and/or safety or when mandated by Iowa Code. The waiting list shall be centrally maintained by the CEO or their designee.

Any waiting list that may exist shall be reviewed annually when planning for future budgeting needs and future development of services. Data from any implemented waiting list will be compiled and used in any future planning.

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

This manual has been approved by the Mental Health/Disability Services of the East Central Region Governing Board and by the Director of the Iowa Department of Health and Human Services.

Amendments to this Policy and Procedures Manual shall be reviewed by the Regional Advisory Committees who shall make recommendations to the Regional Governing Board. After approval by the Regional Governing Board, amendments shall be submitted to the Director of the Iowa Department of Health and Human Services for approval at least forty-five (45) days before the planned date of implementation. Before implementation of any amendment to the manual, the Director must approve the amendment.

# APPENDICES

## **Appendix A**

### **Access Points**

Applications will be secured by contacting your local ECR Office.

<b>County</b>	<b>Address</b>	<b>Phone</b>
Benton County	811 D Avenue Suite 33 Vinton IA 52349	319-472-4743
Bremer County	203 1 <sup>st</sup> Ave NE Waverly IA 50677	319-352-2993
Buchanan County	210 5 <sup>th</sup> Ave NE Independence IA 50644	319-334-7450
Delaware County	601 Grant St Manchester IA 52057	563-927-5116
Dubuque County	210 Jones Street Ste 208 Dubuque IA 52001	563-589-7870
Iowa County	495 4 <sup>th</sup> Ave PO 7 Conroy IA 52220	319-662-4245
Johnson County	855 S Dubuque St Suite 202 B Iowa City IA 52240	319-339-6169
Jones County	105 Broadway Plc Ste 2 PO 247 Anamosa IA 52205	319-462-4457
Linn County	1240 26 <sup>th</sup> Ave Court SW Cedar Rapids IA 52404	319-892-5671

## Appendix B

### **Sliding Fee Schedule for Children’s Behavioral Health and Adult Outpatient Mental Health Services**

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

# Appendix C

## Appeals

### **Mental Health/Disability Services of the East Central Region Non-Expedited Appeal Form**

Member Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

What service denial are you appealing? \_\_\_\_\_

\_\_\_\_\_

Explain why you believe you need the requested service?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your signature: \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

Please send this form to the person who denied your services. Their name and address will be at the bottom of the denial.

If you have questions about the appeals process or if you need help, please contact any county office below and we will be very pleased to help you:

Benton 319-472-4743

Bremer 319-352-2993

Buchanan 319-334-7450

Delaware 563-927-5116

Dubuque 563-589-7870

Iowa 319-662-4245

Johnson 319-339-6169

Jones 319-462-4457

Linn 319-892-5671

**Provider Form for Expedited Appeal**

**Provider Information**

Treating Physician/Provider \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Patient Information**

Member Name \_\_\_\_\_  
Identifier: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

What service denial is the patient appealing?

\_\_\_\_\_  
\_\_\_\_\_

Explain why you believe the patient needs the requested service and why the time for the standard appeal process will harm the patient.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

File an appeal with the Iowa Department of Inspections and Appeals at: <https://dia.iowa.gov/>

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have questions about the appeals process contact any county office below:

- |                       |                      |
|-----------------------|----------------------|
| Benton 319-472-4743   | Iowa 319-662-4245    |
| Bremer 319-352-2993   | Johnson 319-339-6169 |
| Buchanan 319-334-7450 | Jones 319-462-4457   |
| Delaware 563-927-5116 | Linn 319-892-5671    |
| Dubuque 563-589-7870  |                      |

# 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.

**Brain injury** -- 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.

**Chief Executive Officer** -- the individual chosen and supervised by the governing board who serves as the single point of accountability for the mental health and disability services region including, but not limited to, planning, budgeting, monitoring county and regional expenditures, and ensuring the delivery of quality services that achieve expected outcomes for the individuals served.

**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.

**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 managers other interests and the case managers duties to the person served determination for services; establishing funding levels for the individual's services; and include requirements that do not allow the case manager from performing evaluations, assessments, and plans of care if the case manager is related by blood or marriage to the individual or any of the individual's paid caregivers, financially responsible for the individual, or empowered to make financial or health-related decisions on behalf of the individual.

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



**Coordinator of disability services** -- as defined in Iowa Code 225C.57

**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.

331.390(3) "b" The regional administrator staff shall include one or more coordinators of mental health and disability services and one or more coordinators of children's behavioral health services.

A coordinator shall possess a bachelor's or higher level degree in a human services-related or administration-related field, including but not limited to social work, psychology, nursing, or public or business administration, from an accredited college or university. However, in lieu of a degree in public or business administration, a coordinator may provide documentation of relevant management experience. 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

**Countable resource** -- 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.

**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, step-children, 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 prior to any deductions. Household income includes any Social Security benefits and wages of any adult in the household, related or not related, who would normally be responsible for the person's bills, such as a spouse or significant other. It does not include wages of individuals under the age of 18 or full-time students, educational loans, grants, work-study programs or scholarships. Deductions from gross income include alimony, child support and payroll garnishments.

**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 treatment 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.

**Multi-occurring** -- a diagnosis of a severe and persistent mental illness occurring along with one or more of the following: a physical health condition, a substance use disorder, an intellectual or developmental, disability, or brain injury as defined in 441-25.1.

**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 a national insurance panel, or holds other national accreditation or certification”.

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

**Regional services fund** -- 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 225C.60 for the funding and administration of non-Medicaid funded mental health and disability services including an annual service and budget plan, a policy and procedure manual, and an annual report and how the region will coordinate with the Department in the provision of mental health and disability services funded under the medical assistance program.

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

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

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

**Serious emotional disturbance** -- means the same as defined in Iowa code section 225C.2. A child must have a diagnosis of serious emotional disturbance which means a child from birth up to age 18 who currently or at any time during the past year has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R; American Psychiatric Association, 1987) that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities. Sufficient duration refers to a continuous 12-month period (SAMHSA 1993). A serious emotional disturbance diagnosis is not required to access comprehensive facility and community-based crisis services according to Iowa Code section 331.397A(4)“b.”

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

**Severe and persistent mental illness or SPMI** -- a documented primary mental health disorder diagnosed by a mental health professional that causes symptoms and impairments in basic mental and behavioral processes that produce distress and major functional disability in adult role functioning inclusive of social, personal, family, educational or vocational roles. The individual has a degree of impairment arising from a psychiatric disorder such that: (1) the individual does not have the resources or skills necessary to maintain function in the home or community environment without assistance or support; (2) the individual’s judgment, impulse control, or cognitive perceptual abilities are compromised; (3) the individual exhibits significant impairment in social, interpersonal, or familial functioning; and (4) the individual has a documented mental health diagnosis. For this purpose, a “mental health diagnosis” means a disorder, dysfunction, or dysphoria diagnosed pursuant to the current version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, excluding neurodevelopmental disorders, substance use disorders, personality disorders, medication-induced movement disorders and other adverse effects of medication, and other conditions that may be a focus of clinical attention as defined in the current version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association

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

**State commission** -- MH/DS Commission as defined in Iowa Code 225C.5.

**Subacute mental health services**-- the same as defined in Iowa Code section 225C.6(4)“c” and includes both subacute facility-based services and subacute community-based services. “Substance use disorder” means the same as defined in rule 641—155.1(125,135).

**Supported community living services** --services as defined in Iowa Code section 225C.21(1).

**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.

**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.

**Trauma-focused services** --services provided by caregivers and professionals that recognize when an individual who has been exposed to violence is in need of help to recover from adverse impacts; recognize and understand the impact that exposure to violence has on victims’ physical, psychological, and psychosocial development and well-being; and respond by helping in ways that reflect awareness of adverse impacts and consistently support the individual’s recovery.

**Trauma-informed care** -- services that are based on an understanding of the vulnerabilities or triggers of those who have experienced violence, that recognize the role violence has played in the lives of those individuals, that are supportive of recovery, and that avoid retraumatization including trauma-focused services and trauma-specific treatment.

**Trauma-specific treatment** --services provided by a mental health professional using therapies that are free from the use of coercion, restraints, seclusion and isolation; and designed specifically to promote recovery from the adverse impacts of violence exposure on physical, psychological, psychosocial development, health and well-being.

**Twenty-four-hour crisis response** -- the same as defined in rule 441—24.20(225C).

**Twenty-three-hour observation and holding** -- the same as defined in rule 441—24.20(225C).

**Urban** -- a county that has a total population of 50,000 or more residents or includes a city with a population of 20,000 or more.

**Urgent** -- the existence of conditions that are not emergent in nature but that require expeditious treatment because of the prospect of the condition worsening without immediate intervention.

**Warm handoff** -- an approach to care transitions in which a health care provider uses face-to-face or telephone contact to directly link individuals being treated to other providers or specialists.

## Forms

Appeals Form	Appendix C
Application Packet	Pages 45-56
Exception to Policy	Page 57
Notice of Decision	Generated from CSN

## Mental Health/Disability Services of the East Central Region Application Checklist

### What do I include with my application?

- Completed and signed application. The third and fourth pages are only used if you are applying for funding for more than one individual in the household.
- The last two months of bank statements you and your spouse/significant other received (for adults only). If you receive SSI/SSDI on a Direct Express Card, you can obtain your recent account activity at [www.usdirectexpress.com](http://www.usdirectexpress.com) or by calling 1-888-741-1115.
- Copies of paystubs or proof of income for the last two months for you and all members of your household
  - For adults (18 and over): includes the individual, the individual's spouse or domestic partner, and any children, step-children, or wards under the age of 18 who reside with the individual.
  - For children (under 18): includes the individual, the individual's parents (or parent and domestic partner), stepparents or guardians, and any children, step children, or wards under the age of 18 of the individual's parents (or parent and domestic partner), stepparents, or guardians who reside with the individual.
- A copy of your visa or green card if you are not a citizen of the US.
- A signed Release of Information for each agency for which you would like funding and any other agency or person you would like us to be able to get information from or give information to.
  - Please fill in your name and demographic information as well as the provider/individual's name and address.
  - You must use a separate release for each individual/provider. If you need additional releases, please make copies of the release or request releases from one of the county offices listed below.
  - Make sure you sign the release above first dark line. If you would like substance abuse or information regarding AIDS released, please check the applicable box and sign this section also.
  - Please do not sign a blank Release of Information since it cannot be used.
- A signed Copy of the "Authorization for the Use or Disclosure of Confidential Information" (ISAC Multi-Party ROI) form so the region can obtain or release information with other regions and counties if needed to determine eligibility or approve services.

**For Adults: An approved application is sufficient for outpatient mental health services. Other services require proof of a qualifying diagnosis and an assessment of needs (see MHDS of ECR Management Plan). You will be asked to provide this information or sign a release for the provider who can supply the information.**

**For Children: An approved application is sufficient for an evaluation. Additional outpatient mental health services require proof of a qualifying diagnosis of serious emotional disturbance.**

### What are some hints to make sure my application is complete?

- Please remember to write down the services you are requesting and the provider you wish to use. If you do not know who you want for an outpatient mental health provider, call the intake office at 319-892-5671 and they will provide options.
- Please do not leave questions blank. If they are not applicable (N/A) or \$0, please indicate this.
- List all income, before taxes, that was received by you or your spouse/significant other. This would include child support, alimony, disability benefits, unemployment insurance or other benefits. Do not include employment income for minors.
- List child support that you or your significant other pay and provide documentation of the payment for the past two months.
- Be sure to list the name of any medical insurance company and policy number that you may have, including Medicare and Medicaid/Title 19/MCO.

### Where do I send my application when it is complete?

- E-mail: [intake@ecriowa.us](mailto:intake@ecriowa.us) (please send via secure e-mail)
- Fax: 319-892-5679
- Mail: MHDS of the ECR  
1240 26th Ave Court SW  
Cedar Rapids, IA 52404



**Household Resources (NOT required for children):**

Type	Amount/Value	Location/Company
<input type="checkbox"/> Cash	_____	_____
<input type="checkbox"/> Checking	_____	_____
<input type="checkbox"/> Savings	_____	_____
<input type="checkbox"/> Social Security Debit Card	_____	_____
<input type="checkbox"/> Trust Account	_____	_____
<input type="checkbox"/> Stocks/Bonds/CDs	_____	_____
<input type="checkbox"/> Burial Fund/Life Ins. (cash value)	_____	_____
<input type="checkbox"/> Retirement Fund (non-accruing)	_____	_____
<input type="checkbox"/> Motor vehicle (if more than one per licensed driver)	_____	_____
<input type="checkbox"/> Real estate (other than the home in which you reside)	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<b>Total Resources:</b>	_____	_____

Have you sold or given away any property in the last five (5) years?  Yes  No If yes, what did you sell or give away?

**Emergency Contact Person:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a Legal Guardian (For minor, parent info)?  No  Yes If yes, who is your guardian?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have a Representative Payee or Conservator?  No  Yes If yes, who is your payee/conservator?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Health Insurance Information: (Check all that apply)**

**Primary Carrier (pays 1<sup>st</sup>)**

Medicaid/Health and Wellness

Medicare:  A  B  D

Private Insurance: \_\_\_\_\_

No Insurance

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

Limits: \_\_\_\_\_

Deductible: \_\_\_\_\_

**Secondary Carrier (pays 2<sup>nd</sup>)**

Medicaid/Health and Wellness

Medicare:  A  B  D

Private Insurance: \_\_\_\_\_

No Insurance

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

Limits: \_\_\_\_\_

Deductible: \_\_\_\_\_

Referral Source:  Self  Community Corrections  Family/Friend  Hospital  Case Management

Social Service Agency  Physician  RCF/ICF Other \_\_\_\_\_

Have you applied for Social Security/SSI/SSDI? Date \_\_\_\_\_ Have you applied for Medicaid/Hawki? Date: \_\_\_\_\_

**Disability Group: (If known)**

Mental Illness  Intellectual Disability  Developmental Disability  Substance Abuse  Brain Injury

Current Mental Health Agency (if applicable): \_\_\_\_\_

Other Service Providers: \_\_\_\_\_

What service(s) are you applying for?	Provider name (if known)
_____	_____
_____	_____

I hereby attest that the information I have provided is true and I give MHDS of the East Central Region permission to release this information to verify and/or communicate eligibility for the assistance requested. I understand that this is a government document and I may be subject to prosecution if I knowingly provide false information. I understand that information in this document will remain confidential.

I acknowledge that I have received a copy of the MHDS of the ECR Notice of Privacy practices. \_\_\_\_\_  
(Please initial)

Applicant's (or Legal Guardian's) Signature \_\_\_\_\_ Date \_\_\_\_\_



# MH/DS of the East Central Region Application Form

## Addendum if Applying for Funding for Additional Family Members

### Additional Family Member 1:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Maiden/Previous Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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

Race:  American Indian  Asian/Pacific Islander  Black/African American  White  Other \_\_\_\_\_  Unknown

Marital Status:  Single  Married  Divorced  Separated  Widowed Primary Language: \_\_\_\_\_

Legal Status:  Voluntary  Involuntary-Civil (Mental Health Commitment)  Involuntary-Criminal

Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_ May we leave a message?  Yes  No

Are income and resources the same as those of the primary applicant?  Yes  No If no, please give details: \_\_\_\_\_

Do you have a Legal Guardian (For minor, parent info)?  No  Yes If yes, who is your guardian?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is insurance the same as the primary applicant's?  Yes  No If no, please provide insurance information:

Have you applied for Social Security/SSI/SSDI? Date \_\_\_\_\_ Have you applied for Medicaid/Hawki? Date: \_\_\_\_\_

#### Disability Group: (If known)

Mental Illness  Intellectual Disability  Developmental Disability  Substance Abuse  Brain Injury

Current Mental Health Agency (if applicable): \_\_\_\_\_

Other Service Providers: \_\_\_\_\_

What service(s) are you applying for?

Provider name (if known)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Additional Family Member 2:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Maiden/Previous Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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

Race:  American Indian  Asian/Pacific Islander  Black/African American  White  Other \_\_\_\_\_  Unknown

Marital Status:  Single  Married  Divorced  Separated  Widowed Primary Language: \_\_\_\_\_

Legal Status:  Voluntary  Involuntary-Civil (Mental Health Commitment)  Involuntary-Criminal

Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_ May we leave a message?  Yes  No

Are income and resources the same as those of the primary applicant?  Yes  No If no, please give details: \_\_\_\_\_

Do you have a Legal Guardian (For minor, parent info)?  No  Yes If yes, who is your guardian?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is insurance the same as the primary applicant's?  Yes  No If no, please provide insurance information:

Have you applied for Social Security/SSI/SSDI? Date \_\_\_\_\_ Have you applied for Medicaid/Hawki? Date: \_\_\_\_\_

**Disability Group: (If known)**

Mental Illness  Intellectual Disability  Developmental Disability  Substance Abuse  Brain Injury

Current Mental Health Agency (if applicable): \_\_\_\_\_

Other Service Providers: \_\_\_\_\_

What service(s) are you applying for?	Provider name (if known)
_____	_____
_____	_____

**Additional Family Member 3:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Maiden/Previous Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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

Race:  American Indian  Asian/Pacific Islander  Black/African American  White  Other \_\_\_\_\_  Unknown

Marital Status:  Single  Married  Divorced  Separated  Widowed Primary Language: \_\_\_\_\_

Legal Status:  Voluntary  Involuntary-Civil (Mental Health Commitment)  Involuntary-Criminal

Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_ May we leave a message?  Yes  No

Are income and resources the same as those of the primary applicant?  Yes  No If no, please give details: \_\_\_\_\_

Do you have a Legal Guardian (For minor, parent info)?  No  Yes If yes, who is your guardian?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is insurance the same as the primary applicant's?  Yes  No If no, please provide insurance information:

Have you applied for Social Security/SSI/SSDI? Date \_\_\_\_\_ Have you applied for Medicaid/Hawki? Date: \_\_\_\_\_

**Disability Group: (If known)**

Mental Illness  Intellectual Disability  Developmental Disability  Substance Abuse  Brain Injury

Current Mental Health Agency (if applicable): \_\_\_\_\_

Other Service Providers: \_\_\_\_\_

What service(s) are you applying for?	Provider name (if known)
_____	_____
_____	_____

# MHDS OF THE EAST CENTRAL REGION

## PRIVACY PRACTICES NOTICE

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

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### Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect July 1, 2014, and will remain in effect until we replace it.

changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our active clients at the time of the change.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

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### Uses and Disclosures of Protected Health Information

We use and disclose protected health information about you for treatment, payment, and health care operations. For example:

**Treatment:** We may use or disclose your protected health information to a physician or other health care provider in order to provide treatment to you.

**Payment:** We may use or disclose your protected health information to pay claims from providers, hospitals, or for other services delivered to you that are covered by MHDS of the East Central Region, to determine your eligibility for services, to coordinate your services, to issue explanations of benefits and the like. We may disclose your information to a health care or service provider subject to the federal Privacy Rules so they can engage in billing/payment activity.

**Operations:** We may use and disclose your information in connection with our operations. Our operations include:

- rating our risk;
- quality assessment and improvement activities
- reviewing the competence or qualifications of mental health/disability services professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities;

- medical review, legal services, and auditing, including fraud and abuse detection and compliance;
- business planning and development; and
- business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified information or a limited data set.

We may disclose your information to another entity which has a relationship with you and is subject to the federal Privacy Rules, for their operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care and service professionals, or detecting or preventing fraud and abuse.

**On Your Authorization:** You may give us written authorization to use your protected health information or to disclose to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. To the extent that we maintain or receive psychotherapy notes about you, most disclosures of these notes require your authorization. In

addition, most uses and disclosures of protected health

information for marketing purposes and disclosures that constitute a sale of protected health information, require your authorization. Unless you give us a written authorization, we will not use or disclose your protected health information for any reason except those described in this notice.

**To Your Family and Friends:** We may disclose your protected health information to a family member, friend or other person to the extent necessary to help with your services. We may use or disclose your name, location, and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Before we disclose your protected health information to a person involved in your care, services or payment for services, we will provide you with an opportunity to object to such uses or disclosures, if you are not present, or in the event of your incapacity or an emergency, we will disclose your protected health information based on our professional judgment of whether the disclosure would be in your best interest.

**Disaster Relief:** We may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**Public Benefit:** We may use or disclose your protected health information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- as required by law;
- for public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- to report adult abuse, neglect, or domestic violence;
- to health oversight agencies;
- in response to court and administrative orders and other lawful processes;
- to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- to coroners, medical examiners, and funeral directors;
- to organ procurement organizations;
- to avert a serious threat to health or safety;
- in connection with certain research activities;
- to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- to correctional institutions regarding inmates; and
- as authorized by state worker's compensation laws.

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## Individual Rights

**Access:** You have the right to look at or get copies of your protected health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. This may include an electronic copy in certain circumstances. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your protected health information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you \$0.25 for each page, \$12.00 per hour for staff time to locate and copy your protected health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your protected health information in that format. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee. Contact us using the information

listed at the end of this notice for a full explanation of our fee structure.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

**Confidential Communication:** You have the right to request that we communicate with you about your protected health information by alternative means or to alternative locations. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence as you request. We must accommodate your request if it is reasonable, specifies the alternative means or locations and continues to allow us to conduct normal business operations.

**Amendment:** You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**Electronic Notice:** If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

**Breach Notification:** In the event of a breach of your unsecured protected health information, we will provide you notification of such a breach, as required by law.

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## Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you by alternative means or at alternative locations, you

may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Jody Bridgewater  
Telephone: (319) 892-5671  
Address: 1240 26th Ave Ct SW  
Cedar Rapids IA 52404

Email: [jbridgewater@ecriowa.us](mailto:jbridgewater@ecriowa.us)  
Fax: (319) 892-5679

# MENTAL HEALTH/DISABILITY SERVICES OF THE EAST CENTRAL REGION

## RELEASE OF INFORMATION

INDIVIDUAL'S FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 SOCIAL SECURITY NUMBER XXX-XX-\_\_\_\_\_ STATE ID \_\_\_\_\_

I, the undersigned, hereby authorize MH/DS East Central Region staff to release and/or obtain verbal, electronic, or written information indicated below, regarding the above-named individual using services, with:

\_\_\_\_\_  
 Name of Person or Agency

\_\_\_\_\_  
 Complete Mailing Address

\_\_\_\_\_  
 Phone Fax

- The information being released will be used for the following purpose:
- Planning and implementation of my Individual Comprehensive Plan
  - Coordination of Services
  - Monitoring of Services
  - Referral for new services
  - Other (specify) \_\_\_\_\_

**INFORMATION TO BE RELEASED OR OBTAINED:**

- |                          |                          |                          |                          |                                |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                | <input type="checkbox"/> | <input type="checkbox"/> | Medical/Health/Dental          | <b>Yes</b>               | <b>No</b>                | <input type="checkbox"/> | <input type="checkbox"/> | Financial/Insurance                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hospital (specify dates) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Social History   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Psychological                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Service/Treatment Plans                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Educational                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Progress Reporting                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vocational                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Re-Release of 3 <sup>rd</sup> Party Info (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Legal                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify) _____                                    |

No express revocation shall be needed to terminate my consent. I understand that this consent is voluntary and I may revoke this consent at any time by sending a written notice to MH/DS East Central Region, Attn: Intake Coordinator, 210 5<sup>th</sup> Ave NE, Independence, IA 50644. I understand that any information released prior to the revocation may be used for the purposes listed above, and does not constitute a breach of my rights to confidentiality. I understand that any disclosure of information carries with it the potential for unauthorized re-disclosure and once the information is disclosed, it may no longer be protected by federal privacy regulations. I understand that I may review the disclosed information by contacting the office listed above.

I understand that I can refuse to sign this authorization but failure to provide access to information necessary to determine eligibility for funding of services may be a basis for denial of service funding. This authorization will expire one year after the date it is signed, unless revoked, or as specified: (list specific event, date or condition) \_\_\_\_\_

**SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW. I specifically authorize the release of data and information relating to Mental Health:**

\_\_\_\_\_  
 Signature of individual, parent (if minor), or legal guardian Date

**SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW:**

**I specifically authorize the release of data and information relating to:** (in order for this information to be released, you must sign here and above)

- Substance Abuse** (to be signed only by the Individual Using Services)       **HIV-Related Information**

\_\_\_\_\_  
 Signature of Individual Using Services Date      Legal Guardian Signature Date

Copies: Date: \_\_\_\_\_ Individual/Guardian Agency File

## PATIENT BILL OF RIGHTS

### Sharing Your Medical Information with Other Iowa Counties and Regions to Improve Your Care

#### Purpose of Letter

The purpose of this letter is to provide you with information about the reason sharing your medical information is necessary. You have an option to not sign this medical information release but doing so may prevent us from having a complete picture of your complete health.

#### Iowa Law

Iowa's Disclosure of Mental Health and Psychological Information, Chemical Substance Abuse, and Acquired Immune Deficiency Syndrome (AIDS) laws provide protection of your mental health, chemical and substance abuse history, and AIDS testing information. The law is very restrictive on who may see your mental health, chemical and substance abuse history, and AIDS testing information. If you receive services from multiple counties, Iowa Law prevents the counties from sharing this health information.

#### HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) provides federal protection for individually identifiable health information. However, the rule also allows entities to disclose health information needed for patient care and other purposes, like the ability to bill for the care provided to you.

The Iowa laws protecting mental health, chemical and substance abuse history, and AIDS testing information were passed before HIPAA. Iowa law is more protective than HIPAA and it prevents providers and other health care entities from sharing necessary information to provide you complete care.

#### Sharing Your Mental Health, Chemical and Substance Abuse History, and AIDS Testing Information Helps Iowa Counties Have a More Complete Picture of Your Health

By signing this agreement, you are allowing Iowa counties and regions to share your mental health, chemical and substance abuse history, and AIDS testing information in order to provide better care for you. We do have important safeguards in place to make sure all of your mental health, chemical and substance abuse history, and AIDS testing information is safe. Only authorized individuals will have access to your information. Nothing in this release allows improper use of your mental health, chemical and substance abuse history, and AIDS testing information.

#### You Can Choose Not to Sign This Agreement

Your privacy is important to us, so we will respect your choice on whether you want us to share your mental health, chemical and substance abuse history, and AIDS testing information with other Iowa counties and regions. You have the right to revoke this authorization at any time.

## **You May Request a Copy of Your Record**

You may request a copy of your CSN record at any time, except for psychological test materials and psychotherapy notes. This includes a list of disclosures of your CSN record. The county or region may impose a reasonable, cost-based fee. That fee may consist of labor for copying your CSN record, supplies for making the copy (such as paper and ink), postage to mail your CSN record to you, and preparing an explanation or summary of your medical information.

## **Questions**

If you have questions or concerns about this agreement, you can bring it up next time you're receiving care from your county. Questions should be directed to your county or region's Privacy Officer.



**Authorization for the Use or Disclosure of Confidential Information**

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

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

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

**AUTHORIZATION SECTION**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Client #: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (specify date).

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

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

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

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

If not signed by the client, please indicate relationship:

- parent or guardian of minor client       personal representative of deceased client  
 guardian or conservator of a client (if and to the extent authorized under State law)       other (specify) \_\_\_\_\_

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

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

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

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

**EXHIBIT A**

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

**REVOCACTION SECTION**

I hereby revoke this Authorization.

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

Copy sent to Client/Guardian on: \_\_\_\_\_ (date) at following address: \_\_\_\_\_ 14, Approved 6.26.19

**MENTAL HEALTH AND DISABILITY SERVICES OF THE EAST CENTRAL REGION  
EXCEPTION TO POLICY REQUEST**

**Exceptions will not be considered for expenses that are more than 45 days old or for services (including rent, utilities, and deposits) that were not preapproved.**

Applicant's Name: \_\_\_\_\_ CSN #: \_\_\_\_\_ Date: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Provider Agency: \_\_\_\_\_ Agency Representative: \_\_\_\_\_ Email: \_\_\_\_\_

Current Services Received: \_\_\_\_\_

Requesting approval of application or individual services:  application  services listed below

If requesting approval of specific services, please complete the chart below.

Agency Name	Service Requested for Exception	Number of Units	Unit Cost	Expected Start Date	Expected End Date

**Reason exception is required:**

- Over income/resource guidelines
- Lack of required documentation (proof of income/resources, diagnosis)  
What documentation is missing? \_\_\_\_\_ Reason? \_\_\_\_\_
- Non-covered service
- Does not meet rent eligibility criteria (includes lack of hospitalization, over 24-months, etc.)
- Client with income not paying CP or full co-pay
- Retroactive payment (cannot be greater than 30 days)
- Does not meet diagnostic criteria (includes no proof of ID before age 18 or DD before 22)
- Lost Medicaid  
Reason for losing Medicaid: \_\_\_\_\_ Date Medicaid ended: \_\_\_\_\_  
When did you become aware of the loss? \_\_\_\_\_  
What have you done to get Medicaid reinstated (include dates and outcome of appeals)? \_\_\_\_\_
- Other: \_\_\_\_\_

Reason for and circumstances surrounding need for exception: \_\_\_\_\_

Why is client unable to pay (if applicable)? \_\_\_\_\_

Other funding sources/resources attempted: \_\_\_\_\_

**CEO/DESIGNEE USE ONLY:**

Approve  Deny  Need more information

If denied, reason for Denial: \_\_\_\_\_

Conditions of approval or other comments: \_\_\_\_\_

Chief Executive Officer/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**As an Exception to Policy, this decision is not appealable/eligible for reconsideration.**