

Rolling Hills Community Services Region

Mental Health and Disability Services

Regional Service Management Transition Plan

Access Points

An access point is a part of the service system or community that shall be trained to complete the MH/DS funding applications for persons with a disability and forward such applications to the local Community Services Office. The following table contains the local access points that were in existence in the counties prior to regionalization and we designated them as access points for the Rolling Hills Community Services Region to ensure a seamless transition. They are listed as follows:

Access Point	Address	Phone Number
RHCS Office - Buena Vista County	728 Erie St., Storm Lake, IA 50588	(712) 749-2556
Plains Area Mental Health Center	728 Erie St., Storm Lake, IA 50588	(712) 213-8402
Genesis Development	1607 North Lake Ave., Storm Lake, IA 50588	(712) 732-5038
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 Co. Case Management	728 Erie St., Storm Lake, IA 50588	(712) 749-2556
Compass Pointe	824 Flindt Drive Ste. 104, Storm Lake, IA 50588	(712) 732-5136
Buena Vista Regional Med. 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
RHCS Office – Calhoun County	515 Court St., Rockwell City, IA 50579	(712) 297-5292
Community & Family Resources	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	515 Court St., Rockwell City, IA 50579	(712) 297-8524
RHCS Office – Carroll County	608 North Court St., Suite A, Carroll, IA 51401	(712) 792-1234
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
New Hope Village	1211 East 18th St., Carroll, IA 51401	(712) 792-5500
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
Plains Area Mental Health Center	608 North Court Suite B, Carroll, IA 51401	(712) 792-2991
Family Resource Center	502 West 7th St., Carroll, IA 51401	(712) 792-6440
RHCS Office – Crawford County	1202 Broadway, Suite 9, Denison, IA 51442	(712) 263-2720
West Iowa Com. Mental Health Ctr.	20 North 14 th St., Denison, IA 51442	(712) 263-3172
WESCO Industries	415 South 11 th St., Denison, IA 51442	(712) 263-6141
DHS 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 Hosp.	100 Medical Parkway, Denison, IA 51442	(712) 265-2500
RHCS Office – Ida County	401 Moorehead St., Ida Grove, IA 51445	(712) 364-2385
Ida Services Inc. (Main Campus)	651 1 st St., Battle Creek, IA 51006	(712) 365-4339
Ida Services Inc. Somerset Apts.	400 Minnesota St., Holstein, IA 51025	(712) 368-4671
Plains Area Mental Health Center	401 Moorehead St., Ida Grove, IA 51445	(712) 364-3500
Horn Memorial Hospital	701 East 2 nd St., Ida Grove, IA 51445	(712) 364-3311
RHCS Office – Sac County	1710 West Main, Sac City, IA 50583	(712) 662-7998
Sac Co. Targeted Case Management	1710 West Main, Sac City, IA 50583	(712) 662-7998
Counseling Services LLC	322 South 13 th St., Sac City, IA 50583	(712) 662-3222
Loring Hospital	211 Highland Ave, Sac City, IA 50583	(712) 662-7105
Howard Center	1319 Early St., Sac City, IA 50583	(712) 662-7844
New Opportunities	116 South State St., Sac City, IA 50583	(712) 662-7921

The potential for new access points may exist as we begin to develop the Core-Plus Services and we will consider all opportunities to expand our provider network to meet these service needs.

Targeted Case Management

The Case Management Providers listed below are the existing programs that were providing services within the Rolling Hills Community Services Region at the advent of this plan. Our Governance Board made this designation to allow for choice of provider, conflict-free case management and to allow for a seamless transition for our consumers. The possibility of combining the three county case management agencies into one regional entity is being considered to improve efficiencies, reduce overhead costs and allow for greater flexibility. Throughout Fiscal Year 2015, the three county case management programs will begin sharing administrative resources by meeting at least quarterly for joint supervision, staff training and exploration of service needs to transition into a regional case management entity by FY’16 if deemed feasible.

RHCS has identified and designated the following providers for case management in the RHCS region:

Buena Vista County Case Management	728 Erie St. Storm Lake, IA 50588	712-749-2556
Carroll County Case Management	608 N. Court St. Suite A, Carroll, IA 51401	712-792-1234
Sac County Case Management	1710 West Main, Sac City, IA 50583	712-662-7998
DHS Case Management – Calhoun	515 Court St. Rockwell City, IA 50579	712-297-8524
DHS Case Management – Crawford	1527 4 th Ave. South Denison, IA 51442	712-263-5065

Refer to Attachment A for specific interface with Case Management.

Service Access and Service Authorization Process

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. Any specific collaborations will be 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 to complete an application. 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.

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 region of the county of legal residence.

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

Notice of Eligibility for Assessment

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 consumer of the decision and information to schedule a standardized assessment within 90 days. The Notice of Decision shall explain the action taken on the application and the reasons for that action, the services that are approved by service provider, the applicant's right to appeal and the appeal process.

Service and Functional Assessment (IAC441-25.21(1)o) *(Refer to Attachment B for process)*

Standardized functional assessment methodology designated by the director of human services 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.

The Targeted Case Manager or Coordinator of Disability Services will invite providers to participate in the development of the consumer'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 consumer 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. Consumers may be represented by advocates, other consumer 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 Chief Executive Officer will then decide if the treatment, rehabilitative or supportive services are as follows:

1. Appropriate and necessary to the symptoms, diagnoses or treatment
2. Within standards of good practice for the type of service requested
3. Not primarily for the convenience of the individual or that of the service provider
4. The most appropriate level of service which can safely be provided
5. Of benefit to the individual and not available from alternative sources
6. For a service available to the individual's covered diagnosis
7. When deemed appropriate, the Chief Executive Officer may contract with a qualified professional to review the plan for requested services

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.

The Notice of Decision, as issued by the Chief Executive Officer, shall inform the consumer 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 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.

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

c. Exception to Policy

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

- Consumer's name
- Current services the consumer 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 consumer 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.

Core and Non-Core Service Authorization Process

The following Service Matrix defines the services to be provided by the Rolling Hills Community Services Region, a description of the services, eligible populations and the criteria or conditions for receipt of the services. This Service Matrix can also be found in the Rolling Hills Community Services Management Plan under Attachment D.

ATTACHMENT D: SERVICE MATRIX

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.

<p>Day Habilitation</p>	<p>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.</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>Family Support</p>	<p>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.</p>	<p>MI & ID</p>	<p>Subject to funding availability.</p>	<p>Referral from Service Provider Must be provided within thirty days of request.</p>

<p>Health Homes</p>	<p>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.</p>	<p>MI & ID</p>	<p>Subject to funding availability.</p>	<p>To be determined as program is developed.</p>
<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. *A lifetime limit equal to that established for the home and community based waiver for individuals with intellectual disabilities in the medical assistance program. *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>
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<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>
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<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>
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<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>
<p>Personal Emergency Response System</p>	<p>An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.</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>Prevocational Services</p>	<p>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.</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>Respite Services</p>	<p>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.</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>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 persons 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>
<p>Commitment Related (Evaluations, Sheriff, Transport, Legal Representation, Mental Health Advocates)</p>	<p>Court ordered services related to mental health commitments.</p>	<p>MI</p>		<p>Court Order</p>
<p>Service Coordination/Options Counseling</p>	<p>As defined in this plan in reference to the Coordinators of Disability Services.</p>	<p>MI, ID</p>	<p>DD, BI</p>	<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. *An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility. *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	<p>All other funding options must be utilized prior to accessing regional funds.</p> <p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.</p>
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	<p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.</p> <p>One month limit. All other means of payment must be first considered.</p>
Residential Care Facilities	Community Facility providing care and treatment.	MI	<p>Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.</p> <p>Refer to Sections 9c and 12c of this plan.</p>
Peer Drop-In Center	Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.	MI	

Work Activity	Vocational services provided in a sheltered work setting that offer meaningful work opportunities that build skills to move toward community living.	MI & ID	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan. Refer to Section 9c of this plan.
School Based Therapy	Therapy services provided in a school setting with linkage to other services.	MI	Referral from School Based Personnel.

Information Technology/Data Management/Reporting

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 has also contracted with Iowa State Association of Counties for HIPAA consultation and training and will strive towards the development of HIPAA policies and procedures on a regional basis during FY'15.

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, Regional Provider Contracts. This system will provide us with the ability to track potential waiting list information, funding requests and active client status reports.

RHCS will explore the use of encryption software for the use of email which may contain personally identifiable information of the individuals whom we serve. RHCS is in the process of creating a link on the Buena Vista County website for the region in which contact information, pertinent documents, meeting minutes and agendas can be uploaded for public access.

Business Functions/Funds Accounting Procedures

The Governing Board has appointed a 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. The Chief Executive Officer will be responsible for oversight of regional operations, ensuring adequate training of staff, determining staffing needs for the region and conducting annual performance evaluations. The Chief Executive Officer will also monitor the funds held in individual county accounts through receipt of a General Ledger balance sheet on a quarterly basis sent by the County Auditors.

The Chief Executive Officer will develop an annual service and budget plan for the region that will be subject to review and approval by the Advisory Board and Regional Governing Board. The budget will identify services that will be funded within RHCS as well as services that need to be developed per the Strategic Plan, said costs for such services and revenue sources. The regional budget will encompass all service and administrative costs and shall be approved by the Regional Governing Board by March 15th on an annual basis prior to the start of the new fiscal year. Counties that employ the Coordinators of Disability Services, Chief Executive Officer, Social Worker and clerical staff will budget the expenses and revenues for salaries and benefits. Individual counties will pay for the salaries and benefits of their employees only. All other administrative costs such as office supplies, telephone expense, mileage etc. will be paid by the region.

RHCS has selected the Buena Vista County Auditor to serve as the Fiscal Agent. All budget information for the Region including revenues, service expenditures and administrative costs will be entered into CSN and managed by the CEO and Fiscal Agent. The Chief Executive Officer will approve all service and administrative claims. Prior to payment by the Fiscal Agent, a list of all claims will be emailed out to the Governance Board for their review. All claims will be paid by the Fiscal Agent. The fiscal agent will receive all revenues from the state, counties and any other sources and will comply with all reporting requirements including an annual audit of the regional expenditures and assets. Individual counties will continue to utilize their external auditor for any county services fund expenditures, revenues and fund balances. The counties and RHCS region have transitioned to the newest Chart of Account Code guide as approved by the County Finance Committee in November 2013 which will provide for consistency in claims processing and reporting.

Each county of the region will contribute an annual contribution to the fiscal agent as outlined in the 28E agreement. All provider service claims will be sent to the fiscal agent for payment. The fiscal agent will pay all provider claims to ensure consistency and accurate data reporting to the department. Claims will be entered into CSN by a staff member of RHCS and reconciled with the fiscal agent report on a monthly basis by a separate RHCS staff member.