

# **EASTERN IOWA MENTAL HEALTH AND DISABILITIES SERVICES REGION**

## **MANAGEMENT PLAN**

### **POLICIES AND PROCEDURES MANUAL**

Geographic Area: Cedar, Clinton, Jackson, Muscatine and Scott Counties

Approved on: 5/18/2020

By Governing Board of Directors

Approved on: 6/18/2020

By Iowa MHDS Commission



## TABLE OF CONTENTS

<b>A. <u>Introduction:</u></b> .....	<b>3</b>
<b>B. <u>Organizational Structure:</u></b> .....	<b>4</b>
Governing Board of Directors	
Regional Advisory Committee	
Chief Executive Officer	
Regional Management Team	
<b>C. <u>Service System Management:</u></b> .....	<b>5</b>
Service Coordination and Targeted Case Management	
Local County Offices	
Regional Access Points	
Risk Management and Fiscal Viability	
Conflict of Interest	
<b>D. <u>System Management:</u></b> .....	<b>8</b>
System of Care Approach	
Developing an Integrated Multi-Occurring Capable Trauma Informed System of Care	
Implementation of Interagency and Multi-System Collaboration and Care Coordination	
Decentralized Service Provisions	
Utilization and Access to Services	
<b>E. <u>Financing and Delivering of Services &amp; Supports:</u></b> .....	<b>11</b>
Accounting System and Financial Reporting	
Contracting/Rate Agreement	
Funding	
Data Reporting and other Information Technical Requirements	
<b>F. <u>Enrollment Process:</u></b> .....	<b>13</b>
Application and Enrollment	
Residency	
Exception to Policy	
Confidentiality	
<b>G. <u>Eligibility:</u></b> .....	<b>15</b>
General Eligibility	
Financial Eligibility- Income and Resource Guidelines	
Diagnostic Eligibility	
Acceptable Verification for Diagnostic Requirements	
Assistance to Other than Adult Core	
Reasons for Funding Denials	

Notice of Decisions/Timeframes and Notice of Eligibility for Assessment	
Service and Functional Assessment	
Service Funding Authorization	
Re-Enrollment	
Co-Payments for Services	
<b>H. <u>Appeals Processes:</u></b> .....	<b>23</b>
Non Expedited Appeals Process	
Expedited Appeals Process	
<b>I. <u>Provider Network Formation and Management:</u></b> .....	<b>24</b>
<b>J. <u>Quality Management and Improvement:</u></b> .....	<b>26</b>
System Evaluation	
Quality of Provider Services	
Methods Utilized for Quality Improvements	
<b>K. <u>Service Provider Payment Provisions:</u></b> .....	<b>27</b>
<b>L. <u>Waiting List Criteria:</u></b> .....	<b>28</b>
<b>M. <u>Amendments:</u></b> .....	<b>29</b>
<b>N. <u>Glossary:</u></b> .....	<b>30</b>
<b>O. <u>Forms Appendix:</u></b>	
(These forms are not an official part of this plan and as such may be updated as needed without formal review)	
Application	
Release of Information	

## A. Introduction

As the Eastern Iowa MH/DS Region was approved by the Department of Human Services on 5/23/13, we were tasked with working together as community partners whereby forming a Region to support and promote community integration for individuals diagnosed with mental health conditions, intellectual disabilities, developmental disabilities and/or traumatic brain injuries. *Furthermore*, the EI Region, in accordance with the principles in the legislative redesign, partnered with local agencies to develop a system of care approach that is characterized by principles and values for its citizens that are:

- Welcoming and individually-oriented;
- Person and family driven;
- Recovery and resiliency oriented;
- Trauma-informed; and
- Culturally competent.

The Eastern Iowa MH/DS Region, hereafter referred to as the EI Region or Region, was formed under Iowa Code Chapter 28E to create a mental health and disability service Region in compliance with Iowa Code 331.390 and serves Cedar, Clinton, Jackson, Muscatine and Scott Counties. The population total for the Region is approximately 300,789.

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

The Mental Health and Disability Service Management Plan, hereafter referred to as the *Plan*, defines the standards for member counties of the EI Region.

The Plan meets the requirements of Iowa Code section 331.390 and provides for cost-effective, individualized services and supports that assist individuals to be as independent, productive and integrated into the community as possible within the constraints of available resources.

In compliance with Iowa Administrative Code 441-25, the Region must have three (3) documents:

- a) **The Annual Service and Budget Plan** is due April 1<sup>st</sup> and includes the services to be provided; the cost of those services; the local access points; service coordination and targeted case management agencies; crisis planning; intensive mental health services; children's behavioral health services; the scope of services; budget and financing provisions; financial forecasting measures; and provider reimbursement provisions
- b) **The Annual Report** due December 1<sup>st</sup> to the Iowa Department of Human Services provides an analysis of data concerning services managed for the previous fiscal year.
- c) **The Policies and Procedures Manual** includes policies and procedures concerning management of the MH/DS services and plan administration.

A copy of the Plan is available upon request at each county office, online at the Department of Human Services (<http://dhs.iowa.gov>) and the Region ([www.easterniowamhds.org](http://www.easterniowamhds.org)) websites.

## B. Organizational Structure

### **Governing Board of Directors (IC 331.390):**

The EI Region's organizational structure assigns the ultimate responsibility for the non-Medicaid funded services with the Governing Board of Directors.

The Region shall be under the direction and control of the Governing Board of Directors and the Chief Executive Officer. The Governing Board of Directors, hereafter known as the Governing Board, shall serve as the Regional Administrative Entity, as defined in Iowa Code 331.390.

### **Regional Advisory Committees (IC 331.390(2)h and i and 331.392(2)I and IAC441-25.14(1)i and j:**

The Governing Board, as required by law, has two advisory committees, one (1) Adult and one (1) Child. The adult committee will be made up of least five (5) members, one (1) from each member county, and the children's committee will be made up of at least nine (9) members designated by legislation. All committee members will be confirmed by the Regional Governing Board.

The committee's responsibilities' as it relates to the system includes assisting in developing and monitoring Regional activities, identifying goals and objectives for the service system, serving as a public forum for other related MHDS issues, expressing concerns and ideas to the Regional Governing Board and designating representatives to the Regional Governing Board.

### **Chief Executive Officer IAC 441-25.12 (c):**

The Governing Board will appoint the Chief Executive Officer, hereafter known as the CEO, who will be the primary point of accountability for the Region and shall be responsible for entering into performance based contracts with the Department of Human Services. The CEO shall report to the Governing Board and will serve as the contact person for all requests for information or other inquiries from the Department of Human Services or the State of Iowa regarding the provision of services, quality of services and expenditures of Regional funds. The CEO shall serve at the pleasure of the Governing Board and shall be under its direct supervision, evaluation and control.

### **Regional Management Team:**

The Region will also have a Regional Management Team, hereafter referred to as the Management Team, who will consist of the Coordinators of Disability Services (CDS) representing each member county including a Children's Coordinator of Behavioral Health Services. The Management Team shall remain employees of their respective counties.

Additional information on the Governance of the Region can be found in the 28E Agreement. The 28E Agreement can be found on the Region's Website: [www.easterniowamhds.org](http://www.easterniowamhds.org)

## C. Service System Management

### **Service Coordination and Targeted Case Management:**

The EI Region shall directly administer the Plan through the local county Community Services offices and contract with service providers to meet the service needs of the individuals. The staff delegated to perform the functions of Coordinator of Disability Services (CDS) shall have the qualifications as stated in Iowa Code 331.390(3)b. Also included is a Children’s Coordinator of Behavioral Health Services, referred to as the Children’s Coordinator. The position of Children’s Coordinator means a member of the administrative entity staff who meets the requirements described in Iowa Code section 331.390(3)b and who is responsible for coordinating behavioral health services for children and families in the EI Region.

The Region shall offer choice and access to cost effective, evidenced based, conflict free Targeted Case Management as described in Iowa Administrative Code 441-25.21(1)g. The designated case management agencies serving the Region must be accredited by the Department of Human Services.

Targeted case managers or other persons providing service coordination while working for the designated provider must meet the qualifications of qualified case managers and supervisors as defined in Iowa Administrative Code 441-24.1 (225C).

The Region continues to provide Service Coordination to individuals who are *not* eligible for a Community Based Case Manager or an Integrated Health Home Service (IHH).

The Region shall maintain local county offices as the foundation to the service delivery system. Listed below are the name, addresses and phone numbers to the local county Community Services Offices:

<b>Local County Offices</b>	<b>Serves Adult/Child/Both</b>	<b>Location</b>	<b>Contact Information</b>
Cedar County	Both Adult and Child	400 Cedar St. Tipton IA 52772	563-886-1726
Clinton County	Both Adult and Child	1900 N. 3 <sup>rd</sup> St. Clinton IA 52732	563-244-0563
Jackson County	Both Adult and Child	311 W. Platt St. Maquoketa IA 52060	563-652-1743
Muscatine County	Both Adult and Child	315 Iowa Ave Suite 1 Muscatine IA 52761	563-263-7512
Scott County	Both Adult and Child	600 W. 4 <sup>th</sup> St. Davenport IA 52801	563-326-8723

The Coordinator of Disability Services and the Children’s Coordinator will be referred to as the Regional Management Team. The duties shall include such activities as assisting the CEO, agreeing on exceptions to policies, ensuring timely data is collected and submitted to the CEO for inclusion in reports, assuring accurate financial reporting, monitoring of revenues and expenditures, assuring evidence based practices are used, and making recommendations for agenda items before the meetings of the Governing Board and Regional Advisory Committees.

**Regional Access Points:**

For *Adult Applicants*, the EI Region has designated the following access points:

<b>Access Point</b>	<b>Location</b>	<b>Contact Information</b>
Abbe Center for Community Mental Health	1039 Arthur St. Iowa City, IA 52240	(319) 338-7884
Bridgeview Community Mental Health	1320 19 <sup>th</sup> Ave NW Clinton, IA 52732	(563) 243-5633
Cedar County Community Services	400 Cedar St. Tipton, IA 52772	(563) 886-1726
Clinton County Community Supports Dept	1900 N. 3 <sup>rd</sup> St. Clinton, IA 52732	(563) 244-0563
Eagle View Behavioral Health	770 Tanglefoot Lane Bettendorf, IA 52722	(563) 396-2100
Genesis Medical Center	1401 W. Central Park Ave Davenport, IA 52804	(563) 421-1000
Hillcrest Mental Health Center	117 S. Olive St. Maquoketa, IA 52060	(563) 652-4958
Jackson County Mental Health Dept	311 W. Platt Maquoketa, IA 52060	(563) 652-1743
MercyOne- Clinton	1410 N. 4 <sup>th</sup> St. Clinton, IA 52732	(563) 244-5000
Muscatine County Community Services	315 Iowa Ave Suite 1 Muscatine, IA 52761	(563) 263-7512
Robert Young Center	1616 Cedar Muscatine, IA 52761	(563) 262-6263 (309) 779-2100
Scott County Community Services	600 W. 4 <sup>th</sup> St. Davenport, IA 52801	(563) 326-8723
Vera French Community Mental Health Center	1441 W. Central Park Ave Davenport, IA 52804	(563) 383-1900

For *Children Applicants*, the EI Region has designated the following access points:

<b>Access Point</b>	<b>Location</b>	<b>Contact Information</b>
Abbe Center for Community Mental Health	1039 Arthur St. Iowa City, IA 52240	(319) 338-7884
Bridgeview Community Mental Health	1320 19 <sup>th</sup> Ave. NW Clinton, IA 52732	(563) 243-5633
Child Health Specialty Clinics	865 Lincoln Rd. Suite 500 Bettendorf, IA 52722	(563) 344-2250
Child Health Specialty Clinics	1663 Lincoln Way Suite E Clinton, IA 52732	(563) 243-0295
Cedar County Community Services	400 Cedar St. Tipton, IA 52772	(563) 886-1726
Clinton County Community Supports Dept	1900 N. 3 <sup>rd</sup> St. Clinton, IA 52732	(563) 244-0563
Eagle View Behavioral Health	770 Tanglefoot Lane Bettendorf, IA 52722	(563) 396-2100

Genesis Medical Center	1401 W. Central Park Ave. Davenport, IA 52804	(563) 421-1000
Grant Wood AEA	4401 Sixth St. SW Cedar Rapids, IA 52404	(319) 399-6700
Hillcrest Mental Health Center	117 S. Olive St. Maquoketa, IA 52060	(563) 652-4958
Jackson County Mental Health Dept	311 W. Platt Maquoketa, IA 52060	(563) 652-1743
MercyOne- Clinton	1410 N. 4 <sup>th</sup> St. Clinton, IA 52732	(563) 244-5000
Mississippi Bend AEA	729 21 <sup>st</sup> St. Bettendorf, IA 52722	(563) 359-5967
Mississippi Bend AEA	2001 Manufacturing Court Clinton, IA 52732	(563) 242-6454
Mississippi Bend AEA	1422 Houser St. Muscatine, IA 52761	(563) 263-8476
Muscatine County Community Services	315 Iowa Ave., Suite 1 Muscatine, IA 52761	(563) 263-7512
Robert Young Center	1616 Cedar Muscatine, IA 52761	(563) 262-6263
Scott County Community Services	600 W. 4 <sup>th</sup> St. Davenport, IA 52801	(563) 326-8723
Vera French Community Mental Health Center	1441 W. Central Park Ave. Davenport, IA 52804	(563) 383-1900

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

The EI Regional Governing Board shall retain full authority for the regional system of care and the associated fixed budget in accordance with Iowa Code 331.393(2)f.

**Conflict of Interest:**

Funding authorization decisions shall be made in each county office by Coordinators of Disability Services who have no conflicted fiduciary interest or relational connections with the individual to the services or supports provided. In the event such a situation would occur, that interest must be fully disclosed in the Notice of Decision to the individuals, the counties, and other stakeholders. Contact your local county offices for more detail.

Annually, the EI Region's Governing Board, Regional Management Team, along with all Advisory Committee members, will review and sign a conflict of interest statement.

## D. System Management

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

The Region exists to support improved access to health care and to promote full linkage to services for children and adults with mental illness, intellectual disabilities, developmental disabilities or brain injury. It promotes and provides services to individuals with a qualifying diagnosis by:

- Partnering with community service organizations, individuals with disabilities, their families, and the community to promote improved health care and integrated living and working opportunities;
- Identifying, developing, and maintaining efficient, effective, and responsive service delivery systems; and
- Educating communities and businesses to increase acceptance and awareness of the need for full participation within the community.

The Region also works in partnership with providers and other stakeholders to create a continuum of care which is:

- Accessible and welcoming;
- Able to emphasize early identification and early intervention;
- High quality and, wherever possible, evidence based;
- Organized into a seamless continuum of community based support;
- Individualized to meet the person's needs;
- Provided in the least restrictive and most appropriate setting using natural supports whenever possible;
- Designed to empower the individuals and the families as partners in their own care;
- Designed to utilize all funding sources available within the Region including increased use of Medicaid funded services and the Iowa Health and Wellness Plan; and
- Supported by the provision of training and technical assistance to individuals and families, as well as to the 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 individual of any age with ANY combination of any mental illness (including trauma), developmental disability, intellectual disability, brain injury and/or substance abuse condition, including gambling and nicotine dependence, whether or not they have been diagnosed. Individuals with multi-occurring conditions commonly also have medical, legal, housing, financial and parenting issue and other complex needs.

The Region shall maintain a service delivery approach for individuals with multi-occurring conditions that build partnerships to create a broad and integrated process for meeting multiple needs. This approach is based on the principles of interagency collaborations; individualized, strengths-based or evidence-based practices; cultural competencies; community based services; accountability; and the full participation of the individuals served at all levels of the system.

The Region shall fund individuals with multi-occurring conditions that meet the eligibility criteria in this manual. Services and supports will be offered through the enrollment process.

The Region shall collaborate with the courts for alternatives to involuntary mental health commitments and to coordinate the funding for services for individuals under a mental health commitment.

The Region will also work in partnership with other Regions to provide smooth transitions for individuals moving from one Region to another to ensure continuity of care. Additionally, the Region will join forces with adjoining Regions when agencies provide services in multiple counties.

The Region will collaborate with the Iowa Department of Human Services, the Iowa Department of Public Health, the Iowa Department of Education, the Iowa Department of Corrections, the Iowa Medicaid Enterprise, local law enforcement agencies, other regions, service providers, coordinators of services, case management, individuals, families and advocates to ensure the authorized services and supports are responsive to the individuals' needs and consistent with the system principles and cost effective service provisions.

The EI Region will also partner with other stakeholders, as follows:

- Iowa Plan  
Prior to authorizing funds for services, providers and coordinators of services must request that the Medicaid managed care company pay for Iowa Plan covered services for eligible individuals and pursue all available levels of appeal in the event of denials by the Medicaid managed care company.
- Third-party Payers  
Prior to authorizing funds for services; providers and CDS Staff must seek approval from Medicaid, Medicare, or any other third-party payer for any service including in-network providers. The Region may fund additional services and supports for individuals who meet all other Regional eligibility criteria for those ineligible for, or whose needs cannot be fully met, based upon the functional assessment.
- Judicial and Criminal Justice System  
The EI Region has a partnership with the courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. The Region utilizes local hospitals for involuntary hospitalizations under Iowa Code Sections 229.11 and 229.13. Other hospitals may be used depending upon need and availability.
- Employment  
The Region work 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. The Region will advocate that this include integrating services for people with disabilities.

- Education  
The Region's network of providers works with schools, AEA's and Vocational Rehabilitation on transition plans for individuals in Special Education who will be leaving the school systems. Additionally, the Region will continue to support post-secondary educational efforts for people with disabilities.
- Transitioning Youth to the Adult System  
The Region works with DHS social workers in transitioning youth to the adult system, and will continue being a resource to explore options for children with complex needs.
- Other Regions  
The EI Regional Management Team is very active in training and coordination on a statewide basis. It is the policy of the Region that we will work with other regions to help coordinate funding for mutually beneficial service developmental activities. If an individual within the EI Region has complied with all requested information, their access to services shall not be delayed while awaiting a determination of legal residence. If the need presents and there is a disagreement over residency on an individual who is physically located in the Region, their services shall be funded while working with another Region or the State to resolve the residency dispute. At the time of the dispute resolution, the EI Region shall expect reimbursement from the other Region (or the State) in the event the individual is determined not to have residency within the Region.

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

The EI Region will strive to provide services in a dispersed manner to meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. The Region and providers will work cooperatively to ensure that various service options are geographically distributed through the counties. In areas where services are not available within the Region, providers shall be encouraged to expand or begin services. The following shall be used to ensure services are available in all parts of the Region:

- Analyzing the gaps by assessing unmet needs;
- Incorporating feedback from community stakeholders;
- Identifying costs and exploring alternative funding streams;
- Developing or expanding services to meet gaps;
- Identifying service providers willing to provide services within the area;
- Ensuring core services are available within 30 miles in urban areas or 45 miles in rural areas;
- Exploring technological innovations and modalities to meet needs more efficiently.

#### **Utilization and Access to Services (IAC441-25.21(1)d):**

Within the broad system approach outlined above, the EI Region shall oversee access and utilization of services and outcomes of the populations in the Region in order to continuously improve system design and better meet the needs of individuals with complex challenges. In order to do this, the EI Region will integrate planning, administration, financing and service delivery using utilization reports from both the region and state including the following:

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

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

- insufficient services offered;
- inadequate provider network;
- restrictions on eligibility;
- restrictions on availability;
- and location.

Results will be used to review the *System of Care* approach plan, guide the Region in collaboration with agencies, and to increase access and decentralize services. Additionally, the data elements, indicators, metrics and performance improvements for population management shall be continuously improved over time as the EI Region develops increased capacity for managing the needs of its individuals with disabilities.

This information will also 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.

The EI Region will also contract with other Regions to provide and ensure core services are met.

The Region will continue to work with Department of Human Services and the Managed Care Organizations (MCO's) to facilitate regional access and information sharing on disability services funded by Medicaid in order to coordinate the Regional funded services and services managed by the State and the MCO's.

Case Managers, Coordinators of Disability Services and Integrated Health Home (IHH) Care Coordinators will serve as gatekeepers to Region and State funded community based services.

## **E. Financing & Delivery of Services and Supports**

Funding for the non-Medicaid mental health and disability services shall be under the control of the Region's Governing Board in accordance with Iowa Administrative Code 441-25.13. The Governing Board shall retain full authority and financial risk for the Plan. The finances of the Region shall be maintained to limit administrative burden and to provide public transparency.

The CEO and the Management Team will prepare a proposed annual budget that will be reviewed by the Governing Board for final approval. The CEO, Management Team and the Governing Board will be responsible for managing and monitoring the adopted budget. The services funded by the EI Region are subject to change or termination with the development of the Regional budget for each fiscal year.

The Governing Board is responsible for adopting and approving an annual budget for non-Medicaid mental health and disability services for the fiscal period July 1 to June 30 of each year. It is the Governing Board's duty to ensure a fair, equitable and transparent budgeting process. The Regional budget will be submitted by the CEO based on the recommendations of the Management Team to the Governing Board for review and approval.

The EI Region will use a “hybrid method” to meet the needs of the Region. This method will include a regionally managed account for pooled funds to develop new regionally based programs/crisis services and administrative services while allowing individual counties to maintain funding and expenditures for core services based on local tax revenues. This method allows for the fiscal management of locally required services and for regionally based collaboration and coordination of services.

- The local counties are responsible for all administrative functions related to the individual services, including acquiring service applications with financial, clinical/service needs and residency information;
- Services delivered on a regional level will be through a service provider agreement/contract and a payment method according to agreement/contract;
- The Governing Board will approve financial reports provided by the Fiscal Agent at their regularly scheduled meeting.

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

The accounting system and the financial reporting requirements to the Iowa Department of Human Services conforms to Iowa Administrative Code 441-25.13(2) and (331.391) and includes all the 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: revenues, expenses for administration and services.

#### **Contracting/Rate Agreements:**

The Region may contract with MH/DS providers whose base of operation is in the Region or they may use a rate agreement. The Region may also honor contracts/rate agreements with other Regions and may also have a contract/rate agreement with providers not based in the Region. A contract/rate agreement may not be required for a one-time or “as needed” service.

- The EI Region may also contract with other Regions for Intensive Mental Health Services such as Access Centers, Sub-Acute Services and Intensive Residential Service Homes;
- The EI Region may enter into performance based contracts through competitive procurement;
- The Region’s organizational structure assigns the ultimate responsibility for the non-Medicaid funded services with the Governing Board of Directors.

#### **Funding:**

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

An individual, who may be eligible for other publicly funded services and supports, must apply and accept such funding and support. Failure to do so will render the individual ineligible for regional funds unless the Region is mandated by a state or federal law to pay for said services.

The Region shall be responsible for funding only the services and the supports authorized in accordance with the process described in the Plan, within the constraints of the budgeted dollars. The Region shall be the payer of last resort and regional funds shall not replace other available funding.

## **Data Reporting and Other Information Technology Requirements:**

The Region will be using the Community Services Network (CSN) software package for data collection, billing and data reporting, including providing data and fiscal information in response to a request from the Department of Human Services (DHS).

The Region and each County is expected to review data and claims using the most current Uniform Chart of Account for Iowa County Governments.

## **F. Enrollment Process (IAC 441-25.21(1)b)**

### **Application and Enrollment:**

All residents are eligible for Information & Referral, 24 Hour Crisis Line and Mobile Response Services regardless of eligibility criteria.

Individuals residing in the Region, or their legal representative may apply for funding for services by contacting the designated county office or may contact one of the designated access points (found in this document under Service System Management and in the Annual Service and Budget Plan) to complete an application.

Applications are also available online at the EI Region's website at: <https://easterniowamhds.org>  
All applications shall be forwarded to the office located in the county where the individual resides for determination of eligibility for funding.

The application shall be used by all designated access points. If a language or other barrier exists, the access point shall contact an appropriate person to assist the individual in the intake process or contact the local county office to make such arrangements. For those services that need an application, a completed application shall be forwarded by the access point to the local county office.

The designated staff of the local office shall review the application within ten (10) business days to determine if all necessary information is present and complete on the application. If the application is incomplete, the individual will be notified informing them of the additional items that must be submitted. Failure to respond within thirty (30) calendar days with the necessary information and/or to provide a fully completed application may result in a delay or denial of funding.

### **Residency:**

If an individual has complied with all requested information, their access to services shall not be delayed while awaiting a determination of legal residence. The Region shall notify any region of a individual that is physically located in one (1) of the Eastern Iowa MHDS Region counties that appears to have residency in that region prior to approving services that are not emergent in nature.

"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. (Iowa Code 331.394(1) a)

**Exception to Policy:**

An Exception to Policy may be considered in cases when an individual is adversely affected by the regional eligibility guidelines. To request an Exception to Policy, the individual or the individual's legal representative shall submit the following information to the local county office within thirty (30) calendar days from the date of the Notice of Decision:

- Individual's first and last name
- Physical and mailing address
- Current services the individual is receiving
- Type of service being requested
- The policy for which the exception is being requested
- Reason why the exception should be granted

The Management Team/CEO will review the exception and a response will be given to the individual, the individual's legal representative, and, when appropriate, the designated county staff within ten (10) business days. The exception period may not exceed six (6) months and may be renewed following the Exception to Policy procedure. Exceptions to Policy may not be appealed. Decisions on exceptions shall be used in the annual report to identify future changes in policy.

**Confidentiality:**

The Region is committed to respecting individual privacy. To that end, all persons, including county designated staff, Governing Board of Directors, and others with legal access to individual information, will have an obligation to keep individual information confidential. Information will only be released in accordance with the Health Insurance Portability and Accountability Act, hereafter known as HIPAA, and other federal and state laws and in accordance with professional ethics and standards. Protected Health Information, hereafter referred to as PHI, will be released only when it is in the best interest of the individual to whom the information pertains to or when required by law.

PHI may be released without written permission of the individual or their guardian for medical or psychological emergencies, inspections by certifying or licensing agencies of the state or federal government, or when required by law to report criminal wounds/child abuse/dependent adult abuse.

Individual files will be maintained in a secure location for seven (7) years following termination of service to the individual.

Procedures to assure PHI include:

- An individual or their legal representative written consent will be obtained prior to release of any PHI, unless an emergency as stated above.
- Information or records released will be limited to only those documents needed for a specific purpose.
- Individual, or a legal representative, will be allowed to review and copy the individual record.

- Individual and related interviews will be conducted in private settings.
- All discussion and review of an individual's status and/or records by designated county staff, and others will be conducted in private settings.
- All paper and computer files will be maintained in a manner that prevents public access to them.
- All PHI disposed of will be shredded.
- Steps will be taken to assure that all fax, email, and cellular phone transmissions are secure and private.
- Staff will receive initial and ongoing training concerning confidentiality and staff will sign a statement agreeing to confidentiality terms.
- Access to PHI will be by designated staff.
- A Privacy Officer for the Region will be appointed.

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

A copy of the EI Region's policies and procedures covering confidentiality may be viewed at any of the local county offices.

## G. Eligibility (IAC 441-25.21(1)c)

The following threshold criteria must be met to determine if an applicant is eligible for enrollment in the EI Regional service system:

### **General Eligibility:**

All residents are eligible for Information & Referral, 24- hour crisis line and Mobile Response Services regardless of eligibility criteria.

### *Adult Applicants:*

It is the expectation of the Region that an uninsured adult applicant, requesting assistance, will need to apply for health insurance. In the event they do not apply for insurance in a timely manner, an application for funding can still be made to the local county office where the applicant resides.

Adults, who are in need of and are awaiting approval and receipt of assistance under other programs, may be considered eligible for up to sixty (60) days, if all other eligibility criteria are met

Staff shall review the application to determine General Eligibility of:

1. Is at least eighteen years of age and a resident of this state or is 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 3 (three) month period preceding the individual's eighteenth birthday in order to provide a smooth transition from children's to adult services;
2. Is a resident of one (1) the counties within the Region; or.
3. Is a United States citizen or in the United States legally.

Child Applicants:

Staff shall review the application to determine if the child applicant meets General Eligibility including:

1. The individual is a child under the age of 18;
2. The child's custodial parent is a resident of the state of Iowa and the child is physically present in the state;
3. The child's family meets financial eligibility requirements in IAC 441-25.16;
4. The child has been diagnosed with a serious emotional disturbance except for comprehensive facility and community based crisis services according to IC 331.397A (4) b.

**Financial Eligibility:**

Adult Applicants

Unless otherwise specified in law, the EI Region is always the funder of last resort. The adult must comply with financial eligibility requirements as stated in Iowa Administrative Code 441-25.16 (2).

**(1) Income Guidelines:** (Iowa Code 331.395.1)

- Gross income at or below 150% of the current Federal Poverty Guidelines.
- Gross income above 150% to 300% may be eligible for regional funding with a copayment as specified in this Plan. Co-payment requirements are changed on an annual basis effective July 1<sup>st</sup> and are included in the Annual Service and Budget Plan.
- The income eligibility standards specified in this Plan 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, Habilitation Services, etc.) shall be followed if different than those established in this manual.
- In determining income eligibility, the average gross monthly income for the past three (3) months will be considered. However, recent employment and/or income changes may be considered by the Coordinators of Disability Services in determining income eligibility. An individual is expected to provide proof of income (including pay stubs, income tax return, etc.) as requested.

Child Applicants

Unless otherwise specified in law, the EI Region is always the funder of last resort.

The child's *family* must comply with financial eligibility requirements as stated in Iowa Administrative Code 441-25.16 (2).

**(2) Income Guidelines:** (Iowa Code 331.396A)

Cost share amounts for children's behavioral health services are applicable to core services.

- The *family* of a child receiving regional funding for behavioral health services shall be responsible for a cost-share amount based on the *family's* household income.
- Household income shall be verified using the best information available and include pay stubs, tip records, and employers' statements of earned income. Self-employment Income that can be verified through business records from the previous year is acceptable if they are representative

of anticipated earnings. If business records from the previous year are not representative of anticipated earnings, an average of the business records from the previous two (2) or three (3) years may be used if that average is representative of anticipated earnings.

- A family of a child applicant who is eligible for federally funded services and other support must apply for such services and support.

### **Resources Guidelines (IAC 441-25.16(2)):**

#### **Adult Applicants**

- An adult must have resources that are equal to or less than \$2000 in countable value for a single person *household* or \$3000 in countable value for a multi- person household or follow the most recent federal supplemental security income guidelines.
- The value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this sub-rule.
- A transfer of property or other assets within five (5) years of the time of application with the result of, or intent to, qualify for assistance may result in the denial or the 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 (1) 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 (1) person.
  7. Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.
- If an adult does not qualify for federally funded or state funded services or other support, but meets all income, resource, and diagnostic eligibility requirements, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:
  1. A retirement account that is in the accumulation stage.
  2. A medical savings account.
  3. An assistive technology account.
  4. A burial account or trust limited in value as to that allowed in the Medical Assistance Program.
- An adult who is eligible for federally funded services and other support must apply for and accept such funding and support.

### Child Applicants

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

- Both Adult and families of Children Applicants are responsible to report any changes in income, finances, resources, or other changes in eligibility criteria, including household composition. Failure to report may result in repayment to the region and/or denial of service funding.

### **Diagnostic Eligibility:**

#### Adult Applicants

The adult must have a diagnosis of Mental Illness and/or Intellectual Disability. Adults with a covered diagnosis are eligible for all services designated in the Annual Service and Budget Plan if a standardized assessment verifies the need for these services.

#### **a. Mental Illness:**

Adults who at any time during the preceding twelve-month period have 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.

#### **b. Intellectual Disability:**

Adults must meet the following three (3) 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). 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.
2. Concurrent deficits or impairments in present adaptive functioning (i.e., the individual's effectiveness in meeting the standards expected for the individual's age by the individual's cultural group) in at least two (2) 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.

#### Child Applicants

#### **a. Serious Emotional Disturbance**

A serious emotional disturbance (SED) means a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current diagnostic and statistical manual of mental disorders published by the American psychiatric association that results in a functional impairment. SED does not

include substance use and development disorders unless such disorders co-occur with such a diagnosable mental, behavioral, or emotional disorder.

**Acceptable Verification for Diagnostic Requirements:**

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

**Assistance to Other than Adult Core:**

If funds are available, the Region shall fund services to populations of adults 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 Code 83.81 and also to children to the extent allowable by law. These populations were funded in at least one member county's MHDS plan prior to July 1, 2014. The additional populations covered will be determined annually and specified in the Annual Service and Budget Plan

**c. Developmental Disability**

Developmental Disability means a severe, chronic disability that:

2. Is attributable to a mental or physical impairment or combination of mental and physical impairments.
3. Is manifested before age 22.
4. Is likely to continue indefinitely.
5. Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-directions, capacity for independent living and economic self-sufficiency.

**d. Brain Injury**

Brain injury means 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 process, which temporarily or permanently impairs a person's physical, cognitive, or behavioral functions.

**Reasons for Funding Denial:**

*Adults and Children Applicants*

Applicants may be denied funding. The following are reasons for denial include but are not limited to:

1. Not a resident of Iowa
2. Over Income Guidelines
3. Over Resource Guidelines (Adults only)
4. Does not meet diagnostic criteria
5. Refusal to utilize private insurance or enroll/apply for health insurance
6. Refusal to apply and accept other publicly funded services if eligible
7. Failure to provide necessary information or a completed application
8. A Regional waiting list has been implemented

### **Notice of Decisions/Timeframes and Notice of Eligibility for Assessment:**

Once a fully completed application is received in the Region's local Community Services office, a Coordinator of Disability Services, or their designee, shall determine if applicant meets all eligibility criteria. The CDS will send to all applicants, or their authorized representatives, written notices of the enrollment decision within ten (10) days of a completed application. If the individual is being placed on a waiting list for funding, the notice of decision will include an estimate of how long the individual is expected to be on the waiting list and the process, for the individual or authorized representative, to obtain information regarding the individual's status on the waiting list.

The written notice of decision will contain clear information on the process to appeal any decisions of the EI Region with regard to the application. The individual shall be sent a copy of the Region's appeal process and informed that they have the right to appeal the decision.

### **Service and Functional Assessment:**

An individual applying for funding must meet financial, diagnostic and residency requirements in order to be eligible for assistance. An assessment or evaluation will be available for review by the Coordinator of Disability Services, if necessary, to determine the appropriate services to meet the individual's needs. The goal is to ensure eligible individual's needs are met while being mindful of budget constraints and safety concerns.

A standardized functional assessment methodology, as identified in IAC441-25.21(1) shall be completed on individuals requesting services more intense than outpatient therapy and psychiatry, and crisis involved services.

- The assessment will be completed within ninety (90) days of application;
- The results will determine if there is a need for services, including the type and frequency of service.
- Individuals eligible for services more intensive than outpatient therapy and psychiatry may be referred to service coordination, care coordination or case management.
- For individuals requesting services identified as having a primary diagnosis of an Intellectual Disability and have a completed and current SIS Assessment on file, the SIS Assessment will be reviewed prior to authorizing assistance.
- For individuals identified as having a serious and persistent mental illness, the LOCUS Screening Tool will be used by either the Coordinator of Disability Services or some other entity and reviewed to determine necessity and level of service authorizations. Assistance may be offered on a temporary basis if delaying funding would result in either remaining or moving to a higher level of care.
- For individuals identified as having a primary diagnosis of Intellectual Disability (who do not have a current SIS Assessment), Brain Injury or Developmental Disability, the ICAP tool will be reviewed prior to authorizing assistance.

Where a standardized assessment has been recently completed by another agency, the IHH care coordinator or the managed care organization, an attempt will be made to secure that document as opposed to conducting an assessment.

**Service Funding Authorization:**

The Notice of Decision shall inform eligible individuals and/or their legal representatives and service providers of the approval or denial of mental health funding, the reason for the action, what the share of the cost is, if any, and appeal rights if the individual is dissatisfied with the action specified in the NOD. The NOD also specifies the services, provider, services type, units of services approved and shall be issued within ten (10) days.

Eligible individuals who request or accept the service may be referred to a Case Manager, Integrated Health Home Care Coordinator, or designated county staff for service coordination.

**Re-Enrollment:**

Coordinators of Disability Services must maintain up-to-date eligibility information in CSN. This includes address, insurance, and financial information. Information must be updated as changes occur, and at least annually or if circumstances change.

**Copayment for Services:**

*Adult Applicants*

Any copayment or other client participation required by any federal, state, or regional program in which the individual participates shall be required to be paid by the individual. Such copayments 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 230.15.
- The financial liability for advocate and attorney fees related to commitment as provided by Iowa Code 229.
- Co-payments, including “patient responsibility” for outpatient services are based on a sliding fee scale if the individual income is over the established guidelines. This scale will be updated and included in the Annual Service and Budget Plan.
- The amount is collected by the provider agency, except for mental health commitment costs.

The sliding fee amounts in this section are related to services to target populations as defined in Iowa Code 331.397. No copayment shall be assessed to individuals with income equal to or less than 150% 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 and effective July 1<sup>st</sup> of each year.

Adult income as a % of FPL	Co Payment % Paid by Adult
0% to 150%	0%
150% to 175%	15%
176% to 200 %	30%
201% to 225 %	45%
226 % to 250%	60%
251% to 300%	75%
Over 300%	100%

Children Applicants

Cost share amounts for children’s behavioral health services are applicable to core services as defined in Iowa Code section 331.397A.

No cost share amounts shall be assessed to families with income equal to or less than 150% of the federal poverty level, as defined by the most recently revised Federal Poverty Income Guidelines published by the U.S. Department of Health and Human Services in January of each year. The Region chooses to use the effective date of July 1<sup>st</sup> of each year.

The *family* of a child receiving regional funding for behavioral health services shall be responsible for a cost-share amount based on the *family*’s household income as follows:

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

## H. Appeals Process

### **Non-Expedited Appeal Process:**

#### *Adult and Children Applicants*

Every individual, whether they have been granted assistance or not, shall be informed of the decision by the CDS through a written Notice of Decision and of their right to appeal such decision. The Notice of Decision shall be generated from the local Community Services office.

An individual or the individual's legal representative may appeal the decisions of the Region or any of its designees.

#### **How to Appeal:**

1. **The Written Appeal** - An appeal by the individual shall be made to the County of Residence CDS within ten (10) business days from the date of receipt of the Notice of Decision. The request shall include:
  - The current mailing address and telephone number of the appellant;
  - The reason for the appeal, including the specific action that is being appealed;
  - Signature and date of the appellant;

If the appeal is filed late, it cannot be considered. Assistance in completing a written appeal, hereafter known as "reconsideration", will be provided upon request by contacting the local community CDS office.

2. **The Reconsideration** - The CDS, from the local office that sent the Notice of Decision, shall review the individual's request for reconsideration. After reviewing the provided information, the CDS may need to contact the individual or, with consent, other sources for additional information.

Following a review of all information and all relevant facts, a written decision will be issued to the individual by the CDS within five (5) business days of receipt of the written reconsideration and mailed by certified delivery to the last available address.

3. **State Administrative Law Judge (ALJ)** - If a resolution is not agreed upon through the informal reconsideration process, the individual, or their legal representative, will need to contact the State ALJ at the Department of Inspections and Appeals, Iowa Code 10A.801, within 10 (ten) business days of the receipt of the written reconsideration to request the appeal to be heard in a contested case proceeding. The individual may contact another person to assist with the appeal. This could be an attorney, an organizational representative or a friend. The local office can assist the individual in contacting the State ALJ office.

The local office shall not pay legal fees for the individual. If the individual cannot afford legal representation, he/she may contact:

- Legal Services of Iowa at 1-800-532-1275 or <http://www.iowalegalaid.org>
- Disability Rights Iowa at 1-800-779-2502.

## **Expedited Appeals Process: (IAC 441-25(1)I(2)**

### *Adult and Children Applicants*

The process is to be used when the decision of the CDS in the local Community Services office 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.

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.

### **How to Appeal**

1. The request for the expedited review shall be filed within five (5) business days of receiving the notice of decision by the regional administrator. The request must be in writing and be supported by written documentation from the mental health professional that made the clinical determination stating how the Notice of Decision on services could cause an immediate danger to the person's health or safety.
2. The expedited review shall be performed by a mental health professional who is either the Administrator of the Division of Mental Health and Disability Services of the Department of Human Services or the Administrator's designee.
3. The expedited review shall be performed within two (2) business days of the time the request is filed. The reviewer can request submission of additional information and the review shall be performed within two (2) business days of the time that adequate information is received.
4. The Administrator or designee shall issue an order, including a brief statement of findings of fact, conclusions of law, and policy reasons for the order, to justify the decision made concerning the expedited review. If the decision concurs with the contention that there is an immediate danger to the individual's health or safety, the order shall identify the type and amount of service, which shall be provided for the individual. The Administrator or designee shall give such notice as is practicable to individuals who are required to comply with the order. The order is effective when issued.

The decision of the Administrator or designee shall be considered a final agency action and is subject to judicial review in accordance with Iowa Administrative Code 17A.19.

## **I. Provider Network Formation and Management**

The Region shall have a network of service providers, including traditional and non-traditional providers, to meet the continuum of service needs of individuals in accordance with Iowa Administrative Code 441-25.21(1)j. The Region will have contracts/rate agreements with licensed and accredited providers to provide each service in the required core services domains. The Region retains the right to select service providers to be a part of the regional provider network and all must be approved network providers in order to be eligible for regional funding. Payment for commitment related sheriff transportation, court-

appointed attorneys, and other incidental, temporary or emergency services may be exempt from this policy.

The EI Region shall manage the provider network to ensure individual needs are met and shall ensure an adequate number of providers are available to avoid waiting lists by contracting with outpatient mental health providers, Community Mental Health Centers, at least one (1) reasonably close inpatient psychiatric hospital and other providers of services

To be included in the Region's network, a *traditional provider* must meet at least one (1) of the following criteria:

- Currently licensed, accredited or certified by the State of Iowa, or
- Currently enrolled as an Iowa 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...) or
- Currently have a contract or rate agreement with the Region or another Iowa region, and
- If the Region does not have a contract for needed services with an established provider, a request from a Non-Traditional Provider may be considered.

All providers included in the Region's provider networks that are 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 will no longer be eligible to receive Region funding. Additionally;

- The providers will use evidence-based practices that the region has independently verified as meeting established fidelity to evidenced based service models required in Iowa Administrative Code IAC 441-25.5(3).
- The Region will have service providers who are trained to provide effective services to individuals with two or more of the co-occurring conditions listed in Iowa Administrative Code 441-25.5(1).
- The service providers will also be trained to provide effective trauma informed care as described in Iowa Administrative Code 441-25.5(2).

The Region's current provider network is included in the Annual Service and Budget Plan.

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

1. A referral or a request for a new network provider may be made by an individual, an individual's legal representative, a consumer's case manager or a social worker, or directly by a provider. All requests to become a member shall be directed to the CEO.
2. The provider's application shall be screened by the Management Team/CEO. A Provider may be asked to meet for an interview or provide additional information.
3. The CEO shall inform the provider in writing of the acceptance or the denial.
4. Meet the contracting standards via the Regions contractual template.
5. New network providers shall receive an appropriate orientation and training concerning the Region's Plan.

The Region will make efforts to recruit and approve *non-traditional providers* as part of the service provider network not currently subject to license, certification, or other state approval standards. The Region will request a Taxpayer Identification Number and Certification (W 9) for claims submission.

## J. Quality Management and Improvement Process

The Region shall have a quality improvement process, in accordance with Iowa Administrative Code 441-25.21(1)e, that provides for ongoing and periodic evaluation of the service system, and of the providers of services and the supports in the system. Stakeholders, with emphasis on individual input, shall be involved in the development and the implementation of the quality improvement program.

### **System Evaluation:**

The system evaluation shall include, but is not limited to:

1. Access to service;
2. Life in the community;
3. Person centeredness;
4. Health and wellness;
5. Quality of life and safety;
6. Family natural supports

The Management Team/CEO shall assess the Region's performance, develop a list of areas that need improvements and provide a report to the Governing Board of Directors. The Management Team/CEO shall participate in developing a performance plan that includes measurable goals and action steps with a process of collecting the data. Based on the data, the areas needing improvement shall be addressed. The Management Team/CEO shall evaluate the areas of improvement and determine if further action is needed for documentation and reporting in the annual report.

### **Quality of Provider Services:**

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

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

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

1. The direct interaction and feedback from individuals, families, providers, case managers, designated county staff, and other stakeholders.
2. A needs assessment, satisfaction surveys, and other written questionnaires.

3. The establishment and the maintenance of a data collection and a management information system oriented to the needs of the individuals, the providers, and other programs or facilities.
4. Changes and trends in the disability services system shall be tracked and reported to the Iowa Department of Human Services to provide the following information for each individual served:
  - demographic information;
  - expenditure data;
  - data concerning the services and other supports provided to each individual, as specified in the administrative rule adopted by the commission.
5. The Region collects data using the Iowa 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 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.
6. The Region will follow the process outlined in the Outcome and Performance measures Committee Report of December 14, 2012. The Region 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. The Region will partner with DHS in this area in order to standardize the data that is being collected to make it meaningful statewide as well as regionally.

## K. Service Provider Payment Provisions

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

The EI Regional Governing Board may make an exception for Regional Agreements and bills received noting they may not include the information as bulleted below.

The monthly billings shall include the following information:

- The name of each individual served
- The number of units of service delivered to each individual served
- When requested, documentation of dates of services
- The unit rate and the total cost of the units provided to each individual. Co-payments or other charges billed to other sources are to be shown as deductions on the billing
- The amount of the copayment or the deductible owed
- The amount of the difference between the insurance and the contracted rate and
- The actual amount to be charged to the Region/county for each individual for the dates of service

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

- All eligible bills shall be paid within sixty (60) days of the receipt of the required documentation unless unforeseen circumstances exist in Regional funding
- Bills received more than sixty (60) days after the close of the fiscal year will not be considered for payment unless there is a statutory obligation or, unless unforeseen circumstances exist and communication has been received from the provider.
- The fiscal year for the Region is July 1 to June 30.
- Services paid out of the regional pool will be reviewed by the CEO and the Fiscal Agent for payment approval.

It is the policy of the EI Region that if another county, region, or the State determines residency in error or approves services for individuals who do not have residency in their region, the Region will assume payment when written notification is received of the error. The Region's Coordinators of Disability Services shall authorize services for the individuals according to the policies and procedures set forth in this manual. If the Region-determines residency in error and/or approves services for individuals who are not residents of the region, the Region will notify the other region or the State of the error. The Region will work with the other region or State to accept residency and to assume payment responsibility when written notification was received.

If parties cannot agree on residency determination, the Region shall follow the dispute resolution process outlines in Iowa Code 331.394(5).

## L. Waiting List Criteria

The Region may implement a waiting list, in accordance with Iowa Administrative Code 441-25.21(1)r, if encumbered expenses for a given fiscal year exceed the Regional funds available.

In the event that fund balances are depleted, and encumbered expenses in the given fiscal year exceed available regional funds, the following waiting list criteria would be utilized in the order given:

- *Other Services* determined to be necessary for the well-being of individuals living in the region
- *Additional Populations* served (Individuals with an eligible BI or DD diagnosis)
- *Additional Core Services*
- *Core Services* to core populations (Individuals with an eligible MI or ID diagnosis)

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

The waiting list applies to all new recipients, individuals requesting an increase in services or additional services, and may include renewal of identified services as they come up for reauthorization. Exceptions to Policy may be granted based on safety or when mandated by Iowa Code.

- The waiting list shall be centrally maintained by the CEO or their designee.
- The Region will notify the Department of Human Services when a waiting list is implemented.

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

## **M. Amendments**

The manual has been approved by the Governing Board of Directors and is subject to approval by the Director of the Iowa Department of Human Services under Iowa Administrative Code 441-25.21(1)3.

Amendments to this Policy and Procedures Manual (Plan) shall be reviewed by the Adult and the Children's Regional Advisory Committees who shall make recommendations to the Governing Board of Directors. After approval by the Governing Board of Directors, any amendments shall be submitted to the Department of Human Services for approval at least forty-five (45) days before the planned date of implementation. Amendments to the Plan will not be implemented until approved by the Director of the Iowa Department of Human Services in consultation with the state commission.

## N. Glossary

### DEFINITIONS:

**Access Point** -- a provider, public, or private institution, advocacy organization, legal representative, or educational institution where staff are trained to complete applications and guide individuals 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 Iowa Administrative Code 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 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.

**Chief Executive Officer (CEO)** -- the individual chosen and supervised by the Governing Board who serves as the single point of accountability for the Iowa Administrative Code 83.81

**Child or “Children”** -- means a person or persons under eighteen years of age.

**Children’s Behavioral Health Services** -- means behavioral health services for children who have a diagnosis of serious emotional disturbance.

**Children’s Behavioral Health System or “Children’s System”** -- means the behavioral health system for children implemented pursuant to Iowa Code Chapter 225C

**Choice** -- the individual or legal representative may choose 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 CEO.

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

**Coordinator of Disability Services** -- designated county staff, formerly known as Central Point of Coordination (CPCs) or Community Services Directors as defined in Iowa Code 331.390.3.b.

**Coordinator of Children’s Behavioral Health Services** -- means a member of the regional administrative entity staff who meets the requirements described in Iowa Code section 331.390(3)“b” and is responsible for coordinating behavioral health services for children.

**Cost Share Amounts for Children’s Behavioral Health Services** -- are applicable to core services as defined in Iowa Code section 331.397A.

**Countable Household Income** -- means earned and unearned income of the family of a child according to the modified adjusted gross income methodology.

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

**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.

**Early identification** -- means the process of detecting developmental delays or untreated conditions that may indicate the need for further evaluation.

**Early intervention** -- means the services designed to address the social, emotional, and developmental needs of children at their earliest stages to decrease long-term effects and provide support in meeting developmental milestones.

**Education services** -- means the activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning.

**Empowerment** -- the service system ensures the rights, dignity, and ability of individual's and their families to exercise choice, take risk, provide input, and accept responsibility.

**Exempt Resource** -- a resource disregarded in the determination of eligibility for publicly funded assistance and in the calculation of client participation amounts.

**Federal Poverty Levels** -- federal poverty levels are defined by the most recently revised poverty income guidelines published by the U.S. Department of Health and Human Services effective in January of each year. The Region chooses to use the effective date of July 1<sup>st</sup> of each year.

**Household** -- for an individual who is 18 years of age or over it is defined as; the individual, the individual's spouse, 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, the household is defined as the individual, the individual's parent(s), step-parents or guardians, and any children, step-children, or wards under the age of 18 of the individual's parents (or parent) 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** -- persons seeking or receiving services in a regional service system.

**Individualized Services** -- services and supports tailored to meet the personalized needs of the individual.

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

**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, 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 (3) 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 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** -- 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, vehicles, motor vessels, livestock, tools, machinery, and personal property.

**Non-Traditional Provider** -- referred to as using a “non-mainstream” approach to providing services in place of a “conventional” approach to providing services.

**Population** -- as defined in Iowa Code 331.388.

**Prevention** -- means efforts to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual’s functioning in society. Prevention activities are designed to convey information about the causes of conditions, situations or problems that interfere with an individual’s functioning or ways in which the knowledge can be used to prevent their occurrence or reduce their effect and may include, but are not limited to, training events, webinars, presentations, and public meetings.

**Provider** -- an individual, firm, corporation, association, or institution which provides 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 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 for support and maintenance and that the individual household is not legally restricted from using.

**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 contribution was made in the previous tax year. Any withdrawal from a retirement account becomes a countable resource.

**Serious Emotional Disturbance** -- means a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current diagnostic and statistical manual of mental disorders published by the American psychiatric association that results in a functional impairment. “Serious emotional disturbance” does not include substance use and developmental disorders unless such disorders co-occur with such a diagnosable mental, behavioral, or emotional disorder.

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

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

**State Commission** -- MHDS 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.

**Eastern Iowa Mental Health and Disability Services Region**  
Management Plan Policies and Procedures

**Forms Appendix**

Application
Release of Information

EASTERN IOWA MH/DS APPLICATION

DEMOGRAPHICS			
<b>Application Date:</b>		<b>County Office:</b>	
<b>Social Security #:</b>		<b>Birth Date:</b> ___/___/___	<b>Gender:</b> [ ] Male [ ] Female
<b>Last &amp; First Name:</b>			
	Last <i>(Please Print)</i>	First	MI
<b>Maiden Name:</b> (If applicable)			
<b>Current Address:</b>			<b>How long at this address:</b>
	<i>Street/Avenue (Please Print)</i>		(Years or months)
<b>City, State, Zip:</b>			<b>County:</b>
<b>Mailing Address:</b>	Street, City, State ,Zip:		

CONTACT DETAILS	
<b>Phone #'s:</b>	Cell Phone: _____ Home Phone: _____
<b>Email:</b>	_____

DETAILS					
<b>Marital Status:</b>	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married or Common Law	<input type="checkbox"/> Separated	<input type="checkbox"/> Single (Never Married)	<input type="checkbox"/> Widowed
<b>Race:</b>	<input type="checkbox"/> White	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Other(biracial; Sudanese; etc)		
	<input type="checkbox"/> Native American	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Unknown		
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non Hispanic or Latino	<b>US Citizen?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Primary Language:</b>	<input type="checkbox"/> English	<input type="checkbox"/> Other- please list: _____			
<b>Legal Status:</b>	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary, Civil Commitment	<input type="checkbox"/> Involuntary, Criminal Commitment		
<b>Veteran Status:</b>	Military Branch: _____	Type of Discharge: _____	Discharge Date: _____		

RESIDENTIAL ARRANGEMENTS			
<input type="checkbox"/> Alone-Private Residence	<input type="checkbox"/> 24 Hr Habilitation	<input type="checkbox"/> RCF/ID	<input type="checkbox"/> Correctional Facility
<input type="checkbox"/> w/Relatives-Private Residence	<input type="checkbox"/> 24 Hr SCL	<input type="checkbox"/> RCF/PMI	<input type="checkbox"/> Foster Care Family Life Home
<input type="checkbox"/> w/Unrelated Persons-Private Residence	<input type="checkbox"/> ICF/ID	<input type="checkbox"/> Residential Care Facility	<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> Homeless/Shelter/Street	<input type="checkbox"/> ICF/Nursing Home	<input type="checkbox"/> State MHI	Is this a treatment center? If yes, location: _____
	<input type="checkbox"/> ICF/PMI	<input type="checkbox"/> State Resource Center	

OTHERS IN HOUSEHOLD		
First and Last Name:	Relationship:	Date of Birth:
1.		
2.		
3.		
4.		
5.		
6.		
7.		



EASTERN IOWA MH/DS APPLICATION

**LEGAL REPRESENTATIVE, CONSERVATOR, POWER OF ATTORNEY OR PROTECTIVE PAYEE**

**Do you have a legal representative, conservator, power of attorney or protective payee?**     Yes     No

<input type="checkbox"/> Legal Representative	Name:	Address:	Phone:
<input type="checkbox"/> Protective Payee	Name:	Address:	Phone:
<input type="checkbox"/> Conservator	Name:	Address:	Phone:
<input type="checkbox"/> Power of Attorney	Name:	Address:	Phone:

**EDUCATION LEVEL**

<input type="checkbox"/> None	Years of Education: _____
<input type="checkbox"/> H.S. Diploma	
<input type="checkbox"/> GED	
<input type="checkbox"/> Associates	
<input type="checkbox"/> Bachelors or Higher	

**REFERRAL SOURCE**

<input type="checkbox"/> Community Corrections	<input type="checkbox"/> Physician
<input type="checkbox"/> Family and/or Friends	<input type="checkbox"/> RCF/ICF
<input type="checkbox"/> Hospital	<input type="checkbox"/> Self
<input type="checkbox"/> Social Service	<input type="checkbox"/> Other

**CURRENT EMPLOYMENT STATUS**

<input type="checkbox"/> Employed, Full Time	<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed, available for work
<input type="checkbox"/> Employed, Part Time	<input type="checkbox"/> Seasonally employed	<input type="checkbox"/> Unemployed, unavailable for work
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Sheltered work employment	<input type="checkbox"/> Vocational Rehabilitation
<input type="checkbox"/> In the Armed Forces	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Other, Not applicable	<input type="checkbox"/> Supported employment	<input type="checkbox"/> Work Activity Employment

**HEALTH INSURANCE TYPE**

<input type="checkbox"/> No Insurance	<input type="checkbox"/> Medicare	<input type="checkbox"/> MEPSD-Medicaid for Employed Persons w/Disabilities	<input type="checkbox"/> Other
<input type="checkbox"/> Private Third Party Health Insurance		<input type="checkbox"/> Iowa Medicaid (Iowa DHS)	
<b>Policy #:</b>		<b>Medicaid State ID #:</b>	
<b>Name of Health Insurance Plan:</b>		<b>MCOs (circle one if applicable):</b> 1. Amerigroup    2. Iowa Total Care	

**APPLICATION FOR BENEFITS**

**If you are NOT already receiving any benefits, have you applied for any of the following?**

<input type="checkbox"/> FIP	<input type="checkbox"/> Health Insurance Care Coverage	<input type="checkbox"/> RR-Railroad Retirement Benefits	
<input type="checkbox"/> SSDI (Social Security Disability)		<input type="checkbox"/> SSI (Supplemental Security Income)	<input type="checkbox"/> SS (Social Security Retirement)
<input type="checkbox"/> Unemployment Compensation		<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Workers compensation

**What is the status of your benefit application(s)**

<input type="checkbox"/> Approved, but not started	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending	<input type="checkbox"/> Other
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EASTERN IOWA MH/DS APPLICATION

**CURRENT CASE MANAGER, SOCIAL WORKER, CARE COORDINATOR**

<b>Name:</b>			
<b>Agency Name:</b>			
<b>Address:</b>		<b>Phone #:</b>	
<b>City, Zip Code</b>			

**EMERGENCY CONTACT**

<b>Name</b>		<b>Relationship:</b>	
<b>Address:</b>		<b>Phone #:</b>	
<b>City, Zip Code</b>			

**PERSON COMPLETING THE FORM (IF OTHER THAN APPLICANT)**

<b>Name:</b>		<b>Relationship:</b>	
<b>Address:</b>		<b>Phone #:</b>	
<b>City, Zip, Code</b>			

Required Documents to validate data listed in application:	Services Requested:
<input type="checkbox"/> Picture ID	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Proof of Social Security #	<input type="checkbox"/> Residential Services
<input type="checkbox"/> Proof of Address	<input type="checkbox"/> Vocational Services
<input type="checkbox"/> Proof of Income	<input type="checkbox"/> Other Services-Please list:
<input type="checkbox"/> Letter of Court Appointment (If applicable)	
Disability Group: <input type="checkbox"/> (40) MI <input type="checkbox"/> (42) ID <input type="checkbox"/> (43) DD <input type="checkbox"/> (47) BI	
Diagnosis (if known):	

EASTERN IOWA MH/DS APPLICATION

**PLEASE READ BEFORE SIGNING**

- Your application must be complete or there may be a delay in the funding decision. If you need assistance to complete this application, please contact your local county office.
- I agree to inform the local county office of any changes provided in this application within 10 days of the change.
- I understand I may be expected to contribute toward the cost of my services after receiving a Notice of Decision. This includes client participation at a Residential Care Facility. Failure to comply with the Notice of Decision may result in the termination of funding.

I hereby attest that the information I have provided is true and correct to the best of my knowledge. I also give permission to release this information to verify and/or communicate eligibility for the assistance requested. I also understand that this is a government document and if I knowingly provide false information, the Region has the right to pursue collection of funds.

**X**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**X**

\_\_\_\_\_  
Signature of Legal Representative

\_\_\_\_\_  
Date

*(Application must be signed or witnessed and dated to be considered for assistance.)*

**RIGHT OF APPEAL**

If you do not agree with the action of the local County office or the Region you may request a reconsideration of the decision. You will receive a Notice of Decision that will explain the appeal process.

**REGIONAL CONTACT INFORMATION**

County Member:	Address:	Phone & Fax #:
Cedar County	Cedar County Courthouse 400 Cedar St • Tipton IA, 52772	563-886-1726 fax: 563-886-1437
Clinton County	Clinton County Administrative Building 1900 N 3 <sup>rd</sup> St • Clinton IA, 52732	563-244-0563 fax: 563-243-9027
Jackson County	Jackson County Penrose Annex 311 W. Platt Maquoketa, IA 52060	563-652-1743 fax: 563-652-0337
Muscatine County	Muscatine County Community Services 315 Iowa Ave., Suite 1, Muscatine, IA 52761	563-263-7512 fax: 563-262-9378
Scott County	Scott County Administrative Center • 4 <sup>th</sup> Floor 600 W 4 <sup>th</sup> St • Davenport, IA 52801	563-326-8723 fax: 563-326-8730



EASTERN IOWA MH/DS APPLICATION

Signature and Title of Legal Representative Authorized to Sign in Lieu of Individual

Dated