

# Central Iowa Community Services Mental Health and Disability Services Management Plan Policies and Procedures



CICS

Supporting Individuals. Strengthening Communities.

Geographic Area: Serving the Counties of Boone, Franklin, Hamilton, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, and Warren Counties.

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## **Introduction and Vision**

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

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

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

CICS shall maintain local county offices as the foundation to the service delivery system.

### **Basic Framework of the Regional MH/DS Services Management Plan**

This regional Mental Health & Disability Services Management Plan describes the framework for system design that CICS shall organize.

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

The Plan supports cost-effective, individualized services and supports that assist persons with disabilities to be as independent, productive, and integrated into the community as possible, within the constraints of available resources.

In compliance with Iowa Administrative Code (IAC) 441-25 the Plan includes three parts:

### **Annual Service & Budget Plan**

- the cost of services
- local access points
- targeted case management agencies
- a plan for ensuring effective crisis prevention
- a description of the scope of services
- projection of need and cost to meet the need
- provider reimbursement provisions.

## Annual Report

- an analysis of data concerning services managed for the previous fiscal year

## Policies & Procedures Manual

- includes policies and procedures concerning management of the MH/DS services
- MH/DS plan administration

CICS management plans, once approved by the Director of the Human Services, will be available in each local CICS office and on the County (listed below) and DHS websites: <http://dhs.iowa.gov>

### Boone County

900 W. 3<sup>rd</sup> St.  
Boone, Iowa 50036  
Phone: (515) 433-0593  
Fax: (515) 432-2480  
Website: [www.co.boone.ia.us](http://www.co.boone.ia.us)  
Office Hours: Monday – Friday, 9:00am - 4:30pm

### Franklin County

123 1st Ave. SW  
Hampton, Iowa 50441  
Phone: (641) 456-2128  
Fax: (641) 456-2852  
Website: <http://co.franklin.ia.us>  
Office Hours: Monday – Friday, 8:00am - 4:30pm

### Hamilton County

500 Fairmeadow Dr.  
Webster City, Iowa 50595  
Phone: (515) 832-9550  
Fax: (515) 832-9554  
Website: [www.hamiltoncounty.org](http://www.hamiltoncounty.org)  
Office Hours: Monday – Friday, 8:00am - 4:30pm

### Hardin County

1201 14th Ave.  
Eldora, Iowa 50627  
Phone: (641) 939-8167  
Fax: (641) 939-8247  
Website: [www.hardincountyia.gov](http://www.hardincountyia.gov)  
Office Hours: Monday – Friday, 8:00am - 4:30pm

### Jasper County

115 N. 2nd Ave. East  
Newton, Iowa 50208  
Phone: (641) 791-2304  
Fax: (641) 787-1302  
Website: [www.co.jasper.ia.us](http://www.co.jasper.ia.us)  
Office Hours: Monday – Friday, 8:00am - 4:30pm

### Madison County

209 E. Madison  
Winterset, Iowa 50273  
Phone: (515) 462-2931  
Fax: (515) 462-3076  
Website: [www.madisoncoia.us](http://www.madisoncoia.us)  
Office Hours: Monday – Friday, 8:00am - 4:30pm

### Marshall County

101 E. Main St.  
Marshalltown, Iowa 50158  
Phone: (641) 754-6390  
Fax: (641) 754-6391  
Website: [www.marshallcountyia.gov](http://www.marshallcountyia.gov)  
Office Hours: Monday – Friday, 8:00am - 4:30pm

### Poweshiek County

200 4<sup>th</sup> Ave West  
Grinnell, Iowa 50112  
Phone: (641) 236-9199  
Fax: (641) 236-1349  
Website: [www.poweshiekcounty.org](http://www.poweshiekcounty.org)  
Office Hours: Monday – Friday, 8:00am - 4:30pm

### Story County

126 S. Kellogg Ave. Suite 001  
Ames, Iowa 50010  
Phone: (515) 663-2930  
Fax: (515) 663-2940  
Website: [www.storycountyia.gov](http://www.storycountyia.gov)  
Office Hours: Monday – Friday, 8:00am - 4:30pm

### Warren County

1007 S. Jefferson Way  
Indianola, Iowa 50125  
Phone: (515) 961-1068  
Fax: (515) 961-1142  
Website: [www.warrencountyia.gov](http://www.warrencountyia.gov)  
Office Hours: Monday – Friday, 8:00am - 4:30pm

## **A. Organizational Structure**

### **Governing Board (IC 331.390)**

CICS organizational structure assigns the responsibility for the non-Medicaid funded MH/DS services with the Governing Board. Member counties shall appoint one member from the County Board of Supervisors and an alternate member to serve as a Director on the Governing Board. The Governing Board shall include two ex-officio and non-voting representatives: one representing individuals who utilize mental health and disability services or an actively involved relative of such an individual and one from service providers in the region. No member shall be an employee of the Department of Human Services.

### **MH/DS Advisory Board (IC 331.390(2)e; 331.392.(2)i; IAC 441-25.14.(1)i)**

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

CICS shall maintain local county advisory groups as the foundation for the Regional Advisory Board. An individual who utilizes mental health and disability services or an actively involved relative of such an individual and an individual representing providers of the county shall be appointed to the Regional Advisory Board by each county advisory group.

The Regional Advisory Board shall appoint an individual who utilizes mental health and disability services or an actively involved relative of such an individual and an individual representing providers of the region to the Regional Governing Board.

### **Chief Executive Officer**

The Governing Board shall appoint the Chief Executive Officer, upon the recommendation of the administrative team, as referenced in Iowa Code Section 331.392(3). The CEO functions are supervised and evaluated by the Governing Board and the CEO is the single point of accountability to the Governing Board.

### **Administrative Team**

The Regional Administrative Team shall consist of Community Service Directors representing member counties. The Regional Administrative Team shall remain employees of their respective counties. The Regional Administrative Team shall be assigned the Region's administrative responsibilities, including but not limited to, claims processing, contracting, and intakes, so that each of the required functions is performed.

## **B. Service System Management**

CICS shall directly administer the Region MH/DS Plan through the local CICS offices and contract with service providers to meet the service needs of the individuals. Member counties shall provide adequate credentialed staff to carry out the administration of this Plan. The staff delegated to perform functions of Coordinators of Disability Services shall have the qualifications required by IC 331.390(3)b and IAC 441-25.12(2)e.

<b>County Office</b>	<b>Address</b>	<b>Phone</b>
Boone County Community Services	900 W 3 <sup>rd</sup> St., Boone IA 50036	515-433-0593
Franklin County Community Services	123 1 <sup>st</sup> Ave SW, Hampton IA 50441	641-456-2128
Hamilton County Community Services	500 Fairmeadow Dr., Webster City IA 50595	515-823-9550
Hardin County Community Services	1201 14 <sup>th</sup> Ave, Eldora IA 50627	641-939-8167
Jasper County Community Services	115 N 2 <sup>nd</sup> Ave E, Newton IA 50208	641-791-2304
Madison County Community Services	209 E Madison St, Winterset IA 50237	515-462-2931
Marshall County Community Services	101 East Main, Marshalltown IA 50158	641-754-6390
Poweshiek County Community Services	200 4 <sup>th</sup> Ave West, Grinnell IA 50112	641-236-9199
Story County Community Services	126 S Kellogg Ave Suite 001, Ames IA 50010	515-663-2930
Warren County Community Services	1007 S. Jefferson Way, Indianola IA50125	515-961-1068

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

CICS does not intend to contract management responsibility for any aspect of the regional system of care to any agency or entity. The CICS 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 CICS staff, who shall have no financial 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 individuals, counties, and other stakeholders.

## **C. System Management**

### **System of Care Approach Plan (IAC 441-25.21(1)h)**

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

**Within this vision, CICS shall work in partnership with providers and other stakeholders to develop services that are:**

- Welcoming and accessible
- Able to emphasize integrated screening, early identification, and early intervention
- High quality and, wherever possible, evidence-based
- Organized into a seamless continuum of community based support
- Tailored to each individual with planning that expands the involvement of the individual
- Provided in the least restrictive, appropriate setting
- Designed to empower individuals and families as partners in their own care
- Designed to leverage multiple financing strategies within the region including increased use of Medicaid funded services and the Iowa Health and Wellness Plan
- Supported by provision of training and technical assistance to individuals and families, as well as to providers and other partners

## **Developing an Integrated Multi-Occurring Capable Trauma Informed System of Care: Implementation of Interagency and Multi-system Collaboration and Care Coordination (IAC 441-25.21(1)n; 441-25.21(1)m)**

An individual with multi-occurring conditions is defined as any person of any age with ANY combination of any MH condition (including trauma) and/or developmental or cognitive disability (including Brain Injury) and/or any Substance Abuse condition, including gambling and nicotine dependence, whether or not they have already been diagnosed. Individuals with multi-occurring conditions commonly also have medical, legal, housing, financial, and parenting issues and other complex needs.

CICS shall fund individuals with multi-occurring conditions that meet the eligibility criteria in Section F of this manual. Services and supports will be offered through the enrollment process including the standardized functional assessment.

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

A regional steering committee made up of CICS staff and advisory board members will coordinate the implementation of quality improvement processes by engaging the provider network. CICS staff will create a mechanism for collecting and communicating quality improvement information related to the progress of each program and to the region as a whole.

The steering committee will establish procedures for implementation of processes region-wide, including:

- >Workforce development
  - Forming partnerships at all staff levels
  - Establish training requirements for all staff levels
  - Technical Assistance
- >Requesting Policies and Procedures amendments
- >Program improvement

In addition, CICS shall partner with courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. CICS shall collaborate with the Iowa Department of Human Services, Iowa Department of Public Health, Department of Corrections, Iowa Medicaid Enterprises, other regions, service providers, case management, individuals, families, and advocates to ensure the authorized services and supports are cost effective and responsive to individuals' needs consistent with system principles.

CICS shall create committees that focus on training, communications, finance, policy development, contracting for outcomes, information systems, resource development, service delivery system design, quality improvement, and other committees as indicated, to organize the tasks, activities, and functions associated with building, implementing, and sustaining systems of care.

The CICS staff will regularly participate in community efforts that provide an opportunity to collaborate with other funders, service providers, individuals and families, advocates, and the courts in the interest of better serving individuals with mental illness and disabilities. The annual review will document and report these efforts.

### Third-party Payers

Prior to authorizing regional funding, treatment providers and coordinators of services must seek approval from Medicaid, Medicare, or any other third-party payer for any service. CICS may fund additional services

and supports for individuals who meet the Regional eligibility criteria for those ineligible for, or whose needs cannot be fully met (based on the functional assessment).

### Judicial and Criminal Justice System

CICS will partner with the courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. Mary Greeley is CICS's designated hospital for involuntary hospitalizations under Sections 229.11 and 229.13, *Code of Iowa*.

To better coordinate services between the mental health system and the judicial system, CICS will facilitate the development of protocols for identifying county jail inmates needing mental health treatment and for securing such treatment. Mental health evaluation and treatment services will be provided at the county jails through a contract with a qualified provider.

### Employment

CICS will continue working with local and regional Workforce Development initiatives that support integrating employment, training, education, and support services for all job seekers, workers, and employers, in accordance with the Workforce Investment Act. Coordinators of service and providers will use other federal, state, and private funding sources and programs that encourage competitive and supported employment. This may include Ticket to Work, Social Security Work Incentives, and Medicaid.

### Transitioning Youth to the Adult System

CICS will work with DHS social workers in transitioning youth to the adult system through Case Management and in collaboration with Integrated Health Home (IHH) providers, and will continue being a resource to explore options for children with complex needs. CICS staff will participate in the DHS/County Transition meetings with DHS and the Juvenile Court Officers. Service coordination may begin as early as age 16 to help identify services/resources needed.

### Education

CICS network providers will work with schools and Vocational Rehabilitation on transition plans for individuals in special education who will be leaving the school system. Additionally, CICS will continue to support post-secondary education efforts for people with disabilities.

### Other Regions

CICS has representatives on the Iowa Community Services Association Board and its subcommittees, the Electronic Transactions Clearinghouse Advisory Committee, and the ISAC Board of Directors. CICS has been and shall continue to be very active in activities involving training and coordination on a statewide basis with other regions and counties. CICS also attends Regional Leadership meetings with other regions and the Department of Human Services.

It is the policy of CICS that the region shall work with other regions to help coordinate funding for mutually beneficial service development activities. When providers have a "home office" in another region but also satellite offices in a county in this region, CICS shall honor that region's contracts for services that were contracted with that region. For different or new services, CICS shall enter into a contract with the provider to cover CICS counties or work with the host region to add those services to its contract.

CICS shall notify any region of a client that is physically located in a CICS county that appears to have residency in that region prior to approving services that are not emergent in nature. CICS shall not make any client wait for funding based on disputes over residency. If the need presents and there is a disagreement over residency on a client who is physically located in a CICS county, CICS shall fund services for the client while working with the other region or the state to resolve the residency dispute. At the time of the dispute resolution, CICS shall expect reimbursement from the region (or the state) that the client is determined to have residency in if it is not CICS.



### **Decentralized Service Provisions (IAC 441-25.21(1)i)**

CICS shall strive to provide services in a decentralized and equitable manner to meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. In areas where services are not available within the region, providers shall be encouraged to expand or begin services. The following measures shall be used to ensure services are available in all parts of the region:

#### **Utilization and Access to Services (IAC 441-25.21(1)d)**

Within the broad system approach outlined above, CICS shall oversee access and utilization of services, and population based outcomes, for the MH/DS involved population in the region in order to continuously improve system design and better meet the needs of people with complex challenges. In order to accomplish this, CICS shall integrate planning, administration, financing, and service delivery using utilization reports from both the region and the state, including the following:

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

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

- service offered
- adequate provider network
- restrictions on eligibility
- restrictions on availability
- location

This information shall be used for future planning and will be incorporated into the Annual Service and Budget Plan, to increase the provider network to meet access standards and other needs identified in the data.

Results will also be used to review the system of care approach plan, guide CICS in collaboration with agencies, to increase access and decentralize services. In addition, the data elements, indicators, metrics, and performance improvement for population management shall be continuously improved over time as the region develops increasing capability for managing the needs of its population.

CICS will continue to work with DHS to facilitate regional access and data sharing on disability services funded by Medicaid in order to coordinate CICS funded services and the services managed by the State.

## **D. Financing and Delivery of Services and Support (IAC 441-25.21(1)j)**

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

Non-Medicaid mental health and disability services funding shall be under the control of the CICS Governing Board in accordance with Iowa Administrative Code **441-25.13 (331.391)**. The CICS Governing Board shall retain full authority and financial risk for the Plan. The finances of the Region shall be maintained to limit administrative burden and provide public transparency.

The CICS Chief Executive Officer and Administrative Team shall prepare a proposed annual budget. The priority in the budget process is to project the costs of funding core services for target populations by

gathering information from each member county including data on measuring compliance with access standards as defined in Iowa Code 441-25.3. The next step in the budgeting process is to include costs to increase or enhance services to meet the access standards. Additional funds will be budgeted to allow for expansion of services in addition to core for target populations, and if funds are available, core services for non-target populations will be included in the budget.

The proposed budget shall be reviewed by the CICS governing board for final approval. The Administrative Team shall be responsible for managing and monitoring the adopted budget.

Services funded by CICS are subject to change or termination with the development of the regional MH/DS budget each fiscal year.

The CICS Governing Board has designated Madison County to act as the Regional Fiscal Agent. The CICS Governing Board shall determine an amount of projected MH/DS fund balance to be paid to the Regional Fiscal Agent. Member counties with a fund balance below the percentage determined by the CICS Governing Board may draw funds necessary to bring the fund balance up to the established percentage. All expenditures, including funds held by the Regional Fiscal Agent and funds held in individual county accounts, shall comply with the guidelines outlined in the Annual Service and Budget Plan.

### **Accounting System and Financial Reporting**

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

### **Contracting**

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

All approved provider contracts shall be between the provider and the CICS region (rather than individual counties). The Administrative Team shall make a recommendation to the Governing Board. All contracts must be approved and signed by the Governing Board Chair or designee.

CICS may develop financial incentives and/or outcome measures in order to obtain higher performance outcomes and cost effectiveness. The region may utilize vouchers and other non-traditional means to fund services.

Rates utilized for CICS contracts may be based on rates established by the State of Iowa through HCBS Waiver or Habilitation Services. Rates for other services that are set by the CICS region shall be substantiated by written financial documentation; such documentation may be required to be submitted for review in determining rates.

Providers may appeal any contracted rates and/or terms approved by the Governing Board following the Provider Appeal Procedure outlined in Attachment E.

### **Funding**

Funding shall be provided for appropriate, flexible, cost-effective community services and supports to meet individual needs in the least restrictive environment possible. CICS recognizes the importance of individualized planning for services and supports to empower all individuals to reach their fullest potential.

An individual who is eligible for other privately or publicly funded services and support must apply for and accept such funding and support and comply with requirements to remain eligible for such funding and support. Failure to do so shall render the individual ineligible for regional funds for services that would have been covered under funding, unless the region is mandated by state or federal law to pay for said services.

Individuals who are in immediate need and are awaiting approval and receipt of assistance under other programs may be considered eligible if all other criteria are met.

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

For individuals meeting the diagnostic eligibility in Section F of this manual, the type and frequency of service provided shall be determined by the results of the required standardized functional assessment as designated by the director of the Department of Human Services (**IAC441-25.21(1)(o)**), described in Section F (Eligibility Process) of this manual. A list of services and supports by eligibility group is listed in the service matrix (Attachment C). Individuals with multioccurring conditions or issues may receive services other than those listed under their primary diagnosis.

## **E. Enrollment (IAC441-25.21(1)e)**

### **Application and Enrollment**

Individuals residing in CICS counties, or their legal representative, may apply for regional funding for services by contacting any CICS Community Services office or may contact one of the designated access points (Attachment A) to complete an application (Forms Appendix). All applications shall be forwarded to the Community Services office in the county where the applicant lives. The CICS office shall determine eligibility for funding.

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

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

### **Residency**

*“County of residence”* means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university. (IC 331.394(1)a)

If an applicant has complied with all information requests, access to services shall not be delayed while awaiting a determination of legal residence. CICS shall notify any region of a client that is physically located

in a CICS county that appears to have residency in that region prior to approving services that are not emergent in nature.

It is the policy of CICS that if another county, region, or the State, determines residency in error or approves services for persons who do not have residency in their region, CICS will assume payment when written notification is received by CICS. CICS staff shall authorize services according to the policies and procedures set forth in this manual. If CICS determines residency in error, CICS will notify the other region or the State of the error. CICS will work with the other regions or the State to accept residency and to assume payment responsibility when written notification was received.

If parties cannot agree on residency determination, CICS shall follow the dispute resolution process outlined in IC 331.394(5).

### **Exception to Policy**

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

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

The Coordination Officer and CEO shall review the exception, and a response shall be given to the individual and the service coordinator within 10 working days. Decisions on requests shall be documented and used in the annual report to identify future changes in policy.

### **Confidentiality**

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

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

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

Procedures to ensure confidentiality shall include:

- Individual's (or their legal guardian's) written consent shall be obtained prior to release of any confidential information, unless allowed by law.
- Information or records released shall be limited to only those documents needed for a specific purpose.
- Individual, or an authorized representative, shall be allowed to review and copy the individual record.
- Individual and related interviews shall be conducted in private settings.
- All discussion and review of individual's status and/or records by CICS staff, case managers, and others shall be conducted in private settings.

- All paper and computer files shall be maintained in a manner that prevents public access to them.
- All printed confidential information disposed of shall be shredded.
- Steps shall be taken to ensure that all fax, email, and cellular phone transmissions are secure and private.
- Staff shall receive initial and ongoing training concerning confidentiality and staff shall sign a statement agreeing to confidentiality terms.

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

A copy of the regional HIPAA policies and procedures covering confidentiality may be viewed in any local CICS office.

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

### **General Eligibility**

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

**The individual is at least eighteen years of age.**

Or

- An individual who is seventeen years of age, is a resident of this state, and is receiving publicly funded children's services may be considered eligible for services through the regional service system during the three-month period preceding the individual's eighteenth birthday in order to provide a smooth transition from children's to adult services.
- An individual less than 18 years of age and a resident of the state may be considered eligible for those mental health services made available to all or a portion of the residents of the region of the same age and eligibility class under the county management plan of one or more counties of the region applicable prior to formation of the region. Eligibility for services under paragraph "b" is limited to availability of regional service system funds without limiting or reducing core services and if part of the approved regional service system management plan.

**The individual is a legal resident of the state.**

### **Financial Eligibility**

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

- Income Guidelines: (IC 331.395.1)
  - Gross incomes 150% or below of the current Federal Poverty Guidelines (Attachment B). At the discretion of CICS, applicants with income above 150% may be eligible for regional funding with an individual copayment as specified in this manual (Attachment D).
  - 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 (Waiver programs, Habilitative 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 CICS in

determining income eligibility. Applicants are expected to provide proof of income (including pay stubs, income tax return, etc.) as requested by CICS.

## 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.

- The countable value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this subrule.
- A transfer of property or other assets within five years of the time of application with the result of, or intent to, qualify for assistance may result in denial or discontinuation of funding.
- The following resources shall be exempt:
  - (1) The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence. The homestead shall include all land that is contiguous to the home and the buildings located on the land.
  - (2) One automobile used for transportation.
  - (3) Tools of an actively pursued trade.
  - (4) General household furnishings and personal items.
  - (5) Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
  - (6) Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.
  - (7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.

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

- A retirement account that is in the accumulation stage.
- A medical savings account.
- An assistive technology account.
- A burial account or trust limited in value as to that allowed in the Medical Assistance Program.

In addition to resource guidelines of Iowa Code 331.395, CICS will exempt one vehicle per adult household member.

An individual who is eligible for federally funded services and other support must apply for and accept such funding and support.

### **Co-payment for services**

Any co-payments or other client participation required by any federal, state, region, or municipal program in which the individual participates shall be required to be paid by the individual. Such co-payments include, but are not limited to:

- Client participation for maintenance in a residential care facility through the state supplementary assistance program.
- The financial liability for institutional services paid by counties as provided in Iowa Code sections 230.15.

Co-payments in this section are related to core services to target populations as defined in Iowa Code 331.397. No co-payment shall be assessed to individuals with income equal to or less than 150 percent of

the federal poverty level, as defined by the most recently revised poverty income guidelines published by the U.S. Department of Health and Human Services.

Individuals with income over the established guidelines may be eligible for services on a sliding fee scale as shown in Attachment D. A co-payment is required for those individuals with incomes between 150%-250% of poverty. This amount is collected by the service agency.

### **Diagnostic Eligibility**

The individual must have a diagnosis or co-occurring diagnosis that includes Mental Illness or Intellectual Disability.

#### **Mental Illness**

Individuals who at any time during the preceding twelve-month period had a mental health, behavioral, or emotional disorder or, in the opinion of a mental health professional, may now have such a diagnosable disorder. The diagnosis shall be made in accordance with the criteria provided in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and shall not include the manual's "V" codes identifying conditions other than a disease or injury. The diagnosis shall also not include substance-related disorders, dementia, antisocial personality, or developmental disabilities, unless co-occurring with another diagnosable mental illness.

#### **Intellectual Disability**

Individuals who meet the following three conditions:

1. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly sub average intellectual functioning) as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth 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 the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revision (DSM IV), 1994 revision, American Psychiatric Association) or the most recent approved by the State of Iowa.

The results of a standardized assessment support the need for intellectual disability services of the type and frequency identified in the individual's case plan.

#### Acceptable verification for Diagnostic requirements

If a psychological or psychiatric evaluation or other acceptable verification of diagnosis is not available, CICS may refer the applicant to an appropriate mental health professional for evaluation to verify and document a diagnosis.

### **Assistance to Other than Core Populations (IAC441-25.21(1)2)**

If funds are available, CICS shall fund services to populations of individuals who have a diagnosis of a developmental disability other than an intellectual disability as defined in Iowa Administrative Code 441-24.1 (225C) and brain injury as defined in Iowa Administrative Code 83.81 and also to children to the extent allowable by law.

*"Persons with developmental disabilities"* means a person with a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments.
2. Is manifested before the person attains the age of 22.
3. Is likely to continue indefinitely.
4. Results in substantial functional limitations in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
5. Reflects the person's need for a combination and sequence of services which are of lifelong or extended duration.

*"Persons with brain injury"* means an individual with clinically evident damage to the brain resulting directly or indirectly from trauma, infection, anoxia, vascular lesions or tumor of the brain, not primarily related to degenerative or aging processes, which temporarily or permanently impairs a person's physical, cognitive, or behavioral functions as defined in Iowa Code section 83.81. The person must have a diagnosis from the following list:

Malignant neoplasms of brain, cerebrum.  
 Malignant neoplasms of brain, frontal lobe.  
 Malignant neoplasms of brain, temporal lobe.  
 Malignant neoplasms of brain, parietal lobe.  
 Malignant neoplasms of brain, occipital lobe.  
 Malignant neoplasms of brain, ventricles.  
 Malignant neoplasms of brain, cerebellum.  
 Malignant neoplasms of brain, brain stem.  
 Malignant neoplasms of brain, other part of brain, includes midbrain, peduncle, and medulla oblongata.  
 Malignant neoplasms of brain, cerebral meninges.  
 Malignant neoplasms of brain, cranial nerves.  
 Secondary malignant neoplasm of brain.  
 Secondary malignant neoplasm of other parts of the nervous system, includes cerebral meninges.  
 Benign neoplasm of brain and other parts of the nervous system, brain.  
 Benign neoplasm of brain and other parts of the nervous system, cranial nerves.  
 Benign neoplasm of brain and other parts of the nervous system, cerebral meninges. Encephalitis, myelitis and encephalomyelitis.  
 Intracranial and intraspinal abscess.  
 Anoxic brain damage.  
 Subarachnoid hemorrhage.  
 Intracerebral hemorrhage.  
 Other and unspecified intracranial hemorrhage.  
 Occlusion and stenosis of precerebral arteries.  
 Occlusion of cerebral arteries.  
 Transient cerebral ischemia.  
 Acute, but ill-defined, cerebrovascular disease.  
 Other and ill-defined cerebrovascular diseases.  
 Fracture of vault of skull. Fracture of base of skull.  
 Other and unqualified skull fractures.  
 Multiple fractures involving skull or face with other bones.  
 Concussion.  
 Cerebral laceration and contusion.  
 Subarachnoid, subdural, and extradural hemorrhage following injury.  
 Other and unspecified intracranial hemorrhage following injury.  
 Intracranial injury of other and unspecified nature.  
 Poisoning by drugs, medicinal and biological substances.  
 Toxic effects of substances.



Effects of external causes.  
Drowning and nonfatal submersion.  
Asphyxiation and strangulation.  
Child maltreatment syndrome.  
Adult maltreatment syndrome.

### **Eligibility Process:**

**Entry/Access Points:** The first point of contact for someone seeking mental health and disability services. Examples of entry points include health care providers, hospitals, corrections, clerk of court offices, advocates as well as designated Access Points. Access Points are required to send completed applications or referrals by the end of the working day that the contact is received.

**Referrals:** Intake workers located in county offices will take self-referrals or Access Point referrals conducted with the individual's consent for the purpose of further assessment for care, treatment, or funding. Referrals may be made from any part of service delivery system.

- **Self-Referral:** A consumer or advocate takes responsibility for contacting another service provider(s) to make a referral on their own behalf. The service provider will contact the local Community Services office to determine funding for services.
- **Assisted Active Referral:** Service providers within the service system make a referral on behalf of a consumer. Assisted active referral includes:
  - initial verbal contact with the receiving agency
  - discussion about referral requirements
  - anticipated appointment time (waiting list considerations)
  - appropriate documentation forwarded
  - feedback to referring agency
  - determination of funding sources(s)

**Initial Needs Identification:** Intake also provides initial brief screening and assessment for the purpose of appropriate referral to service provider. Referrals are prioritized based on presenting issues, needs, and risk assessment. If applicant meets the general eligibility criteria and needs treatment services, the intake staff will inform the applicant of the provider options and refer them to appropriate services with the provider they choose. If individuals need other services or supports and are eligible for case management or integrated health home (IHH), intake staff will inform them of the case management or integrated health home provider options and refer them to the appropriate agency. If the individual needs other services or supports and are not eligible for case management or integrated health home, staff will refer the individuals to regional Service Coordinators. The intake worker informs the individual what additional information or verification is needed and how to obtain that information.

**Service Coordination:** Case Managers, IHH, or regional Service Coordinators provide another link to funding and providers. Those involved in service coordination may request regional funded services as needed. Service coordination will also assist in scheduling individuals for a standardized functional assessment required in Iowa Code.

**Assessment:** Individualized services are determined in accordance with the standardized functional assessment. The Assessment will be used in the Individualized Care Plan to determine services and units of services funded.

**Individualized Care Planning:** Includes the gathering and interpretation of comprehensive assessment information and creating strategies with the consumer about their ongoing care and support. Service Coordination is particularly important in facilitating appropriate care for consumers with multiple or complex needs. Individualized planning supports the consumer to identify goals and implement strategies,

actions, and services to achieve those goals. This may involve linking the consumer to a range of services, identifying how self-management support, education, and health promotion will be provided, and establishing effective communication among all the providers involved in delivering services to the individual.

### **Service Authorization**

**Request for Services:** Service Coordination and intake workers request services on behalf of the individuals based on the initial needs identification or standardized assessment. Requests for outpatient services will be handled by the intake workers. Timely eligibility determination includes the issuance of a **Notice of Decision (NOD)**. A Notice of Decision will be issued within 10 days of receiving a completed Funding Application. The Notice of Decision informs eligible individuals and/or their advocate and service providers of the approval, pending, or denial of mental health funding, reason for the action, what the share of cost is, if any, and appeal rights if the applicant is dissatisfied with the action specified in the NOD. The NOD also specifies the service provider, type, and units of services approved based on immediate need or results from the standardized assessment.

**Timeframe:** Eligibility determination and referrals for emergency and necessary services shall not exceed 10 days (IAC 441-25.21). If a functional assessment is required, it will be completed within 90 days IAC 441-21.15. Once an individual's functional assessment is received, individuals will be referred for services to a provider of choice and issued a Notice of Decision within 10 days.

All individuals that receive ongoing Service Management shall have an individualized plan which shall identify the individual's needs and desires and set goals with action steps to meet those goals. Eligible individuals that request or accept the service may be referred to a targeted case manager for service coordination. Other individuals shall receive individualized service coordination from CICS staff.

The Service Coordinator, when involved, shall invite providers to participate in the development of the consumer's Individual Service Plan to ensure effective coordination.

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

As with the application and enrollment process, individuals shall be informed of their right to appeal any service planning/service authorization decision.

### **Re-enrollment**

Individuals must reapply for services on at least an annual basis.

## **G. Appeals Processes (IAC 441-25.21(1))** **(Amended 2/2016)**

### **Non Expedited Appeal Process (IAC 441-25.21(1)l.(1))**

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

## **How to Appeal:**

Written appeal forms, with a clear description of the appeals, investigation, and disposition process, and the telephone number for submitting a verbal appeal or grievance shall be attached to the Notice of Decision form. Assistance in completing the appeal form shall be provided upon request.

To appeal, complete appeal form must be sent to the Central Iowa Community Services Office within ten (10) working days of receipt of the Notice of Decision.

Central Iowa Community Services  
101 East Main St  
Marshalltown, Iowa 50158

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

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

To pursue a hearing the applicant must notify Central Iowa Community Services by written request within 10 days of the NOD or reconsideration response. The request should include name, address, a statement of why the applicant disagrees with the facts alleged, the date, and signature of the appellant. Central Iowa Community Services will submit the appeal to The Department of Inspection and Appeals within 15 days of the request.

For further information on the hearing process through an Administrative Law Judge, see <https://dia.iowa.gov/ahd/>

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

## **Expedited Appeals Process (IAC 441-25.21(1)1.2)**

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

## **How To Appeal:**

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

1. The appeal shall be filed within 5 days of receiving the notice of decision by Central Iowa Community Services. The expedited review, by the Division Administrator or designee shall take place within 2 days of receiving the request, unless more information is needed. Then there is an extension of 2 days from the time the new information is received.

2. The Administrator shall issue an order, including a brief statement of findings of fact, conclusions of law, and policy reasons for the order, to justify the decision made concerning the expedited review. If the decision concurs with the contention that there is an immediate danger to the individual's health or safety, the order shall identify the type and amount of service, which shall be provided for the individual. The Administrator or designee shall give such notice as is practicable to individuals who are required to comply with the order. The order is effective when issued.
3. The decision of the Administrator or designee shall be considered a final agency action and is subject to judicial review in accordance with section 17A.19.

## **H. Provider Network Formation and Management (IAC 441-25.21 (1)i)**

CICS shall have a network of service providers to meet the continuum of service needs of individuals. The Region retains the right to select services providers to be a part of the CICS provider network. Providers must be approved CICS 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.)

### **Eligibility to Contract with CICS**

In order to contract with CICS, a provider must meet at least one of the following criteria:

- Currently licensed, accredited, or certified by the State of Iowa, or
- Currently enrolled as a Medicaid provider, or
- Have a current accreditation by a recognized state or national accrediting body (Joint Commission on Accreditation of Health Care Organization-JCAHO; Council on Rehabilitation Facilities-CARF; etc.)
- Currently has a contract with CICS or another Iowa region
- If CICS does not have a contract for a needed service with an established provider, a request from a Non-Traditional Provider may be considered.

New providers may be added to the provider network if it is determined either a particular individual will benefit from the service (as determined by the individual's inter-disciplinary team) or that the provider shall provide service(s) that will enhance the service system. New network providers shall be approved through the following process:

1. A referral or request for a new network provider may be made by an individual (or authorized representative), consumer'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 consumer outcomes and family/consumer satisfaction
- Retention of consumers in other programs
- Coordination with other provider agencies
- Evidence of individualized services
- Relationship with other regions the agency serves
- Funding source for the service
- Financial viability of the agency

3. The Region shall inform the provider of acceptance or denial.
4. New network providers shall receive appropriate orientation and training concerning CICS's MH/DS Plan.

Upon approval by the Administrative Team, the contracting/rate setting process is initiated with the new provider.

All providers included in the CICS 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.

In addition to the above, CICS is currently encouraging providers to participate in the quality improvement partnership for system development in the region, to become welcoming, person/family centered, trauma informed, and multi-occurring capable. CICS will ensure providers are trained to provide multi-occurring, trauma informed, evidence-based practices as outlined in (IAC-441-25.4).

The current CICS MH/DS network is included in the Annual Service and Budget Plan.

CICS shall manage the provider network to ensure individual needs are met. CICS shall contract with licensed and accredited providers to provide each service in the required core services domains. CICS shall ensure an adequate number of providers are available to avoid waiting lists including outpatient mental health providers, Community Mental Health Centers, and at least one inpatient psychiatric hospital located within the CICS region.

### **Regional Contracts**

All MHDS contracts utilize a standard contract template approved by the CICS Governing Board. All contracts for MHDS services are annual contracts based on a July 1<sup>st</sup> to June 30<sup>th</sup> fiscal year. Discretion for all contracting and rate setting issues rests with the CICS Governing Board and not with individual member counties.

### **Contracting/Rate Setting Structure**

The Operations Officer is responsible for the contracting process and shall work with pertinent team members in the development of the provider contract agreement.

### **Contracting/Rate Setting Process**

Contracting and rate negotiation matters shall be handled in the following method:

- Operations Officer and/or designated team representative(s) shall meet with a current or prospective contracting party to negotiate contract terms and rates with the final recommendation reviewed by the Operations Officer.

Upon review, the Operations Officer presents a recommendation to the Administrative Team. The Administrative Team reviews the recommendation of the Operations Officer and may accept, reject, or change the recommendation. The Administrative Team makes a recommendation to the CICS Governing Board. All contracting/rate setting matters require action of the CICS Governing Board.

### **Rate Setting Terms**

Rates established and approved by the State (such as HCBS Waiver, Hab Services, etc.) may be acceptable rates for regionally funded comparable services. Rates for other services that are set by the CICS region

shall be substantiated by written financial documentation; such documentation may be required to be submitted for review in determining rates. All rates and rate changes shall be effective July 1<sup>st</sup> of each year. A rate established for a new service, or provider, shall be in effect until the following June 30<sup>th</sup>. Any exceptions for mid-year rate changes must be authorized by the Governing Board. CICS will honor and utilize rates established by other MHDS regions for providers outside of CICS.

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

CICS shall offer access to cost effective, evidenced based, conflict-free Targeted Case Management as described in IAC 441-25.21(1)g1. With the implementation of Managed Care Organizations (MCOs), case management rests with the MCOs.

Designated Case Management agencies serving the CICS must be accredited according to the rules of the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in IAC 441-24.1.

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

- Performance and outcome measures relating to the safety, work performance, and community residency of the individuals receiving the service.
- Standards including, but not limited to, social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-24.1, which may include the use of electronic record keeping and remote or internet based training.

Any request for case management services will be referred to the proper Managed Care Organization.

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

CICS shall have a quality improvement process that provides for ongoing and periodic evaluation of the service system and of the providers of services and supports in the system. Stakeholders, with emphasis on individual input, shall be involved in the development and implementation of the quality improvement program.

### **System Evaluation**

The system evaluation shall include, but not be limited to, outcome and performance in the following domains:

- access to service
- life in the community
- person centeredness
- health and wellness
- quality of life and safety
- family natural supports

### **Methods Utilized for Quality Improvement**

- Evaluation of individual satisfaction, including empowerment and quality of life
  - Direct interaction and feedback from individuals, families, providers, case managers, service coordinators, and other stakeholders
- Provider satisfaction; patterns of service utilization; responsiveness to individual needs and desires
  - Needs assessments, satisfaction surveys, and other written questionnaires
- Improvement of the ability of providers to work in partnership with each other and with the regional management team to share collective responsibility for the population in the region
  - Provider/team meetings and training opportunities

- The number and disposition of individual appeals and exception to policy requests and the implementation of corrective action plans based on these appeals and requests
  - The CICS Administrative team shall evaluate the reports and recommend areas of improvement
- Cost-effectiveness
  - Compare program costs and outcomes to determine resource reinvestment
- Establishment and maintenance of a data collection and management information system oriented to the needs of individuals, providers, and other programs or facilities. Tracking changes and trends in the disability services system and providing reports to the Department of Human Services as requested for the following information for each individual served:
  - CICS staff collects data using the Iowa State Association of Counties Community Services Network (CSN), a data management system to connect counties and agencies with a shared system which captures and reports standardized information for Iowans accessing the community services system while abiding by HIPAA, State, and Federal Laws. CSN has the data capacity to exchange information in compliance with the reporting requirements including DHS established client identifier, demographic information, expenditure data concerning the services and other support provided to each individual, as specified by the department.
  - CICS will follow the process outlined in the Outcome and Performance Measures Committee Report of December 14, 2012. CICS will initially use the statistical data from CSN to develop reports that will help to establish measures. Next, a determination will be made about what additional data should be collected, where the data will come from, and what the cost is to collect the data. The Report suggests the information should come from providers and regional statistical data as well as from service recipients and their families, requiring development of surveys. CICS will partner with DHS leadership in this area in order to standardize the data that is being collected to make it meaningful statewide as well as regionally.
  - CICS's initial focus aligns with Code of Iowa 225.C.4 (1)u to develop a process to analyze data on the following:
    - Access standards for required core services.
    - Penetration rates for serving the number of persons expected to be served, particularly the proportion of individuals who receive services compared to the estimated number of adults needing services in the region.
    - Utilization rates for inpatient and residential treatment, including:
      - Percent of enrollees who have had fewer inpatient days following services.
      - The percentage of enrollees who were admitted to the following:
        - State mental health institutes
          - ◆ Medicaid funded private hospital in-patient psychiatric services programs;
          - ◆ State resource centers; and
          - ◆ Private intermediate care facilities for persons with intellectual disabilities.
    - Readmission rates for inpatient and residential treatment.
      - The percentage of enrollees who were discharged from the following and readmitted within 30 and 180 days:
        - State mental health institutes
          - ◆ Medicaid funded private hospital in-patient psychiatric services programs;
          - ◆ State resource centers;

- ◆ Private intermediate care facilities for persons with intellectual disabilities.
  - Employment of the persons receiving services.
  - Administrative costs.
  - Data reporting.
  - Timely and accurate claims payment.

Once a range is determined, CICS staff will develop goals and action steps to improve performance. The results shall be documented in the annual summary.

Annually, the CICS Governing Board shall assess the region's performance and develop a list of priority areas needing improvement.

### **Quality of Provider Services**

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

- evaluation of the quality of provider services and supports based on individual satisfaction and achievement of desired individual outcomes;
- the number and disposition of appeals of provider actions and the implementation of corrective action plans based on these appeals;
- cost-effectiveness of the services and supports developed and provided by individual providers;
- the evaluations shall ensure that services and supports are provided in accordance with provider contracts.

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

### **Incorporating the System of Care Approach in Requests for Proposals and Contracts:**

CICS will consider providing assistance for implementation of core and core plus services, for decentralizing services, and to meet the access standards associated with services by offering requests for proposals (RFPs) in combination with other strategies, including traditional fee for service, startup costs, and grant funds for specified services.

### **Request for Proposal:**

CICS will consider the use of competitive Requests for Proposal (RFP) to expand services.

A review team of CICS staff will evaluate each proposal according to the established protocol specified in the RFP. CICS reserves the right to decline any and all proposals.

### **Fee for Service:**

Contractual requirements will be used to ensure that all system participants are aligned with system of care principles. Each service provider shall provide monthly billing invoices within 60 days of service provision and other information requested of the provider for utilization review. The monthly billings shall include the following information:

- Name and unique identifier of each individual served during the reporting period.
- Dates of service.
- Invoice number.
- Number of units of service delivered to each individual served.
- When requested, attendance records.
- Unit rate and total cost of the units provided to each individual. Copayments or other charges billed to other sources shown as deductions on the billing.
- Actual amount to be charged to the Region for each individual for the period.



CICS staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Non-emergency services delivered without service funding authorization shall be deducted from the billing.

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

No billings received more than 60 days after the close of the fiscal year in which the service was provided shall be considered for payment by CICS unless there is a statutory obligation. Fiscal year for CICS is July 1 – June 30.

It is the intent of CICS that only CICS staff shall authorize services for residents of the CICS region.

**Startup Costs:**

Providers or programs requesting startup costs for core and crisis services will be reviewed by CICS staff. CICS reserves the right to decline any and all requests for startup costs.

**Grant Funds:**

Grant funds may be considered to cover costs of new services until a fee for service rate can be established. Other uses may be to provide access to crisis services or the continuation of a service. CICS reserves the right to decline any and all requests for grants.

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

CICS may implement a waiting list if encumbered expenses for a given fiscal year exceed regional MH/DS funds available. Core services for target populations shall be considered priority services. Funding for other than target populations and non-core or priority 2 services (listed in Attachment C) may be placed on the waiting list or be subject to reduction in services in the following manner. New applicants other than target will be placed on a waiting list.

- Service reduction for other than target population for non-core priority 2 services
- Service reduction for target population for non-core priority 2 services
- Service reduction for other than target population for core services
- Service reduction for target population for core services

Waiting lists may also be utilized if other than core services for mental health or intellectual disability services requested are unavailable at the time of application.

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

The waiting list shall be centrally maintained by CICS.

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

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

The manual has been approved by the Central Iowa Community Services' governing board and is subject to approval by the Director of Human Services.

Amendments to this Policies and Procedures Manual shall be reviewed by the Regional Advisory 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

CICS shall designate the access points and their function(s) in the enrollment process. An access point is a part of the service system or community that shall be trained to complete the MH/DS funding applications for persons with a disability and forward them to the local CICS Office.

Primary Access Points	Address	Phone number
Boone County Community Services	900 W 3rd St, Boone IA 50036	515-433-0593
Franklin County Community Services	123 1St Ave SW, Hampton IA 50441	641-456-2128
Hamilton County Community Services	500 Fairmeadow Dr, Webster City IA 50595	515-832-9550
Hardin County Community Services	1201 14th Ave, Eldora IA 50627	641-939-8168
Jasper County Community Services	115 N 2nd Ave E, Newton IA 50208	641-791-2609
Madison County Community Services	209 E Madison St, Winterset IA 50273	515-462-2931
Marshall County Community Services	101 East Main, Marshalltown IA 50158	641-754-6390
Poweshiek County Community Services	200 4th Ave W, Grinnell IA 50112	641-236-9199
Story County Community Services	126 S Kellogg Ave Suite 001, Ames IA 50010	515-663-2930
Warren County Community Services	1007 S. Jefferson Way, Indianola, IA 50125	515-961-1068
Access Points	Address	Phone number
Berryhill Center for Mental Health	1610 Collins Street Webster City IA	515-832-6626
Capstone Behavioral Healthcare, Inc	306 N 3rd Ave E, Newton IA	641-792-4012
Center Associates	9 North 4th Ave., Marshalltown, IA	641-752-1585
Central Iowa Residential Services Inc.	111 E Linn St Marshalltown, IA	641-752-5762
Christian Opportunity Center	1602 N 14th St Indianola, IA 50125	515-961-3653
Crossroads Mental Health	1223 E Buchanan Street, Winterset, IA 50273	515-462-3105
Eyerly Ball Community Mental Health Services	105 S Marshall, Boone, IA 50036	515-298-0181
Eyerly Ball Community Mental Health Services	2521 University Boulevard, Suite 121, Ames, IA	(515) 598-3300
Eyerly-Ball Mental Health	1301 Center St. DSM, IA 50139	515-243-5181
Genesis Development	927 8th Street, Boone, IA 50036	515-432-7288
Genesis Development	115 E Washington, Winterset IA 50273	515-462-9083
Genesis Development	1809 W 2nd Ave, Indianola, IA 50125	515-961-6918
Hansen Family Hospital Behavioral Health Services	322 ½ College Ave, Iowa Falls, IA	641-648-6491
Hardin County FIA Friendship Club	602 South Oak St., PO Box 622, Iowa Falls, IA.	641-648-7500
House of Mercy	200 N 8th Ave E, Newton IA	641-792-0717
Madison County Memorial Hospital	300 W Hutchings Street, Winterset, IA 50273	515-462-2373
Mary Greeley Medical Center	1111 Duff Avenue, Ames IA	Adult Behavioral Unit - (515) 239-2683 Emergency Room - (515) 239-2155 TLP - (515) 239-6747
MIW, Inc.	909 S. 14th Ave. Marshalltown, IA	641-752-3697
Orchard Place Guidance	808 5TH Ave, DSM, IA, 50309-1307	515-244-2267
Optimae LifeServices	1730 1st Ave E, Newton IA	641-787-9133
Optimae LifeServices	104 S. Hazel, Ames, IA	515-956-2600
Story County Medical Center	640 South 19th Street, Nevada, IA	(515) 382-2111
Van Diest Medical Center	2350 Hospital Drive Webster City IA	515-832-9400

**Attachment B**

**2017 Federal  
Poverty Guidelines**

<b>Persons in Family or Household</b>	<b>48 Contiguous States and D.C.</b>	<b>Annual 150%</b>	<b>Monthly 150%</b>
1	\$ 12,060	\$ 18,090	\$ 1,508
2	\$ 16,240	\$ 24,360	\$ 2,030
3	\$ 20,420	\$ 30,630	\$ 2,553
4	\$ 24,600	\$ 36,900	\$ 3,075
5	\$ 28,780	\$ 43,170	\$ 3,598
6	\$ 32,960	\$ 49,440	\$ 4,120
7	\$ 37,140	\$ 55,710	\$ 4,643
8	\$ 41,320	\$ 61,980	\$ 5,165
For each additional person, add	\$4,180	\$6,270	\$523

(CICS shall update the Guidelines as they are made available from the Federal Government)

## Attachment C

### Service Matrix

\*Individuals with multioccurring conditions or issues may receive service other than those listed under their primary diagnosis.

Core Services		Eligible Population Groups					
Service or support	Description	MI	ID	DD	BI	Children	Access Standards
<b>Treatment Services</b>							
<b>Assessment and evaluation</b> (psychiatric or psychological evaluations and standard functional assessment)	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	X	X	X	X	X	Assessment completed within 90 days of notice of enrollment. Individual who has received inpatient treatment shall be assessed within 4 weeks.
Mental health outpatient therapy	Services shall consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management, and individual, family, and group therapy.	X	X	X	X	X	Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment.
Mental health medication prescribing	Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.	X	X	X	X	X	

Mental health medication management	Services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.	X	X	X	X	X	
Mental health inpatient treatment	Acute inpatient mental health services are 24-hour settings that provide services to individuals with acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms, address health and safety needs, and develop a comprehensive discharge plan to appropriate level of care.	X	X	X	X	X	Shall receive treatment within 24 hours. Available at inpatient mental health services at any state or private mental health unit in Iowa at host region contractual rate. In the absence of a contract, CICS shall reimburse at the current Medicaid rate.
<b>Basic Crisis Response</b>							
Personal emergency response system	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	X	X	X	X		
Crisis evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.	X	X	X	X	X	Within 24 hours
Twenty four hour crisis response		X	X	X	X	X	Available through Community Mental Health Centers

<b>Support for Community Living</b>							
Home health aide services	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	X	X	X	X		
Respite services	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	X	X	X	X	X	
Home and vehicle modification	A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.	X	X	X	X		Lifetime limit equal to that established for the HCBS waivers. Provider payment will be no lower than that provided through the HCBS waiver.
Supported community living services	Services provided in a noninstitutional setting to adult persons with mental illness, mental retardation, brain injury, or developmental disabilities to meet the persons' daily living needs.	X	X	X	X		First appointment shall occur within 4 weeks of the request
<b>Support for Employment</b>							
Prevocational services	Services that focus on developing generalized skills that prepares an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	X	X	X	X		

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.	X	X	X	X		
Job development	Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.	X	X	X	X		Referral shall be within 60 days of request for such service.
Supported employment	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or	X	X	X	X		Initial referral shall take place within 60 days of request



	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.						
Group Supported employment-enclave	Group Supported Employment - the job and training activities in business and industry settings for groups of no more than eight workers with disabilities. Group settings include enclaves, mobile crews, and other business based workgroups employing small groups of workers with disabilities in integrated, sustained, paid employment.	X	X	X	X		
<b>Recovery Services</b>							
Family support	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	X	X	X	X	X	
Peer support services	A program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.	X	X	X	X		Individuals receiving recovery services shall not have to travel more than 30 miles if residing in urban area or 45 miles if residing in rural area.
<b>Service Coordination</b>							

<p>Case management (targeted case management and service coordination)</p>	<p>Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>Service Coordination: Individuals shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area. Individuals shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility.</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>X</p>	<p>X</p>				
<p><b>Core Evidenced-Based Treatment</b></p>							
<p>Education &amp; Training Services - provider competency</p>	<p>Educational and Training Services means training related to provider competency in delivering co-occurring integrated services, trauma-informed services and evidenced-based practices.</p>	<p>X</p>					

Supported housing	Supportive housing means a combination of housing and services intended as a cost-effective way to help people live more stable, productive lives; tenancy not predicted on services.	X					
Assertive community treatment (ACT)	An intensive and highly integrated approach for community mental health service delivery. ACT programs serve outpatients whose symptoms of mental illness result in serious functioning difficulties in several major areas of life, often including work, social relationships, residential independence, money management, and physical health and wellness.	X					
Family psychoeducation	Family psychoeducation-services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	X	X	X	X	X	
<b>Mandated Services</b>							
Oakdale	Hospital services provided at Iowa Medical & Classification Center, Iowa Administrative Code 812.	X					
Commitment related (evaluations, sheriff transport, legal representation, mental health advocate)	Court ordered services related to Iowa Administrative Code 229 mental health commitments	X	X	X	X	X	Court order
<b>Comprehensive Facility &amp; Community Based Crisis Services</b>							
24 hour crisis line	Crisis Hotline (fee paid to vendor) (24 Hour Crisis Line) Telephone crisis service- 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 including, but not limited to, relief of distress in pre-crisis and	X	X	X	X	X	

	crisis situations, reduction of the risk of escalation, arrangements for emergency on-site responses when necessary, and referral of callers to appropriate service.						
Warm line	Social Support (Warm Line) A line staffed by peer counselors, who provide nonjudgmental, nondirective support to an individual who is experiencing a personal crisis.	X	X	X	X		
Mobile response	A mental health service which provides on-site, face-to-face mental health crisis services for individuals experiencing a mental health crisis. Mobile crisis staff have the capacity to intervene wherever the crisis is occurring including but not limited to the individual's place of residence, emergency rooms, police stations, outpatient mental health settings, schools, recovery centers or any other location where the individual lives, works, attends school or socializes.	X	X	X	X		
23 hour crisis observation & holding	A level of care provided up to 23 hours in a secure and protected, medically staffed, psychiatrically supervised treatment environment.	X	X	X	X		
Crisis stabilization community-based services	Services provided in community-based settings to de-escalate and stabilize an individual following a mental health crisis.	X	X	X	X		
Crisis stabilization residential services	Services provided in short-term non community-based residential settings to de-escalate and stabilize a mental health crisis.	X	X	X	X	X	
<b>Sub-Acute Services</b>							
Subacute services	Partial Hospitalization (Sub Acute Services) A comprehensive set of wraparound services for persons who have had or are at imminent risk of	X	X		X		

	having acute or crisis mental health symptoms that do not permit the persons to remain in or threatens removal of the persons from their home and community, but who have been determined by a mental health professional and a licensed health care professional and a licensed health care professional, subject to the professional's scope of practice, not to need inpatient acute hospital services.						
<b>Justice System-Involved Services</b>							
Mental health services in jails	Evaluation, medication management and therapy services	X	X	X	X		
Coordination services	Justice System Involved Coordination- service coordination provided to individuals in justice system.	X	X	X	X		
Crisis prevention training	Educational and Training Services Safety training for law enforcement, first responders, etc., regarding mental health awareness such as Crisis Intervention Training (CIT).	X					
Mental health court related costs	Legal & Court-Related Services (Mental Health Court related expenses).	X					
Civil commitment prescreening evaluation	Evaluations completed prior to commitment with goal to divert individual from commitment process.	X					
Justice system-involved services-other	Outpatient mental health services provided to individuals in criminal justice setting	X	X	X	X		
<b>Additional Core Evidenced-Based Treatment</b>							
Psychiatric rehabilitation (IPR)	Psychiatric Rehabilitation - is for individualized services designed to increase the consumer's ability to function independently to prevent or reduce the need for services in a hospital or residential setting and to promote the consumer's recovery of the ability to perform a valued role in society.	X					

Peer self-help drop-in centers	Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.	X	X	X	X		
<b>Public Education and Training</b>							
Information & referral	Service that informs individuals of available services and programs	X	X	X	X		
Consultation (except 422)	Service to assist individuals						
Public education	To educate the general public about the realities of mental health and mental illness	X	X	X	X		
<b>Other Services and Supports (non core)</b>							
Services management	Services Management - is designed to help individuals and families identify service needs and coordinate service delivery but which do not constitute case management	X	X	X	X		
Transportation	Transportation is for services for consumers to conduct business errands or essential shopping, to receive medical services not reimbursed through Title XIX, to go to and from work, recreation, education or day programs, and to reduce social isolation.	X	X	X	X		
Guardian/conservator	Guardian/Conservator - is activities provided as required by the court system to handle the personal business of the individual.	X	X	X	X		
Representative payee	Activities provided to manage an individual's finances.	X	X	X	X		
Rent payments (time limited)	Assistance for rent, utilities etc.	X	X	X	X		4 month lifetime limit
Other basic needs	Other costs associated with basic necessities.	X	X	X	X		
Prescription meds (time limited)	Prescription psychiatric medications for persons having a mental health diagnosis	X	X	X	X		3 month limit
Transitional living program	Transitional living means any type of living situation that is transition with the primary purpose or mission to help the individual become a	X	X	X	X		

	productive member of society; length of stay may vary but is not permanent housing.						
Community support programs	Community Support Programs - is for comprehensive programs to meet individual treatment and support needs of consumers which enable consumers with a mental illness, intellectual disability, brain injury, or a developmental-disability to live and work in a community setting.	X	X	X	X		
Residential care facilities	Community facility providing care and treatment	X	X	X			

**Standardized functional assessment must support the need for all services of the type and frequency identified in the individual's case plan.**

**Attachment D**

**Sliding Fee Schedule for Services**

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



**Central Iowa Community Services  
Provider Appeal Procedures**

---

A Provider may appeal a decision of the CICS Governing Board related to contract rates and/or terms by following the procedures outlined below:

To initiate a review of a decision, a Provider must send a written request for review to the Operations Officer. The request must be postmarked or personally delivered within 10 working days from the date of decision.

1. The Operations Officer shall review the decision within 10 working days of receipt of the written request for review. The Operations Officer may allow the Provider to submit additional information relative to the appeal and/or may schedule a meeting with the Provider. Within 10 working days the Operations Officer shall issue a written recommendation related to the appeal to the Administrative Team.
2. The Administrative Team shall review the appeal request and the recommendation of the Operations Officer at the next Administrative Team meeting. The Administrative Team shall provide a written decision of their findings to the Governing Board for final decision.
3. The CICS Governing Board Chair, or designee, shall send a written explanation of action taken regarding the appeal.
4. If still dissatisfied following the above process, the Provider may appeal the decision to an Administrative Law Judge (ALJ). The request for appeal hearing by an ALJ shall be submitted in writing to the CICS CEO within 10 days of the final review decision. The ALJ will schedule and conduct a hearing and shall issue a written decision following the hearing. The decision of the ALJ shall be the final step of the process.

# Glossary

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

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

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

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

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

**Chief executive officer** -- the individual chosen and supervised by the governing board who serves as the single point of accountability for the Iowa Administrative Code 83.81

**Choice** -- the individual or authorized representative chooses the services, supports, and goods needed to best meet the individual's goals and accepts the responsibility and consequences of those choices.

**Clear lines of Accountability** -- the structure of the governing board's organization makes it evident that the ultimate responsibility for the administration of the non-Medicaid funded mental health and disability services lies with the governing board and that the governing board directly and solely supervises the organization's chief executive officer.

**Conflict-free case management** -- there is no real or seeming incompatibility between the case manager's other interests and the case manager's duties to the person served in determination for services, establishing funding levels for the individual's services, and includes requirements that do not allow the case manager to perform evaluations, assessments, and plans of care if the case manager is related by blood or marriage to the individual or any of the individual's paid caregivers, financially responsible for the individual, or empowered to make financial or health-related decisions on behalf of the individual.

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

**Coordinator of disability services** -- as defined in Iowa Code 331.390.3.b.

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

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

**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.

**Managed care** -- a system that provides the coordinated delivery of services and supports that are necessary and appropriate, delivered in the least restrictive settings and in the least intrusive manner. Managed care seeks to balance three factors: achieving high-quality outcomes for participants, coordinating access, and containing costs.

**Managed system** -- a system that integrates planning, administration, financing, and service delivery. The system consists of the financing or governing organization, the entity responsible for care management, and the network of service providers.

**Medical savings account** -- an account that is exempt from federal income taxation pursuant to Section 220 of the United States Internal Revenue Code (26 U.S.C. §220) as supported by documentation provided by the bank or other financial institution. Any withdrawal from a medical savings account other than for the designated purpose becomes a countable resource.

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

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

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

**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.

**State case status** -- the standing of an individual who has no county of residence.

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

**System of care** -- the coordination of a system of services and supports to individuals and their families that ensures they optimally live, work, and recreate in integrated communities of their choice.

**System principles** -- practices that include individual choice, community and empowerment.

# Central Iowa Community Services Mental Health and Disability Services

## Management Plan Policies and Procedures

### **Forms Appendix**

(These forms are not an official part of this plan and as such may be updated as needed without formal review.)

Application	46
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Appeals Form	54



# CICS

Supporting Individuals. Strengthening Communities.

Local office contact information

## Application for MH/DD Services

Application Date: \_\_\_\_\_ Date Received by Office: \_\_\_\_\_

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

Nickname: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Ethnic Background:  White  African American  Native American  Asian  Hispanic  Other \_\_\_\_\_

Sex:  Male  Female US Citizen:  Yes  No

If you are not a citizen, are you in the country legally?  Yes  No

SSN# \_\_\_\_\_ Marital Status:  Never married  Married  Divorced  Separated  Widowed

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

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

Current Address: \_\_\_\_\_  
Street City State Zip County

When did you move here? \_\_\_\_\_

I live:  Alone  With Relatives  With Unrelated persons

Use as current Mailing Address:  Yes  No If not, \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street City State Zip County

When did you move here? \_\_\_\_\_ End Date \_\_\_\_\_

Current Service Providers:

Name	Location
1. _____	_____
2. _____	_____
3. _____	_____

Current Residential Arrangement: (Check applicable arrangement)

Private Residence  Foster Care/Family Life Home  Correctional Facility  Homeless/Shelter/Street  
 Other \_\_\_\_\_

Veteran Status:  Yes  No Branch & Type of Discharge: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

**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 previous.)**

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

Education: How many years of education have you achieved? \_\_\_\_\_

What is your education level?  Current Student  Special Education  GED  High School Diploma  
 Degree \_\_\_\_\_

**Emergency Contact Person:**

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

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

Guardian/Conservator appointed by the Court?  Yes  No

Protective Payee Appointed by Social Security?  Yes  No

<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Protective Payee (Please check those that apply & write in name, address etc.) Name: _____ Address: _____ Phone: _____
--

<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Protective Payee (Please check those that apply & write in name, address etc.) Name: _____ Address: _____ Phone: _____
--

**List All People In Household:**

Name	Birth Date	Relationship	Social Security Number
1.			
2.			
3.			
4.			
5.			

**INCOME:** Proof of income may be required with this application including but not limited to pay-stubs, tax-returns, etc.

If you have reported no income above, how do you pay your bills? (Do not leave blank if no income is reported!)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gross Monthly Income (before taxes):  
(Check Type & fill in amount)

Applicant  
Amount:

Others in Household  
Amount:

<input type="checkbox"/> Social Security	_____	_____
<input type="checkbox"/> SSDI	_____	_____
<input type="checkbox"/> SSI	_____	_____
<input type="checkbox"/> Veteran's Benefits	_____	_____
<input type="checkbox"/> Employment Wages	_____	_____
<input type="checkbox"/> FIP	_____	_____
<input type="checkbox"/> Child Support	_____	_____
<input type="checkbox"/> Rental Income	_____	_____
<input type="checkbox"/> Dividends, Interest, Etc.	_____	_____
<input type="checkbox"/> Pension	_____	_____
<input type="checkbox"/> Other	_____	_____
<b>Total Monthly Income:</b>	_____	_____

Household Resources: (Check and fill in amount and location):

Type	Amount	Bank, Trustee, or Company
<input type="checkbox"/> Cash	_____	_____
<input type="checkbox"/> Checking Account	_____	_____
<input type="checkbox"/> Savings Account	_____	_____
<input type="checkbox"/> Certificates of Deposit	_____	_____
<input type="checkbox"/> Trust Funds	_____	_____
<input type="checkbox"/> Stocks and Bonds (cash value?)	_____	_____
<input type="checkbox"/> Burial Fund/Life Ins (cash value?)	_____	_____
<input type="checkbox"/> Retirement Funds (cash value?)	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<b>Total Resources:</b>	_____	

Motor Vehicles: <input type="checkbox"/> Yes <input type="checkbox"/> No	Make & Year: _____	Estimated value: _____
(include car, truck, motorcycle, boat,	Make & Year: _____	Estimated value: _____
recreational vehicle, etc.)	Make & Year: _____	Estimated value: _____

Do you, your spouse or dependent children own or have interest in the following:

House including the one you live in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other real estate or land?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any of the above, please explain: \_\_\_\_\_

Have you sold or given away any property in the last five (5) years?  Yes  No

If yes, what did you sell or give away? \_\_\_\_\_



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

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

<input type="checkbox"/> Applicant Pays	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Iowa Health and Wellness
<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)  
 Start Date \_\_\_\_\_ Any limits?  Yes  No  
 Spend down \_\_\_\_\_ Deductible \_\_\_\_\_

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

<input type="checkbox"/> Applicant Pays	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Iowa Health and Wellness
<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)  
 Start Date \_\_\_\_\_ Any limits?  Yes  No  
 Spend down \_\_\_\_\_ Deductible \_\_\_\_\_

**Referral Source:**

<input type="checkbox"/> Self	<input type="checkbox"/> Community Corrections	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Social Service Agency
<input type="checkbox"/> Targeted Case Management	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other Case Management	

**Have you applied for any of the public programs listed below? Has your application been Approved or Denied? (Please indicate those you have applied for and the status of your referral)**

<input type="checkbox"/> Social Security _____	<input type="checkbox"/> SSD _____	<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 _____	

**Disability Group/Primary Diagnosis: (If known)**

Mental Illness     Intellectual Disability     Developmental Disability     Substance Abuse     Brain Injury

Specific Diagnosis determined by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Axis I: \_\_\_\_\_ Dx Code: \_\_\_\_\_  
 Axis II: \_\_\_\_\_ Dx Code: \_\_\_\_\_

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

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

I certify that the above information is true and complete to the best of my knowledge, and I authorize regional or county staff to check for verification of the information provided including verification with Iowa regions and county government and the state of Iowa Dept. of Human Services (DHS) and Iowa Department of Corrections or Community Corrections staff. I understand that the information gathered in this document is for the use of the region or county in establishing my ability to pay for services requested, and in ensuring the appropriateness of services requested. 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  
 \_\_\_\_\_



# CICS

Supporting Individuals. Strengthening Communities.

Local office contact information

## RELEASE OF INFORMATION

CLIENT: \_\_\_\_\_ STATE ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I, the undersigned, hereby authorize the staff of Central Iowa Community Services to release and /or obtain the information indicated below, regarding the above named consumer, with:

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

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

The information being released will be used for the following purpose:

- Planning and implementation of services
- Coordination of services
- Monitoring of services
- Referral for new or other services
- Other (Specify) \_\_\_\_\_

Your eligibility for services or funding  is  is not dependent upon signing this release. {See CFR 164.508(b)(4)}

### INFORMATION TO BE RELEASED FROM CENTRAL IOWA COMMUNITY SERVICES:

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | SOCIAL HISTORY                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | PROGRESS SUMMARY REPORT                            |
| <input type="checkbox"/> | <input type="checkbox"/> | INDIVIDUAL COMPREHENSIVE PLAN                      |
| <input type="checkbox"/> | <input type="checkbox"/> | ANNUAL REVIEW                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | DISCHARGE SUMMARY                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | RE-RELEASE OF 3 <sup>RD</sup> PARTY INFO (Specify) |

(Your information will not be re-released without a signed authorization)

OTHER (Specify) \_\_\_\_\_

### INFORMATION TO BE OBTAINED FROM THE AGENCY INDICATED ABOVE:

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | SOCIAL HISTORY                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | EDUCATIONAL/VOCATIONAL PLANS                       |
| <input type="checkbox"/> | <input type="checkbox"/> | PROGRESS SUMMARY                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | PSYCHOLOGICAL EVALUATION/REPORTS                   |
| <input type="checkbox"/> | <input type="checkbox"/> | PSYCHIATRIC ASSESSMENT/REPORTS                     |
| <input type="checkbox"/> | <input type="checkbox"/> | MEDICAL HISTORY                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | TREATMENT PLAN                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | DISCHARGE SUMMARY                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | RE-RELEASE OF 3 <sup>RD</sup> PARTY INFO (Specify) |

FINANCIAL DOCUMENTATION

OTHER (Specify) \_\_\_\_\_

This authorization shall expire on: \_\_\_\_\_

(Not to exceed 12 months)

At that time, no express revocation shall be needed to terminate my consent. I understand that this consent is voluntary and I may revoke this consent at any time by sending a written notice to Central Iowa Community Services. I understand that any information released prior to the revocation may be used for the purposes listed above and does not constitute a breach of my rights to confidentiality. I understand that any disclosure of information carries with it the potential for un-authorized re-disclosure and once the information is disclosed, it may no longer be protected by federal privacy regulations. I understand that I may review the disclosed information by contacting the recipient named or Central Iowa Community Services.

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

I specifically authorize the release of data and information relating to Mental Health.

Signature of Client or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Relationship if NOT The Client

### SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAWS:

I specifically authorize the release of data and information relating to:

- Substance Abuse (must be signed by the consumer) **NOTE:** Information protected by the Federal confidentiality law (42 CFR Part 2) will not be disclosed.
- HIV-Related Information

Client Signature \_\_\_\_\_ Date \_\_\_\_\_ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

In order for substance abuse and/or HIV-related information to be released, you must sign here and on the signature line above.

CENTRAL IOWA COMMUNITY SERVICES  
 CICS CLAIMS  
 101 E MAIN ST  
 MARSHALLTOWN, IA 50158

NOTICE OF DECISION

I. --APPLICANT INFORMATION--

Applicant's Name & Address:	State ID:	
	Applicant CSN ID#:	
	Funding Request ID(s)#:	

II. --SERVICES--

The decision to approve, deny or pend each of the services listed below is printed in the Authorized Service Decision box. Information on the appeal process is listed on the back of this form.

Provider Information	Service	Number of Units	Units Per	Unit Rate	Service Start Date	Service End Date	Authorized Service Decision
1)							
Details:							

Notes:

III. --CONTACT INFORMATION--

Name:			
Phone:		Email:	

IV. --AUTHORIZATION--

Authorized By (Printed): --Authorizing Entity--	Jody Eaton, Central Iowa Community Services	Phone:	
Authorizing Signature:		Date:	



Exception to Policy
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**I. Applicant Information:**

Applicant's Name:	State ID:
Applicant's Address:	Applicant CSN ID# <i>(optional)</i> :

**II. Current Services:**

The decision to approve, deny or pend each of the services listed below is printed in the Authorized Service Decision box.

Provider Name	Service	Number of Units	Unit Type (month/day/15 min)	Unit Rate	Service Start Date	Service End Date
1.						
	Details:					
	Authorized Service Decision: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Pend					
2.						
	Details:					
	Authorized Service Decision: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Pend					
3.						
	Details:					
	Authorized Service Decision: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Pend					
4.						
	Details:					
	Authorized Service Decision: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Pend					

<h2>Exception to Policy</h2>
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**III. Policy and service for which exception is requested:**

Provider Name	Service	Number of Units	Unit Type (month/day/15 min)	Unit Rate	Service Start Date	Service End Date
1.						
2.						
3.						
4.						

**IV. Reason for Exception:**

Name:		Address:	
Phone:	Fax:	Request Date:	

**Right to appeal:** You may request an appeal if you do not agree with this decision. You must appeal in writing by one of the following ways:

- Write a letter telling us why you think a decision is wrong, or
- Fill out the form below.

Send the form to:

Central Iowa Community Services  
101 E Main St  
Marshalltown Iowa 50158

If you need help filing an appeal, ask your service coordinator, IHH worker or case manager to assist.

**How long do I have to appeal?** You must file an appeal within 10 working days after you received the Notice of Decision.

**Can I continue to get benefits when my appeal is pending?** You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal. Any benefits you get while your appeal is being decided may have to be paid back if Central Iowa Community Services action is correct.

**When will the reconsideration occur?** You will be contacted within 5 working days to discuss the reconsideration and then will be notified of the decision within 5 days after that.

**What if I do not agree with the decision of the reconsideration?** We will ask you to contact our office in writing stating that you do not agree with the decision of the reconsideration. Central Iowa Community Services will file an appeal on your behalf to an Administrative Law Judge.

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled.

**Can I have someone else help me in the hearing?** You or someone else, such as a friend or relative, can tell why you disagree with the Central Iowa Community Services Decision. You may also have a lawyer help you, but CICS will not pay for one. You may also call Iowa Legal Aid at 1-800-532-1275. <http://www.iowalegalaid.org/>

Further information on the hearing process through an Administrative Law Judge <https://dia.iowa.gov/>

### APPEAL FORM

I am requesting an appeal. I do not agree with the decision because:

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Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_