

Rolling Hills

*Regional Mental Health &
Disabilities Services*



REGIONAL SERVICE SYSTEM MANAGEMENT PLAN

Serving the counties of Buena Vista, Calhoun, Carroll, Cherokee, Crawford, Ida and Sac

Revised and Approved by the Rolling Hills Community Services Governance Board 11/19/14. Plan effective date January 1, 2015

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MISSION STATEMENT

Rolling Hills Community Services Region is committed to ensuring access to high quality, value-added community-based services for all eligible citizens within our communities that encourage resiliency, stability and growth.

INTRODUCTION AND VISION

Rolling Hills Community Services Region (hereinafter referred to as "RHCS"). RHCS was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390. Within this region, RHCS has created a regional management plan designed to improve health, hope, and successful outcomes for the adults in our region who have mental health disabilities and intellectual/developmental disabilities, including those with multi-occurring substance use issues, health issues, physical disabilities, brain injuries and other complex human service needs.

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

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

BASIC FRAMEWORK OF THE REGIONAL MHDS SERVICES MANAGEMENT PLAN

This regional Mental Health and Disability Services Management Plan (hereinafter referred to as "plan") will describe both the framework for system design that RHCS will organize, the process for making progress in the direction of that vision, as well as the specific activities within the system that will be funded and monitored directly by RHCS. This plan meets the requirements of Iowa Code section 331.393, and provides for cost-effective, individualized services and supports that assist persons with disabilities to be as independent, productive, and integrated into the community as possible, within the constraints of available resources.

This plan covers the geographical area of Buena Vista, Calhoun, Carroll, Cherokee, Crawford, Ida and Sac Counties who have entered into a 28E agreement to form the Regional Administrative entity Rolling Hills Community Services Region. The Region will directly implement a system of service management and does not intend to contract management responsibility for any aspect of the regional service system to any agency or entity.

In compliance with IAC 441-25 the plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual. The Annual Service and Budget Plan includes the services to be provided and the cost of those services, local access points, Targeted Case Management Agencies, a plan for ensuring effective crisis prevention and a description of the scope of services, projection of need and cost to meet the need. The Annual Report

provides an analysis of data concerning services managed for the previous fiscal year. The Policies and Procedures Manual includes policies and procedures concerning management of the MH/DS service and plan administration.

Rolling Hill Community Services shall maintain local county offices as the foundation to the service delivery system.

A. ORGANIZATIONAL STRUCTURE OF THE ROLLING HILLS REGION

1. GOVERNING BOARD

The Region has designated a Governing Board that is ultimately responsible for all aspects of the regional service system. The composition of the Governing Board consists of at least one Board of Supervisor member from each county within the Region and two ex officio members from the Region's Advisory Committee. The ex officio members shall consist of one individual who utilizes services or an actively involved relative of such individual and a service provider.

2. REGIONAL ADVISORY COMMITTEE

The Regional Advisory Committee consists of Individuals who utilize services or the actively involved relatives of such individuals, service providers, Governing Board members and other interested parties and they will be responsible for designating the two ex officio members to the Region's Governing Board. The Regional Advisory Committee will hold regular meetings to allow for participation in the Regional system process and input from the Committee will be considered and incorporated into the ongoing process of system development and enhancement.

3. REGIONAL COORDINATORS OF DISABILITY SERVICES

The Regional staff shall include one or more Coordinators of Disability Services. The staff delegated to the perform functions of Coordinators of Disability Services shall have the qualifications required by IAC 331-390(3)b. as follows: A coordinator shall possess a bachelor's or higher level degree in a human services-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. The coordinators are responsible for ensuring equal and timely access for all individuals seeking Mental Health and/or Disability Service within the region. 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 addressed by the clinical decision.

4. CHIEF EXECUTIVE OFFICER

The Governing Board will appoint the Chief Executive Officer who will serve as the single point of accountability for the Region. The Chief Executive Officer will be responsible for planning, budgeting, monitoring county and regional expenditures, and ensuring the delivery of quality services that achieve expected outcomes for the individuals served.

B. SERVICE SYSTEM MANAGEMENT

RHCS 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 the consumers. The Governance Board will contract with member counties to provide credentialed staff to carry out the administration of this plan.

Risk Management and Fiscal Viability

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

Conflict of Interest

Funding authorization decisions shall be made by the RHCS staff, which shall have no financial or personal interest in the services or supports to be provided. In the event that such a situation occurs, that interest must be fully disclosed to the consumers, counties, and other stakeholders.

System of Care Approach Plan

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

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

- Welcoming and accessible.
- Able to emphasize integrated screening, early identification and early intervention
- High quality and, wherever possible, evidence based practices that RHCS has verified meet established fidelity standards including, but not limited to:
 - Assertive Community Treatment or Strengths Based Case Management
 - Integrated Treatment of co-occurring Substance Abuse and Mental Health Disorders
 - Supported Employment
 - Family Psychoeducation
 - Illness Management and Recovery
 - Permanent Supportive Housing
- Organized into a seamless continuum of community based support.
- Individualized to each individual with planning that expands the involvement of the individual.
- Provided in the least restrictive, appropriate setting.
- Designed to empower individuals and families as partners in their own care.
- Designed to leverage multiple financing strategies within the region including increased use of Medicaid funded services and Iowa Health and Wellness Plan.
- Supported by provision of training and technical assistance to individuals and families, as well as to providers and other partners.

Developing an Integrated Multi-Occurring Capable Trauma Informed System of Care- Implementation of Interagency and Multi-system Collaboration and Care Coordination

An individual with multi-occurring conditions is defined as any person of any age with any combination of any mental health condition (including trauma) and/or developmental or cognitive disability (including brain injury) and /or any substance abuse condition, including gambling and nicotine dependence, whether or not they have already been diagnosed. Individuals with multi-occurring conditions commonly also have medical, legal, housing, financial, and parenting issues and conditions and other complex needs. RHCS shall fund individuals with multi-occurring conditions that meet the

eligibility criteria in Section F of this manual. Services and supports will be offered through the enrollment process including the standardized functional assessment.

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

The region will assist all organizations to become first class providers. First, the RHCS Region will make outcomes data available to providers, referral sources and to purchasers of services. Second, timely access to care in the RHCS Region will be improved until help is available when it is needed. Third, the region will provide the resources to assist providers to improve their outcomes. Finally, there will be training and support offered utilizing available technology so that all providers have equitable access to regional offerings. The region will also facilitate 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, collaboration 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.

RHCS will coordinate access to all services that are included in the annual service and budget plan that are administered by the region, state and any other funding source.

RHCS shall partner with courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. RHCS shall collaborate with the Iowa Department of Human Services, Lifelong Links, Area Agency on Aging, Iowa Department of Public Health, Department of Corrections, Iowa Medicaid Enterprise, other regions, service providers, case management, individuals, families and advocates to ensure the authorized services and supports are responsive to individuals' needs consistent with system principles, and cost effective. Collaborations will occur through outreach meetings, stakeholder task force meetings and invitations to ongoing Advisory Board Meetings. Input from these meetings will be taken back to the Governance Board to address future program planning and establish budgeting goals.

Individuals routinely access a variety of services that are not funded by or under control of the county. These include the following:

- Income assistance such as SSI, FIP, Food Stamps, Social Security, etc.
- Housing assistance such as rental subsidies, public housing, etc.
- Employment assistance such as vocational rehabilitation and job training
- Primary medical care
- Education through local school districts, Area Education Agencies, Adult Basic Education and local colleges
- Court services
- Substance Abuse services
- Medicaid Mental Health Access Plan

Administrators will continue to build and develop relationships with these agencies and identify ways to better coordinate services for individuals with mental illness and intellectual disabilities by interfacing with the following partners:

Vocational Rehabilitation

Regions will continue to work closely with Iowa Vocational Rehabilitation Services in securing medical / psychological assessments, vocational evaluations, counseling / guidance, physical and / or mental restoration services, special adaptive equipment / devices, training, occupational tools, equipment or licenses, and job placements designed to assist individuals with disabilities in preparation for employment. IVRS at times acts a service coordinator as defined in earlier sections.

School System

Regions will continue to work with the school system, including the Area Education Agencies, to identify individuals coming into the adult service system so that adequate services and resources may be identified.

Judicial System

The Coordinators will work with the clerk of courts, judicial referee, judges, sheriff, hospital behavioral health units, emergency rooms, mental health centers, magistrate, and mental health advocates so that they are aware of services available other than involuntary hospitalizations with the intention of reducing the number of involuntary committals. The Coordinators will coordinate funding of involuntary committals under Iowa Code Chapter 222 and 229.

Department of Human Services-State of Iowa

Coordinators will work collaboratively with DHS income maintenance workers and service managers to assist individuals with obtaining access to programs such as Medicaid, FIP, food stamps, MEPD, and HCBS waiver and habilitation services.

Medical Community

Community hospitals and local physicians are sometimes involved in psychiatric hospitalizations. Training regarding the Regional process is beneficial. Home health nurses and aides provide many services to the MHDS population.

Area Agency on Aging

The Coordinators will work closely with area agency on aging and Aging and Disabilities Resources Center (ADRC) staff to see that the aging MHDS population has all needs met and is able to remain in the community.

Community at Large

MHDS staff continue to inform the public and provide information about the services available in the area and provide information regarding funding of these services. Other community agencies often refer individuals who “fall through the cracks” of the traditional service system. Regional staff will maintain membership and/or contact with advocacy organizations to keep abreast of issues from an individual/family perspective.

Magellan Behavioral Health of Iowa

The regions will be involved in the ongoing communication process with Magellan, and or any other management company contracted with the State of Iowa for the following purposes:

- To assure that Magellan pays of all qualified behavioral health care services for Medicaid (Title 19) enrollees, and does not attempt to use county-paid services as a method of managing risk.
- To work with Magellan in the possible development and funding to create new community based services that are cost effective for both entities and effective for the individuals.

Input from these collaborations will be taken back to the Governance Board to address future program planning and budgetary goals.

Chemical Dependency Services

RHCS intends to fund chemical dependency services only in those programs that demonstrate the capability of providing evidenced-based integrated treatment of co-occurring substance abuse and mental health disorders that have been independently verified as meeting established fidelity. Regional staff will work with community providers to further develop this integrated program. Coordinators of Disability Services may be contacted for region approved options.

Decentralized Service Provision

RHCS shall strive to provide services in a dispersed manner that meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. Services will be provided across the region based on area of concentrated need that utilize the assets of the individual service providers, in a cost effective manner, that prevents duplication of service where applicable. RHCS will ensure that all individuals residing within the region have equal access to any service provided.

RHCS has a broad network of service providers within the region. The Governing Board will review the providers, the services provided and their locations/accessibility on an annual basis. Based on input from individual/family surveys, the task forces and the Regional Advisory Committee, the Governing Board will determine levels of access to Core Services, services beyond core, strengths of services and any gaps in services in order to measure accessibility of services throughout the region.

Utilization and Access to Services

Within the broad system approach outlined above, RHCS will oversee access and utilization to services, and population based outcomes, for the MHDS involved population in the region, in order to continuously improve system design and better meet the needs of people with complex challenges. In order to accomplish this, RHCS 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
- Location

This information will be used for future planning in the annual service budget plan, improving the system of care approach plan, collaboration 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.

RHCS will coordinate access to all services that are included in the annual service and budget plan that are administered by the region, state and any other funding source.

C. Provider Network Formation and Management

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

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
- Have a current accreditation by a recognized state or national accrediting body (Joint Commission on Accreditation of Health Care Organization-JCAHO; Council on Rehabilitation Facilities-CARF; etc.
- Currently has a contract with RHCS or another Iowa county

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

Non-traditional providers will be considered on an as needed basis subject to a favorable background check.

1. A referral or request for a new network provider may be made by an individual (or authorized representative), individual's case manager or social worker, or directly by a provider. All requests to become a member shall be directed to the Region.
2. Provider shall complete a Provider Network Application. Provider applicant shall be screened by the Region. Provider may be asked to meet for an interview or provide additional information. Criteria for consideration includes:
 - Priority for core and core plus services
 - Unmet need for the proposed services

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

RHCS shall manage the provider network to ensure individual needs are met. RHCS will contract with licensed and accredited providers to ensure that each required core service domain is provided. RHCS 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 the region or close proximity (currently St. Anthony Regional Hospital) and other providers of core services.

Network Providers

Providers that are part of the Regional network are required to submit the following to the Administrator's office:

- Trauma-informed, evidence-based, co-occurring, systems of care approach
- Documentation of appropriate corporate structure and governance as evidenced by a copy of agency by-laws
- Current license, certification, and/or accreditation
- Current accreditation survey from Inspections and Appeals and/or similar accrediting body along with any corrective action recommendations and plan for corrective action by agency
- Independent financial audit.
- Cost reports as required by the Region.
- Documentation of appropriate credentialing of program staff.
- Summary of previous year's appeals and outcomes (due Sept. 1st).
- Copy of the agency's Quality Assurance management plan and report.
- List of current board of directors.
- Organizational chart.

Designation of Targeted Case Management Providers

RHCS shall offer choice and access to cost effective conflict-free Targeted Case Management and designate Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program. The selected Targeted Case Management providers for the region will meet fidelity in the provision of an evidenced based practice model of case management. An adequate number of Targeted Case Management providers will be contracted within the region to provide for individual choice of provider. The selected Targeted Case Management providers will be identified in the Annual Service and Budget Plan. Such providers will be able to demonstrate that they meet the federal requirements for conflict-free case management. RHCS does not intend to contract with a service provider for the provision of Targeted Case Management.

Designated Case Management agencies serving the RHCS region must be accredited by the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in

IAC441-24.1(225C). Targeted Case Management and Service Coordination Services shall meet the following expectations:

- Performance and outcome measures relating to the health, safety, work performance and community residency of the individuals receiving the service.
- Standards including but not limited to social history, assessment, services planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 25.21 which may include the use of electronic record keeping and remote or internet based training.

Service Provider Payment Provisions

Each service provider shall provide monthly billing invoices and other information requested of the provider for utilization review. The monthly billings shall include the following information:

- Name and unique identifier of each individual served during the reporting period
- Number of units of service delivered to each individual served
- Unit rate and total cost of the units provided to each individual
- Copayments or other charges billed to other sources as deductions on the billing
- Actual amount to be charged to the Region of each individual for the period
- Number of leave days from a residential facility for tracking/trending purposes.

RHCS staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Services delivered without service authorization will be checked against county service authorization protocols to assure delivery was permitted (ie; crisis services). Any service units delivered and charged to the region not meeting these criteria will be deducted from the bill.

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

No billings received more than 60 days after the close of the fiscal year in which the service was provided shall be considered for payment by RHCS unless there is a statutory obligation or unforeseen circumstances exist as approved by the CEO. Fiscal year for RHCS is July 1-June 30.

D. FINANCING AND DELIVERY OF SERVICES AND SUPPORTS

Non-Medicaid mental health and disability services funding shall be under the control of the Rolling Hills Community Services (RHCS) Governing Board in accordance with Iowa Administrative Code **441-25.13 (331.391)**. The RHCS 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 RHCS Chief Executive Officer shall prepare a proposed annual budget, with priority given to core services and core populations per Attachment D. The proposed budget shall be reviewed by the RHCS Governing Board for final approval. The Chief Executive Officer shall be responsible for managing and monitoring the adopted budget. The services funded by RHCS 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 is responsible for adopting and approving an annual budget for Non-Medicaid Mental Health and Disability Services for the fiscal period July 1 to June 30 of each year. It is the Governing Board's duty to ensure a fair, equitable and transparent budgeting process. The Regional

Budget will be submitted to the Governance Board by the CEO based on the recommendations of the Advisory Board.

The RHCS Governing Board has designated Buena Vista County to act as the Regional Fiscal Agent. The RHCS Governing Board will determine an amount to be paid to the Regional Fiscal Agent. All expenditures, including funds held by Regional Fiscal Agent and funds held in individual county accounts, shall comply with the guidelines outlined in the Annual Service and Budget plan.

Accounting System and Financial Reporting

The accounting system and financial reporting to the department conforms to Iowa Code 441- 25.13 (2) (331.391) and includes all non-Medicaid mental health and disability expenditures funded by the Region. Information is separated and identified in the most recent Uniform Chart of Accounts approved by the State County Finance Committee including but not limited to the following: expenses for administration; purchase of services; and enterprise costs for which the region is a service provider or is directly billing and collecting payments (if applicable).

Contracting

RHCS will contract with MH/DS providers whose base of operation is within the region. The region may also honor contracts that other regions have with their local providers. RHCS may also choose to contract with providers outside of the Region. A contract shall not be required with providers that provide one-time or as needed services.

RHCS will examine ways to develop financial incentives for obtaining high performance individual outcomes and cost effectiveness. The region may utilize vouchers and other non-traditional means to fund services.

Regions support individual choice, and will place no geographic restriction on service providers other than they must provide services in Iowa. Regions are interested in obtaining the best service value for individuals served based on individual needs.

Providers wishing to terminate services will provide a 30-day notice of intent to terminate to the individual/guardian, the service coordinator, and the Regional Administrator, and will cooperate with discharge planning efforts to ensure the individual's health and safety.

RHCS service contracts require that providers meet all applicable licensure, accreditation or certification standards. However, RHCS makes serious efforts to stimulate access to more natural supports in its service provider network. RHCS will include providers of non-traditional services that do not require state certification, as long as they provide high quality services, positive outcomes and satisfaction, cost effectiveness, and are willing to comply with the Rolling Hills Regional Management Plan.

Funding

Funding shall be provided for appropriate, flexible, cost-effective community services and supports to meet individual needs in the least restrictive environment possible. RHCS recognizes the importance of individualized planning for services and supports to empower all individuals to reach their fullest potential. Access to services will meet or exceed the requirements of IAC441-25.3(1).

An individual who is eligible for publicly funded services and other support 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.

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

RHCS will authorize regional funding for a maximum of twelve outpatient therapy sessions, four medication checks, twelve medication management checks, one psychiatric evaluation and one therapy evaluation per year for eligible individuals covered under this plan. When additional services are needed, the provider may contact the Coordinator of Disability Services to discuss necessity and/or submit a written request validating the need. The request will be authorized or denied by the Chief Executive Officer and issued on a Notice of Decision.

It is the belief of RHCS region that individuals with disabilities should live in and receive services in the least restrictive setting consistent with their individual needs and abilities based on the principles of choice, community and empowerment. The Coordinators of Disability Services and Chief Executive Officer will strive to ensure that all individuals are living in the community with adequate supports. In the event that a higher level of need exists based on the results of the Standardized Assessment, funding for residential care facility services may be considered for mental health or medication stabilization on a short-term basis for up to three months by the Chief Executive Officer. During that time period, a Coordinator will work closely with the individual to monitor their recovery and assist with arranging services to be in place following discharge. Any extension of funding will be based on a follow-up assessment and subject to the approval of the Chief Executive Officer.

E. ENROLLMENT

Application and Enrollment/Timeframes

The Rolling Hills Community Services Region will function as the planning and management entity for individuals in need of mental health and disability services. RHCS Coordinators of Disability Services will assist individuals with accessing all funding sources to which they are eligible including private insurance, Medicaid, Medicare and any other funding mechanisms. The CEO will collaborate with county public health boards, mental health providers and service providers to identify service needs of the community, trends and potential gaps in services or coverage for individuals in need of services as outlined in the Annual Service and Budget Plan.

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

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

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

Notice of Enrollment Decision

Once a fully completed application is received in a Community Services office, RHCS Coordinators of Disability Services shall determine if the applicant meets the general eligibility criteria within 10 days. RHCS will consider an applicant eligible if their gross household income is 150% or below of the current Federal Poverty Guidelines. An individual must have resources that are equal to or less than \$2,000 in countable value for a single-person household or \$3,000 in countable value for a multi-person household or follow the most recent federal supplemental security income guidelines.

A Notice of Decision shall inform the individual of the decision and information to schedule a standardized assessment within 90 days.

Service and Functional Assessment

If an individual is referred to case management, integrated health home or service coordination, a Standardized functional assessment shall be completed within 90 days of application. The results will support the need for services including the type and frequency of service in the individual's case plan. Crisis and Urgent Services are not subject to a Standardized Functional Assessment. The need for Outpatient Services will be based on the mental health provider's intake assessment and treatment plan and according to the access standards outlined in Attachment D.

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

Service Funding Authorization

After the Coordinator of Disability Services verifies that county funded services are the least restrictive and most cost effective services appropriate for the individual's needs, and that alternative funding and supports were considered first, a service funding request is submitted to the Chief Executive Officer.

The funding request decision will not supersede approval of services mandated by federal or state statute, code, or rule and be within current service utilization guidelines. Services will be authorized based on the criteria outlined in Attachment D.

Notice of Decision

The Notice of Decision, as issued by the Chief Executive Officer, shall inform the individual the action taken on the application, reason for the action, service provider, services and units of services approved based on results from the standardized assessment, the applicant's right to appeal and the appeal process. The Notice of Decision will be issued by the CEO within 10 days of the completion of the Standardized Functional Assessment. The applicant shall be sent a copy of the region's appeal process and informed that they have the right to appeal the decision.

Re-enrollment

Individual must reapply for services on at least an annual basis. Services will be authorized for one year from the date of a signed Application however; services may be authorized for a lesser duration if so deemed by the CEO.

All individuals that receive ongoing MH/DS services shall have an individualized plan which shall identify the individual's needs and desires and set goals with action steps to meet those goals. Eligible individuals that request or accept the service may be referred to a targeted case manager for service coordination. Other individuals shall receive individualized service coordination from RHCS Coordinators of Disability Services.

It is the intent of RHCS that only RHCS staff shall authorize services for residents of the RHCS region. Due to that, it is the policy of RHCS that if another county, or the State, determines residency in error or approves services for persons who do not have residency in their region, RHCS may not assume retroactive payment. When written notification is received by RHCS of the error, RHCS staff shall authorize service according to the policies and procedures set forth in this manual.

Co-Payment for Services

Individuals above 150% of the federal poverty level are responsible for 100% of the cost of their services. However, any co-payments or other client participation required by any federal, state, region, or municipal program in which the individual participates shall be required to be paid by the individual. Such co-payments include, but are not limited to:

- Client participation for maintenance in a Residential Care Facility (RCF) through the state supplementary assistance program. Eligibility for RCF funding is contingent on the individual's ability to pay room, board and medical. For individuals with a pending application for SSI/SSDI, an Interim Assistance Reimbursement Agreement must be signed.
- The financial liability for institutional services paid by counties as provided in Iowa Code sections 230.15.
- The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.19.
- RHCS will not pay a copayment, deductible, or spend down required by the Medicare or Medicaid programs or any other third-party insurance coverage.

Co-payments in this section are related to core services to target populations as defined in Iowa Code 331.397. No co-payment shall be assessed to individuals with income equal to or less than 150 percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the U.S. Department of Health and Human Services.

Exception to Policy

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

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

The RHCS Chief Executive Officer will review the exception and a response will be given to the individual and, when appropriate, the service coordinator within 10 working days. Decisions on requests shall be used in the annual report to identify future changes in policy.

Confidentiality

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

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

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

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 as stated above.
- Information or records released shall be limited to only those documents needed for a specific purpose.
- Individual, or an authorized representative, shall be allowed to review and copy the individual record.
- Individual and related interviews shall be conducted in private settings.
- All discussion and review of individual's status and/or records by CPC staff, case managers, and others shall be conducted in private settings.
- All paper and computer files shall be maintained in a manner that prevents public access to them.
- All 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.

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, RHCS staff 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)

The following threshold criteria must be met to determine if an applicant is eligible for enrollment Rolling Hills Regional Service System:

General Eligibility

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

- a. The individual complies with financial eligibility requirements in 441-25.16
- b. The individual is at least eighteen years of age.

Or

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

counties of the region applicable prior to formation of the region. Eligibility for services under paragraph “b” is limited to availability of regional service system funds without limiting or reducing core services, and if part of the approved regional service system management plan.

c. The individual is a resident of this state.

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. In these instances, RHCS shall fund services and later seek reimbursement from 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, or a residential care facility, or for the purpose of attending a college or university.

**Denison Job Corp Center is exempt from residency similar to a college or university since it is a federal education and job training program.*

d. The individual must have a diagnosis of Mental Illness or Intellectual Disability.

e. Individuals with eligible MI or ID, who also have co-occurring SED, Brain Injury, or Physical Disabilities, are welcomed for care and eligible for services.

f. The results of a standardized assessment completed within 90 days, support the need for services of the type and frequency identified in the individual’s case plan.

Financial Eligibility

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

1. Income Guidelines: (IC 331.395.1)

All funding authorizations shall be determined based on gross income. If the applicant is eligible for federally funded or state funded services or supports, the applicant must apply for and accept such funding and support.

RHCS will consider an applicant eligible if their gross household income is 150% or below of the current Federal Poverty Guidelines.

The income eligibility standards specified herein shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program. The income guidelines established for programs funded through Medicaid (MEPD, Waiver programs, Habilitation Services, etc.) shall be followed if different than those established in this manual.

In determining income eligibility, the average monthly income for the past 3 months will be considered, however, recent employment and/or income changes may be considered by the RHCS in determining income eligibility. Applicants are expected to provide proof of income (including pay stubs, income tax return, etc.) as requested by RHCS.

Any exceptions to the basic eligibility standards set forth in this plan will be made on a case-by-case basis by the CPC Administrator and only if it will result in a less restrictive outcome for the individual.

2. Resources Guidelines: Iowa Code 331.395

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

- (1) 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.
- (2) A transfer of property or other assets within five years of the time of application with the result of, or intent to, qualify for assistance may result in denial or discontinuation of funding.
- (3) The following resources shall be exempt:
 - a. The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence.
 - b. One automobile used for transportation.
 - c. Tools of an actively pursued trade.
 - d. General household furnishings and personal items.
 - e. Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
 - f. Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.
 - g. Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.

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

- (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.

Diagnostic Eligibility

The individual must have a condition that meets the criteria of Mental Illness, Intellectual Disability, or Developmental Disability. Individuals, who also have multi-occurring substance use disorders, brain injury, or physical disabilities, are welcomed for care and eligible for services.

Individuals with Mental Illness

Individuals who have had at any time during the preceding twelve-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.

Individuals with Intellectual Disability means individuals who meet the following three conditions:

1. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly

sub average intellectual functioning) as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, American Psychiatric Association.

2. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.

3. The onset is before the age of 18.

(Criteria from "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revision (DSM IV)," 1994 revision, American Psychiatric Association)

Assistance to other than core populations (IAC441-25.21(1)2)

If funds are available and the population category was covered in at least one of the counties previous MHDS plan, RHCS shall fund services to individuals who have a diagnosis of a developmental disability other than an intellectual disability as defined in Iowa code chapter 4.1(9A). *Individuals with Developmental Disabilities that were funded prior to the effective date of this plan will be considered eligible for future funding subject to the results of a standardized functional assessment. Individuals with Developmental Disabilities are a population that was previously served by all RHCS counties as per their county management plans and will continue to receive funding as long as they meet the criteria of this plan. Services to individuals with a Developmental Disability may be considered eligible based on availability of funding. This will be designated in the Annual Service and Budget Plan.

Individuals with a 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.

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, RHCS may refer the applicant to an appropriate mental health professional for evaluation to verify and document a diagnosis.

G.

APPEALS PROCESSES

Non Expedited Appeal Process

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

Definitions:

Aggrieved person is one who has a complaint regardless of whether the complaint is appealable or non-appealable.

Appealable issue:

1. Claims for financial assistance or services from RHCS have been denied.
2. Application for financial assistance or services from RHCS has not been acted upon with reasonable promptness.
3. Notification that RHCS will suspend, reduce or discontinue services or financial assistance.
4. Other situations as determined by the Region.

Non-appealable issue:

1. Decisions regarding licenses or certification issues by DHS, DIA, or any other licensing or accrediting body.
2. Competence to engage in the practice of a discipline or profession.
3. Diagnostic decisions.
4. Determinations by an individual provider that the provider cannot meet the needs of the individual.
5. Discharge decisions of providers.
6. Decision to place an individual on a waiting list.

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 must be sent to the Chief Executive Officer of RHCS within fifteen (15) working days of receipt of the Notice of Decision.

Step 1. Reconsideration - The Chief Executive Officer shall review appeals and grievances. After reviewing an appeal, the Chief Executive Officer shall contact the appellant not more than five (5) working days after the written appeal is received. The Chief Executive Officer shall collect additional information from the appellant and other sources, if necessary and consent is given. Following a review of additional information and all relevant facts, a written decision shall be issued no later than five (5) working days following the contact with the appellant. A copy of the decision shall be sent to the appellant and/or representative by regular mail.

Step 2. Administrative Law Judge - If a resolution is not agreed upon through the Reconsideration process, then the appellant can pursue a hearing through a state Administrative Law Judge (ALJ). The decision of the state ALJ shall be the final decision.

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

Expedited Appeal Process

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

How to Appeal:

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

1. The appeal shall be filed within 5 days of receiving the Notice of Decision by RHCS. The expedited review, by the Division Administrator or designees shall take place within 2 days of receiving the request, unless more information is needed. There is an extension of 2 days from the time the new information is received.
2. The Administrator shall issue an order, including a brief statement of findings of fact, conclusions of law, and policy reasons for the order, to justify the decision made concerning the expedited review. If the decision concurs with the contention there is an immediate danger to the individual's health or safety, the order shall identify the type and amount of service which shall be provided for the individual. The Administrator or designee shall give such notice as is practicable to individuals who are required to comply with the order. The order is effective when issued.
3. The decision of the Administrator or designee shall be considered a final agency action and is subject to judicial review in accordance with section 17A.19.

H. WAITING LIST CRITERIA

The RHCS 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 RHCS funding.

The RHCS will only implement a waiting list if the property tax levy in each county is at the maximum amount and all dollars available to the region have been fully encumbered. 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. Core Services for target populations shall be

considered priority services. Waiting lists and service reductions may take place for all other populations and services

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

The waiting list shall be centrally maintained by the Chief Executive Officer.

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

I. QUALITY MANAGEMENT AND IMPROVEMENT

RHCS 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:

- Evaluation of individual satisfaction, including empowerment and quality of life; provider satisfaction; patterns of service utilization; responsiveness to individual needs and desires
- Improvement of welcoming, person/family centered, hopeful, strength based, trauma informed, multi-occurring capable care
- Improvement of the ability of providers to work in partnership with each other and with the regional management team to share collective responsibility for the population in the region
- The number and disposition of individual appeals and the implementation of corrective action plans based on these appeals
- Cost-effectiveness

Annually, RHCS Governing Board shall assess the region's performance and develop a list of priority areas needing improvement. All 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 shall evaluate the levels of improvement resulting from the program plan and determine if further action is needed with the assistance of staff. This shall be documented in the annual summary.

Quality of Provider Services

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

- Evaluation of the quality of provider services and supports based on individual satisfaction and achievement of desired individual outcomes
- The number and disposition of appeals of provider actions and the implementation of corrective action plans based on these appeals
- Cost-effectiveness of the services and supports developed and provided by individual providers.

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

Evidenced Based Practices

RHCS shall provide information and the Evidenced Based Practice Toolkits to the service providers who serve on the RHCS Advisory Board as well as making the information available to other regional providers. The CEO will be responsible for collaborating and planning with our providers to ensure that Evidenced Based Practices are planned for during the development of the service and upon implementation. The following Evidenced Based Practices will be supported and verified by RHCS:

- Assertive Community Treatment or Strength-Based Case Management
- Integrated Treatment of Co-occurring substance abuse and mental health disorders
- Supported Employment
- Family Psychoeducation
- Illness Management and Recovery
- Permanent Supportive Housing

Providers of Evidenced Based Practices will be required to document and report outcomes to the CEO on annual basis.

Methods utilized for Quality Improvement

Rolling Hills Community Services Region shall utilize the County Services Network (CSN) program for data tracking and management of the MH/DS Service System. RHCS will maintain a contract with a CSN expert user to provide technical assistance, maintenance, system integrity and training of regional personnel. Utilizing the CSN program will enable RHCS to comply with all data reporting, any other information technology requirements identified by the department and also to meet HIPAA compliance as a Regional entity. Rolling Hills Community Services Region contracts with Iowa State Association of Counties for HIPAA consultation and training.

All documents pertaining to an individual in need of services will be uploaded and stored within the system. Rolling Hills staff will utilize CSN to generate reports that include the following: Client Data, Claims Information, Financial Reports, Services and Regional Provider Contracts. This system will provide us with the ability to track potential waiting list information, funding request, active client status reports and outcomes. It will also provide uniformity in coding of claims and labeling information/definitions on a consistent basis.

Tracking changes and trends in the disability services system and providing reports to the Department of Human Services annually on or before December 1, for the preceding fiscal year the following information for each individual served:

- Demographic information
- Expenditure data

- Data concerning the services and other support provided to each individual, as specified by the Department of Human Services
- Actual numbers of individuals served

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 outcome and performance measures applied to the regional service system shall utilize measurement domains. The department may identify other measurement domains in consultation with system stakeholders to be utilized in addition to the following initial set of measurement domains:

- o Access to services
- o Life in the community
- o Person-centeredness
- o Health and wellness
- o Quality of life and safety
- o Family and natural supports

J. AMENDMENTS

Amendments to this Policy and Procedures Manual shall be reviewed by the Citizen's Advisory Board who shall make recommendations to the Regional Governance Board. After approval by the Regional Governance Board, amendments shall be submitted to the Department of Human Services for approval at least 45 days before the planned date of implementation.

ATTACHMENT A: ACCESS POINTS

Buena Vista County:

Rolling Hills Community Services Office
Buena Vista County
728 Erie St.
Storm Lake, IA 50588
(712) 749-2556

Genesis Development
1607 North Lake Ave.
Storm Lake, IA 50588
(712) 732-5038

Plains Area Mental Health Center
728 Erie St.
Storm Lake, IA 50588
(712) 213-8402

New Directions
808 Michigan St.
Storm Lake, IA 50588
(712) 213-7814

Catholic Charities (Satellite Office)
1709 E. Richland St.
Storm Lake, IA 50588
(712) 792-9597

Buena Vista County Case Management
728 Erie St.
Storm Lake, IA 50588
(712) 749-2556

Compass Pointe
824 Flindt Drive Suite 104
Storm Lake, IA 50588
(712) 732-5136

Buena Vista Regional Medical Center
1525 West Milwaukee
Storm Lake, IA 50588
(712) 732-4030

Faith Hope and Charity
1815 West Milwaukee
Storm Lake, IA 50588
(712) 732-5127

Calhoun County:

Rolling Hills Community Services Office
Calhoun County Community Services Building
515 Court St.
Rockwell City, IA 50579
(712) 297-5292 x237

Community & Family Resources
(Satellite Location)
515 Court St.
Rockwell City, IA 50579
(515) 297-5292

Unity-Point Health Berryhill Center
720 Kenyon Road
Fort Dodge, IA 50501
(515) 955-7171

Calhoun County Public Health
501 Court St.
Rockwell City, IA 50579
(712) 297-8323

DHS Targeted Case Management
Calhoun County Community Services Building
515 Court St.
Rockwell City, IA 50579
(712) 297-8524

Carroll County:

Rolling Hills Community Services Office
Carroll County Annex
608 North Court St., Suite A
Carroll, IA 51401
(712) 792-1234
New Hope Village
1211 East 18th St.
Carroll, IA 51401
(712) 792-5500

Home Care Options
726 North Main St.
Carroll, IA 51401
(712) 792-0322

Carroll County Case Management
608 North Court Suite A
Carroll, IA 51401
(712) 792-1234

Family Resource Center
502 West 7th St.
Carroll, IA 51401
(712) 792-6440

Plains Area Mental Health Center
608 North Court Suite B
Carroll, IA 51401
(712) 792-2991

St. Anthony Regional Hospital
311 South Clark
Carroll, IA 51401
(712) 792-8239

Catholic Charities
409 West 7th St.
Carroll, IA 51401
(712) 792-9597

New Opportunities
23751 Hwy 30 East
Carroll, IA 51401
(712) 792-1344

Mallard View
7504 Mahogany Ave.
Carroll, IA 51401
(712) 792-3785

Counseling Services
322 South 12th St.
Sac City, IA 50583
(712) 662-3222

Cherokee County:

Rolling Hills Community Services Office
1231 West Cedar Loop
2nd Floor, Ginzberg Building
Cherokee, IA 51012
712-225-6700

Cherokee County Work Services
322 Lake St.
Cherokee, IA 51012
712-225-4531

Plains Area Mental Health Center
1231 West Cedar Loop
2nd Floor, Ginzberg Building
Cherokee, IA 51012
712-225-2575

Crawford County:

Rolling Hills Community Services Office
Crawford County Courthouse
1202 Broadway, Suite 9
Denison, IA 51442
(712) 263-2720

West Iowa Community Mental Health Center
20 North 14th St.
Denison, IA 51442
(712) 263-3172

WESCO Industries
415 South 11th St.
Denison, IA 51442
(712) 263-6141

Department of Human Services Targeted
Case Management
1527 Fourth Ave South
Denison, IA 51442
(712) 263-6760

Jackson Recovery Center
1233 Broadway
Denison, IA 51442
(712) 263-5065

Crawford County Memorial Hospital
100 Medical Parkway
Denison, IA 51442
(712) 265-2500

Ida County:

Rolling Hills Community Services Office
Ida County Courthouse
401 Moorehead St.
Ida Grove, IA 51445
(712) 364-2385

Ida Services Inc.
Battle Creek (Main Campus)
651 1st St.
Battle Creek, IA 51006
(712) 365-4339

Ida Services Inc.
Somerset Apartments
400 Minnesota St.
Holstein, IA 51025
(712) 368-571

Plains Area Mental Health Center
Ida County Courthouse
401 Moorehead St.
Ida Grove, IA 51445
(712) 364-3500

Horn Memorial Hospital
701 East 2nd St.
Ida Grove, IA 51445
(712) 364-3311

Sac County

Rolling Hills Community Services Office
Sac County Support Services Building
1710 West Main
Sac City, IA 50583
(712) 662-7998

Sac County Targeted Case Management
Sac County Support Services Building
1710 West Main
Sac City, IA 50583
(712) 662-7998

Counseling Services LLC
322 South 13th St.
Sac City, IA 50583
(712) 662-3222

Howard Center
1319 Early St.
Sac City, IA 50583
(712) 662-7844

Loring Hospital
211 Highland Ave
Sac City, IA 50583
(712) 662-7105

New Opportunities
116 South State St.
Sac City, IA 50583
(712) 662-7921



ATTACHMENT B: Rolling Hills Community Services Region Application Form

Application Date: _____ Date Received by RHCS Office: _____

Last Name: _____ First Name: _____ MI: _____

Phone #: _____ Birth Date: _____ SSN# _____ State ID# _____

Current Address: _____
Street City State Zip County

Sex: Male Female Ethnic Background: White African American Native American Asian Hispanic Other _____

Guardian/Conservator appointed by the Court? Yes No Protective Payee Appointed by Social Security? Yes No

Legal Guardian Conservator Protective Payee
(Please check those that apply & write in name, address etc.)
Name: _____
Address: _____
Phone: _____

Legal Guardian Protective Payee Conservator
(Please check that apply & write in name, address etc.)
Name: _____
Address: _____
Phone: _____

Veteran Status: Yes No Branch & Type of Discharge: _____ Dates of Service: _____

Marital Status: Never married Married Divorced Separated Widowed

Legal Status: Voluntary Involuntary-Civil Involuntary-Criminal Probation Parole Jail/Prison

Are you here in the U.S. legally? Yes No Living Arrangement: Alone With relatives With unrelated persons

Current Residential Arrangement: (Check applicable arrangement)

Private Residence State Resource Center Supported Comm. Living State MHI
 Foster Care/Family Life Home RCF/MR RCF/PMI RCF
 ICF ICF/PMI Correctional Facility
 Homeless/Shelter/Street ICF/ MR Other _____

Disability Group/Primary Diagnosis:

Mental Illness Chronic Mental Illness Mental Retardation Developmental Disability Substance Abuse Brain Injury

Specific Diagnosis determined by: _____ Date: _____

Axis I: _____ Dx Code: _____

Axis II: _____ Dx Code: _____

If agency referral, name of agency/contact person and contact information: _____

Referral Source:

Self Community Corrections
 Family/Friend Social Service Agency
 Targeted Case Management Other _____
 Other Case Management

Education:

Years of Education: _____
GED: Yes No
H.S. Diploma: Yes No
College Degree: _____

Why are you here today? What services do you NEED? (this section must be completed as part of this application!)

Current Employment: (Check applicable employment)

<input type="checkbox"/> Unemployed, available for work	<input type="checkbox"/> Unemployed, unavailable for work	<input type="checkbox"/> Employed, Full time
<input type="checkbox"/> Employed, Part time	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
<input type="checkbox"/> Work Activity	<input type="checkbox"/> Sheltered Work Employment	<input type="checkbox"/> Supported Employment
<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> Seasonally Employed	<input type="checkbox"/> Armed Forces
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other _____

Current Employer: _____ **Position:** _____

Dates of employment: _____ **Hourly Wage:** _____ **Hours worked weekly:** _____

Employment History: (list starting with most recent to all previous. Use another sheet if more space is needed)

Employer	City, State	Job Title	Duties	To/From
1.				
2.				
3.				

Have you applied for any of the public programs listed below?

(Please check those you have applied for and the status of your referral) Please advise if your application has been **Approved** or **Denied**. If you appealed the denial, please advise of the date of appeal. Please advise if you have applied for reconsideration. Please advise if you have had a hearing with an Administrative Law Judge and the date of the scheduled hearing:

<input type="checkbox"/> Social Security _____	<input type="checkbox"/> SSDI _____	<input type="checkbox"/> Medicare _____
<input type="checkbox"/> SSI _____	<input type="checkbox"/> Medicaid _____	<input type="checkbox"/> DHS Food Assistance: _____
<input type="checkbox"/> Veterans _____	<input type="checkbox"/> Unemployment _____	_____
<input type="checkbox"/> FIP _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Health Insurance Information: (Check all that apply)

Primary Carrier (pays 1st)

Secondary Carrier (pays 2nd)

<input type="checkbox"/> Applicant Pays	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Family Planning only
<input type="checkbox"/> Medicare A,B D	<input type="checkbox"/> Medically Needy	<input type="checkbox"/> MEPD
<input type="checkbox"/> No Insurance	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> HAWK-I
Company Name _____		
Address _____		
Policy Number: _____		
(or Medicaid/Title 19 or Medicare Claim Number)		

<input type="checkbox"/> Applicant Pays	<input type="checkbox"/> Medicaid-	<input type="checkbox"/> Family Planning only
<input type="checkbox"/> Medicare A,B, D	<input type="checkbox"/> Medically Needy	<input type="checkbox"/> MEPD
<input type="checkbox"/> No Insurance	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> HAWK-I
Company Name _____		
Address _____		
Policy Number _____		
(or Medicaid/Title 19 or Medicare Claim Number)		

What is the name and location of your current general physician: _____

What is the name and location of your current Pharmacy? _____

Others in Household:

	Name	Date of Birth	Relationship
1.			
2.			
3.			
4.			

Contact Person: (including Case Manager, Social Worker, Case Worker, DHS IMW, Agency Staff, Etc.):

Name: _____ Relationship: _____

Address: _____ Phone: _____

Other Interested person(s):

Name: _____ Relationship: _____

Address: _____ Phone: _____

As a signatory of this document, I certify that the above information is true and complete to the best of my knowledge, and I authorize the RHCS staff to check for verification of the information provided including verification with Iowa county government and the state Iowa Dept. of Human Services (DHS) staff.

I understand that the information gathered in this document is for the use of an Iowa Region in establishing my ability to pay for services requested, in assuring the appropriateness of services requested, and in confirming residency. I understand that information in this document will remain confidential.

Applicant's Signature (or Legal Guardian) _____ Date _____

Signature of other completing form if not Applicant or legal Guardian _____ Date _____

NOTE: DO NOT WRITE IN THE SPACE BELOW-FOR RHCS USE ONLY

Unique ID#: _____ Date Contacted: _____

Disability Group-DX Type: MI ID DD SA OTHER

Determination: Accepted Denied (see comments below) Pending (see comments below)

Funding Secured: YES NO Arranged: _____

Date of Decision: _____ Date NOD sent: _____

If denied, check applicable reason:

- Over income guidelines
- Does not meet diagnostic criteria
- Does Not meet service plan criteria
- Does not meet plan criteria
- Not a resident of RHCS Region
- Applicant desires to stop process
- Other _____

Other referrals given (DHS, TCM, etc.): _____

Co-payment amount/terms (if applicable): _____

Comments: _____

RHCS staff making determination & Date: _____

ATTACHMENT C: GLOSSARY

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

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

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

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

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

Chief Executive Officer -- the individual chosen and supervised by the governing board who serves as the single point of accountability for the 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.

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 331.390.3.b.

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

County/region of residence -- means the county/region 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/region for a permanent or indefinite period of time. The county/region of residence of a person who is a homeless person is the county/region where the homeless person usually sleeps. A person maintains residency in the county/region in which the person last resided while the person is present in another county/region 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 individuals with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

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

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.

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.

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

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.

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

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

Regional services fund -- the mental health and disability regional services fund created in Iowa code section 225C.7A.

Regional service system management plan -- the regional service system plan developed pursuant to Iowa Code 331.393 for the funding and administration of non-Medicaid funded mental health and disability services including an annual service and budget plan, a policy and procedure manual, and an annual report and how the region will coordinate with the Department in the provision of mental health and disability services funded under the medical assistance program.

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.

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

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.

Attachment D

All individuals that apply are eligible for the following services provided they meet the financial and residency eligibility criteria per this management plan.

CORE SERVICES	DESCRIPTION	CORE POPULATION	NON-CORE POPULATION DD & BI	CRITERIA OR CONDITIONS
Assessment and Evaluation (Psychiatric or Psychological Evaluations and Standard Functional Assessment)	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	MI & ID	Subject to funding availability.	An individual who has received inpatient services shall be assessed and evaluated within four weeks. RHCS will fund one assessment and one evaluation per year with prior approval by the CEO.
Case Management (Targeted Case Management and Service Coordination)	Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence within their community.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.
Crisis Evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.	MI & ID	Subject to funding availability.	Must be provided within 24 hours.

Day Habilitation	Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.
Family Support	Services provided by a family support peer specialist that assist the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	MI & ID	Subject to funding availability.	Referral from Service Provider Must be provided within thirty days of request.
Health Homes	A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.	MI & ID	Subject to funding availability.	To be determined as program is developed.

<p>Home and Vehicle Modification</p>	<p>A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.</p>	<p>MI & ID</p>	<p>Subject to funding availability.</p>	<p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.</p> <p>*A lifetime limit equal to that established for the home and community based waiver for individuals with intellectual disabilities in the medical assistance program.</p> <p>*A provider reimbursement payment will be no lower than that provided through the home and community based services waiver for individuals with intellectual disabilities in the medical assistance program.</p>
<p>Home Health Aide Services</p>	<p>Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.</p>	<p>MI & ID</p>	<p>Subject to funding availability.</p>	<p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.</p>
<p>Job Development</p>	<p>Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.</p>	<p>MI & ID</p>	<p>Subject to funding availability.</p>	<p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.</p>

<p>Medication Management</p>	<p>Services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.</p>	<p>MI & ID</p>	<p>Subject to funding availability.</p>	<p>Provider intake/assessment must support the need for services of the type and frequency identified in the individual's treatment plan.</p> <p>*Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.</p> <p>*Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.</p> <p>*Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.</p> <p>*Distance: Outpatient and Recovery services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.</p>
<p>Medication Prescribing</p>	<p>Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.</p>	<p>MI & ID</p>	<p>Subject to funding availability.</p>	<p>Provider intake/assessment must support the need for services of the type and frequency identified in the individual's treatment plan.</p> <p>*Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.</p> <p>*Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.</p> <p>*Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.</p> <p>*Distance: Outpatient and Recovery services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.</p>

<p>Mental Health Inpatient Treatment</p>	<p>Acute inpatient mental health services are 24-hour settings that provide service to individuals with acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms; address health and safety needs and develop a comprehensive discharge plan to appropriate level of care.</p>	<p>MI & ID</p>	<p>Subject to funding availability.</p>	<p>*An individual in need of emergency inpatient services shall receive treatment within 24 hours.</p> <p>*Inpatient services shall be available within reasonably close proximity to the region.</p> <p>*Individual must meet pre-screen criteria through an assessment with Plains Area Mental Health Center in order to be eligible for funding.</p>
<p>Mental Health Outpatient Therapy</p>	<p>Services shall consist of evaluation and treatment services provided on an outpatient basis for the target population including psychiatric evaluation, medication management and individual, family and group therapy.</p>	<p>MI & ID</p>	<p>Subject to funding availability.</p>	<p>Provider intake/assessment must support the need for services of the type and frequency identified in the individual's treatment plan.</p> <p>*Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.</p> <p>*Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.</p> <p>*Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.</p> <p>*Distance: Outpatient and Recovery services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.</p>
<p>Peer Support Services</p>	<p>A program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.</p>	<p>MI & ID</p>	<p>Subject to funding availability.</p>	<p>Referral from Service Provider</p> <p>Must be provided within thirty days of request.</p>

Personal Emergency Response System	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.
Prevocational Services	Services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.
Respite Services	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	MI & ID	Subject to funding availability.	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.

<p>Supported Employment</p>	<p>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.</p>	<p>MI & ID</p>	<p>Subject to funding availability.</p>	<p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan. *The initial referral shall take place within 60 days of the individual's request of support for employment.</p>
<p>Supported Community Living Services</p>	<p>Services provided in a non-institutional setting to adult individuals with mental illness, intellectual or developmental disabilities to meet the person's daily living needs.</p>	<p>MI & ID</p>	<p>Subject to funding availability.</p>	<p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan. *The first appointment shall occur within four weeks of the individual's request of support for community living.</p>
<p>Twenty Four Hour Crisis Response</p>	<p>A program that operates a crisis hotline either directly or through a contract. The service shall be available 24 hours a day and seven days a week, 365 days per year including, but not limited to, relief of distress in pre-crisis and crisis situations, reduction of the risk of escalation, arrangements for emergency on-site responses when necessary, and referral of callers to appropriate services.</p>	<p>MI & ID</p>	<p>DD & BI</p>	<p>Available through Community Mental Health Centers to anyone within the region.</p>

Commitment Related (Evaluations, Sheriff, Transport, Legal Representation, Mental Health Advocates)	Court ordered services related to mental health commitments.	MI		Court Order
Service Coordination/Options Counseling	As defined in this plan in reference to the Coordinators of Disability Services.	MI, ID	DD, BI	<p>*An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.</p> <p>*An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.</p> <p>*All individuals will be provided options counseling to ensure access to appropriate services and supports.</p>

NON-CORE SERVICES	DESCRIPTION	CORE POPULATION	CONDITIONS
Transportation	Transportation to and from Day Habilitation and Vocational Programs.	MI & ID	All other funding options must be utilized prior to accessing regional funds. Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.
Information and Referral Services	Service that informs individuals of available services and programs.	General Population	Available to all community members.
Consultation and Public Education Services	To educate the general public about the realities of mental health and mental illness.	General Population	Available to all community members as needed within the limits of budgeted amount.
Prescription Medicine	Prescription psychiatric medications for persons having a mental health diagnosis.	MI	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan. One month limit. All other means of payment must be first considered.
Residential Care Facilities	Community Facility providing care and treatment.	MI	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan. Refer to Section D of this plan. *It is the intent of RHCS to support individuals within integrated community based service settings and according to the HCBS Quality Settings Standards. In the event that funding would need to be made available for Core Plus Services, residential care facility funding would be discontinued within 90 days.
Peer Drop-In Center	Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional	MI	

	problems.		
School Based Therapy	Therapy services provided in a school setting with linkage to other services.	MI	Referral from School Based Personnel.
Adult Day Care	Supervision and support provided outside of an individual's home in an organized environment.	MI & DD	<p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan. Refer to Section D of this plan.</p> <p>*It is the intent of RHCS to support individuals within integrated settings and according to the HCBS Quality Settings Standards. In the event that funding would need to be made available for Core Plus Services, adult day care funding would be discontinued within 90 days.</p>

ADDITIONAL CORE SERVICE DOMAINS	DESCRIPTION	CORE POPULATION	CONDITIONS
Twenty-four hour crisis hotline	Program that operates a crisis hotline either directly or through a contract. The service shall be available 24 hours a day and 7 days a week including but not limited to relief of distress in pre-crisis and crisis situations, reduction of the risk of escalation, arrangements for emergency on-site responses when necessary and referral of callers to appropriate services.	General Population	Available to all community members.
Mobile Response	Mental health service which provides on-site, face-to-face mental health crisis services for individuals experiencing a mental health crisis. Mobile crisis staff have the capacity to intervene, wherever the crisis is occurring, including but not limited to the individual's place of residence, emergency rooms, police stations, outpatient mental health settings, schools, recovery centers or any other location where the individual lives, works, attends school, or socializes.	MI & ID	Criteria to be determined as program is developed.
23 Hour Observation and Holding	Service that provides a level of care for up to 23 hours in a secure and protected, medically staffed, psychiatrically supervised treatment environment.	MI & ID	Criteria to be determined as program is developed.
Community Based Crisis Intervention Service	Services provided in community-based settings to de-escalate and stabilize and individual following a mental health crisis.	MI & ID	Criteria to be determined as program is developed.
Crisis Stabilization Residential Service	Services provided in short-term non-community – based residential settings to de-escalate and stabilize a mental health crisis.	MI & ID	Criteria to be determined as program is developed.
Subacute Services	A comprehensive set of wraparound services for persons who have had or	MI & ID	Criteria to be determined as program is developed.

	are at imminent risk of having acute or crisis mental health symptoms that do not permit the persons to remain in or threatens the removal of the persons from their home and community, but who have been determined by a mental health professional and a licensed health care professional, subject to the professional's scope of practice, not to need inpatient acute hospital services.		
Jail Diversion	Program that offers outpatient mental health services provided to individuals in criminal justice settings. Goal for Jail Diversion is to reduce recidivism and maintain individuals within the community with the proper supports.	MI & ID	Criteria to be determined as program is developed.
Crisis Intervention Training	Safety training for law enforcement, first responders, etc. regarding mental health awareness such as Crisis Intervention Training (CIT)	MI & ID	Criteria to be determined as program is developed.
Civil Commitment Pre-Screening	Evaluations completed prior to commitment with goal to divert individuals from commitment process.	MI & ID	Criteria to be determined as program is developed.
Positive Behavior Supports	Positive behavior support is a behavior management system used to understand what maintains an individual's challenging behavior.	MI & ID	Criteria to be determined as program is developed.
Assertive Community Treatment	Comprehensive outpatient services provided in the community directed toward the amelioration of symptoms and the rehabilitation of behavioral, functional, and social deficits of individuals with severe and persistent mental disorders and individuals with complex symptomatology who require multiple mental health and supportive services to live in the	MI & ID	Criteria to be determined as program is developed.

	community consistent with evidenced based practices.		
Peer Self-Help Drop-In Centers	Social support service designed to provide assistance, activities and emotional support to individuals on a peer to peer basis.	MI & ID	Criteria to be determined as program is developed.

