

SOUTHEAST IOWA LINK (SEIL)

FY21 ANNUAL SERVICE & BUDGET PLAN

**SUBMITTED
3/20/2020**

GEOGRAPHIC AREA: *Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Van Buren, Washington*

APPROVED BY ADVISORY BOARDS: **3/11/2020**

APPROVED BY GOVERNING BOARD: **3/11/2020**

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Introduction

SEIL was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service (MHDS) Region in compliance with Iowa Code 331.390. The annual service and budget plan is a component of the Management Plan which includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual in compliance with Iowa Administrative Code 441.25.

The FY2021 Annual Service and Budget Plan covers the period of July 1, 2020 to June 30, 2021. The Annual Service and Budget Plan includes local access points, targeted case management providers, crisis services, intensive mental health services, a description of the scope of services to be provided including core services, budget and financial provisions, and provider reimbursement provisions.

Description of any changes in counties in region in fiscal year covered by plan.

Description of governing board and advisory boards. (See Appendix A)

A. Local Access Points

An access point is a part of the SEIL service system trained to complete MHDS regional applications for persons with a disability.

SEIL has designated the following access points for adult and children mental health and disability services.

Access Point	Location	Contact Information
Des Moines	910 Cottonwood, Suite 1000, Burlington, IA 52601	319-754-8556
Henry	106 N Jackson St., Suite 102 Mt Pleasant, IA 52641	319-385-4050
Jefferson	Courthouse, 51 E. Briggs Fairfield, IA 52556	641-472-8637
Keokuk	615 South Jefferson St. Sigourney, IA 52591	641-622-2383
Lee	307 Bank St. PO Box 937 Keokuk, IA 52632	319-524-1052
Louisa	503 Franklin St., Suite 1 Wapello, IA 52653	319-523-5125
Van Buren	404 Dodge Street, Courthouse Keosauqua, IA 52565	641-919-6776
Washington	2175 Lexington Blvd. Bldg. #2, PO Box 902, Washington, IA 52353	319-653-7751

B. Service Coordination and Targeted Case Management

The following agencies provide service coordination and/or targeted case management for SEIL.

Service Coordination Provider	Adult/Child/Both	Location	Contact Information
Counseling Associates	Adult	1013 Ave I, Suite 1 Fort Madison, IA 52627	319-372-8045 Fax: 319-372-2459
Hillcrest	Both	218 N 2nd St, Wapello, IA 52653	319-527-4455 Fax: 319-527-4458
Southern Iowa Mental Health Center	Both	605 South 23 rd St Fairfield, IA 52556	641-682-8772 Fax: 641-682-1924
Young House Family Services	Child	400 South Broadway St Burlington, IA 52601	319-752-4000 Fax: 319-758-6650
AmeriGroup	Both	4800 Westown Parkway Suite 200 West Des Moines, IA 50266	800-600-4441 Fax: 844-556-6121
Iowa Total Care	Both	1080 Jordan Creek Parkway, Suite 100 South West Des Moines, IA 50266	800-735-2942 Fax: 844-536-2997

C. Crisis Planning

The following accredited crisis services are available to residents of the region for crisis prevention, response and resolution.

24 Hour Crisis Response

Provider	Location	Contact Information
Counseling Associates	1124 Avenue H Ste 2, Fort Madison, IA 52627 1522 Morgan St Keokuk, IA 52632	319-372-7689 319-524-0510
Great River Health System	1221 S Gear Avenue Mercy Plaza Ste 251 West Burlington, IA 52655	319-768-1000
Hillcrest	106 N Jackson, Mount Pleasant, IA 52641 218 N 2 nd St Wapello, IA 52653 2175 Lexington Blvd Building 2 Washington, IA 52353	319-385-7177 319-527-5455 319-653-6161
Optimae	301 West Burlington Avenue Fairfield, IA 52556 509 Avenue F Ft. Madison, IA 52627 605 East Winfield Avenue Mt. Pleasant, IA 52641 206 Bank St Keokuk, IA 52632	641-472-5771 319-372-3566 319-385-2830 319-524-5106
River Hills Community Health Center	300 West Kelly St Sigourney, IA 52591	641-224-8061
Southern Iowa Mental Health Center	1527 Albia Rd Ottumwa, IA 52501	641-682-8772

24 Hour Crisis Hotline

Provider	Location	Contact Information
Yourlife Iowa	1540 2 nd Avenue Southeast Cedar Rapids, IA 52403	Call: 855-581-8111 Text: 855-895-8398

Crisis Evaluation

Provider	Adult/Child/Both	Location	Contact Information
Community Health Center of Southeastern Iowa	Both	1706 West Agency Rd West Burlington, IA 52655	319-768-5858
Counseling Associates	Both	1124 Avenue H Ste 2, Fort Madison, IA 52627 1522 Morgan St Keokuk, IA 52632	319-372-7689 319-524-0510
Hillcrest	Both	Offices and EDs- Henry County Health Center, Keokuk County Health Center, and Washington County Hospital	319-653-6161
Optimae	Both	Offices and EDs-Ft. Madison Community Hospital, Jefferson County Health Center, Van Buren County Hospital, Unity Point Keokuk	641-472-5771
River Hills Community Health Center	Both	300 West Kelly St Sigourney, IA 52591	641-224-8061
Southern Iowa Mental Health	Both	1527 Albia Rd Ottumwa, IA 52501	641-682-8772

Mobile Response

Provider	Location	Contact Information
CommUnity	1121 Gilbert Court Iowa City, IA 52240	855-325-4296

Crisis Stabilization Community-based Services

Provider	Adult/Child	Location	Contact Information
NA			

Crisis Stabilization Residential Services

Provider	Adult/Child	Location	Contact Information
Hope Haven	Adult	828 North 7 th St Burlington, IA 52601	319-209-2066
Southern Iowa Mental Health Center	Adult	1527 Albia Rd Ottumwa, IA 52501	641-682-8772
Tenco	Adult	3001 West Grimes St Fairfield, IA 52556	641-472-7601

23-Hour Observation

Provider	Location	Contact Information
Southern Iowa Mental health Center	1527 Albia Rd Ottumwa, IA 52501	641-682-8772

The SEIL Region will obligate itself to the contractual standards and associated fees of the accredited/licensed/designated service provider's host region for all core crisis services that SEIL does not have an executed contract itself.

D. Intensive Mental Health Services

The region has designated the following provider(s) as an **Access Center** that meet the requirements according to IAC 441—25.6(1) in a coordinated manner in one or more locations:

Provider	Location	Contact Information
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No Designated Providers	Southern Iowa Mental Health Center	
	Johnson County	

The region has designated the following **Assertive Community Treatment (ACT)** teams which have been designated and meet the requirements in IAC 441—25.6(2).

Provider	Location	Contact Information
UIHC	200 Hawkins Dr. Iowa City IA 52242	319-356-1616

The region has designated the following **Subacute** service providers which meet the criteria and are licensed by the Department of Inspections and Appeals.

Provider	Location	Contact Information
Southern Iowa Mental health Center	1527 Albia Rd Ottumwa, IA 52501	641-682-8772

The region has designated the following **Intensive Residential Service** providers which have been designated and meet the requirements in IAC 441—25.6(8):

Provider	Location	Contact Information
No designated providers		

E. Scope of Services & Budget and Financing Provisions

The table below identifies the scope of services offered by SEIL. All core services are available. If there is not funding identified in a core service column, it is because it has not been needed historically. If an individual needs funding for a core service and meets eligibility requirements found in section F of the SEIL policy and procedure manual, funding will be made available. Core services for children’s behavioral health are identified by (**) after the service name. Eligibility guidelines for children’s behavioral health services are located in section F of the SEIL policy and procedure manual. The policy and procedure manual can be found online as of 7/1/2020 at: <https://www.southeastiowalink.net>

The region will utilize braided funding that includes county, regional, state and other funding sources as necessary and available to meet the service needs within the region.

Table A. Expenditures

FY 2021 Budget	SEIL MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
42305	Mental health outpatient therapy **	2,000					2,000
42306	Medication prescribing & management **	2,000					2,000
43301	Assessment, evaluation, and early identification **	15,000					15,000
71319	Mental health inpatient therapy-MHI	485,180					485,180

73319	Mental health inpatient therapy **	26,000				26,000
	Crisis Services					
32322	Personal emergency response system	-				-
44301	Crisis evaluation	763,373				763,373
44302	23 hour crisis observation & holding	8,263				8,263
44305	24 hour access to crisis response					-
44307	Mobile response **	443,199				443,199
44312	Crisis Stabilization community-based services **	42,372				42,372
44313	Crisis Stabilization residential services **	1,426,172				1,426,172
44396	Access Centers: start-up / sustainability	100,000				100,000
	Support for Community Living					
32320	Home health aide					-
32325	Respite					-
32328	Home & vehicle modifications					-
32329	Supported community living	223,728				223,728
42329	Intensive residential services	10,000				10,000
	Support for Employment					
50362	Prevocational services					-
50364	Job development					-
50367	Day habilitation			29,325		29,325
50368	Supported employment	49,889		7,000		56,889
50369	Group Supported employment-enclave	3,419		2,000		5,419
	Recovery Services					
45323	Family support	5,000				5,000
45366	Peer support	5,000				5,000
	Service Coordination					
21375	Case management					-
24376	Health homes	63,154				63,154
	Sub-Acute Services					
63309	Subacute services-1-5 beds	63,636				63,636
64309	Subacute services-6 and over beds					-
	Core Evidenced Based Treatment					
04422	Education & Training Services - provider competency	32,926				32,926
32396	Supported housing	55,000				55,000

42398	Assertive community treatment (ACT)	20,000				20,000
45373	Family psychoeducation	25,007				25,007
	Core Domains Total	3,870,319	-	38,325	-	3,908,644
Mandated Services						
46319	Oakdale	10,000				10,000
72319	State resource centers					-
74XXX	Commitment related (except 301)	185,000				185,000
75XXX	Mental health advocate	185,818				185,818
	Mandated Services Total	380,818	-	-	-	380,818
Additional Core Domains						
	Justice system-involved services					
25xxx	Coordination services	286,969				286,969
44346	24 hour crisis line*					-
44366	Warm line*					-
46305	Mental health services in jails					-
46399	Justice system-involved services-other					-
46422	Crisis prevention training	96,122				96,122
46425	Mental health court related costs					-
74301	Civil commitment prescreening evaluation					-
	Additional Core Evidenced based treatment					
42366	Peer self-help drop-in centers	709,513	88,689	88,689		886,891
42397	Psychiatric rehabilitation (IPR)					-
	Additional Core Domains Total	1,092,604	88,689	88,689	-	1,269,983
Other Informational Services						
03371	Information & referral					-
04372	Planning, consultation &/or early intervention (client related) **	15,057				15,057
04377	Provider Incentive Payment					-
04399	Consultation Other					-
04429	Planning and Management Consultants (non-client related)	25,000				25,000
05373	Public education, prevention and education **	30,500				30,500
	Other Informational Services Total	70,557	-	-	-	70,557
Community Living Supports						

06399	Academic services						-
22XXX	Services management	252,190					252,190
23376	Crisis care coordination						-
23399	Crisis care coordination other						-
24399	Health home other						-
31XXX	Transportation						-
32321	Chore services						-
32326	Guardian/conservator						-
32327	Representative payee						-
32335	CDAC						-
32399	Other support						-
33330	Mobile meals						-
33340	Rent payments (time limited)	35,000					35,000
33345	Ongoing rent subsidy						-
33399	Other basic needs						-
41305	Physiological outpatient treatment						-
41306	Prescription meds						-
41307	In-home nursing						-
41308	Health supplies						-
41399	Other physiological treatment						-
42309	Partial hospitalization						-
42310	Transitional living program						-
42363	Day treatment						-
42396	Community support programs						-
42399	Other psychotherapeutic treatment						-
43399	Other non-crisis evaluation						-
44304	Emergency care						-
44399	Other crisis services						-
45399	Other family & peer support						-
46306	Psychiatric medications in jail						-
50361	Vocational skills training						-
50365	Supported education						-
50399	Other vocational & day services						-
63XXX	RCF 1-5 beds (63314, 63315 & 63316)						-

63XXX	ICF 1-5 beds (63317 & 63318)						-
63329	SCL 1-5 beds						-
63399	Other 1-5 beds						-
	Community Living Supports	287,190	-	-	-		287,190
Other Congregate Services							
50360	Work services (work activity/sheltered work)						-
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	160,000					160,000
64XXX	ICF 6 and over beds (64317 & 64318)						-
64329	SCL 6 and over beds						-
64399	Other 6 and over beds						-
	Other Congregate Services Total	160,000	-	-	-		160,000
Administration							
11XXX	Direct Administration					731,391	731,391
12XXX	Purchased Administration					70,250	70,250
	Administration Total					801,641	801,641
	Regional Totals	5,861,488	88,689	127,015	-	801,641	6,878,832
	(45XX-XXX)County Provided Case Management						-
	(46XX-XXX)County Provided Services					505,884	505,884
	Regional Grand Total						7,384,716
Transfer Numbers (Expenditures should only be counted when final expenditure is made for services/administration. Transfers are eliminated from budget to show true regional finances)							
13951	Distribution to MHDS regional fiscal agent from member county						5,972,678
14951	MHDS fiscal agent reimbursement to MHDS regional member county						93,875
*24 hour crisis line and warm line are transitioning from additional core to state wide core services with state funding.							
**Core services for children with a serious emotional disturbance (SED)							

Table B. Revenues

FY 2021 Budget	SEIL MHDS Region		
Revenues			
	Projected Fund Balance as of 6/30/20		\$ 1,451,272
	Local/Regional Funds		\$ 6,961,533
10XX	Property Tax Levied	6,079,356	
12XX	Other County Taxes	7,569	
16XX	Utility Tax Replacement Excise Taxes	275,526	
25XX	Other Governmental Revenues	597,082	
4XXX-5XXX	Charges for Services	-	
5310	Client Fees	-	
60XX	Interest	-	
6XXX	Use of Money & Property	-	
8XXX	Miscellaneous	2,000	
9040	Other Budgetary Funds (Polk Only)	-	
		-	
	State Funds		\$ 369,277.00
21XX	State Tax Credits	283,162	
22XX	Other State Replacement Credits	86,115	
2250	MHDS Equalization	-	
24XX	State/Federal pass thru Revenue	-	
2644	MHDS Allowed Growth / State Gen. Funds	-	
29XX	Payment in Lieu of taxes	-	
		-	
	Federal Funds		\$ -
2344	Social services block grant	-	
2345	Medicaid	-	
	Other	-	
	Total Revenues		\$ 7,330,810

Total Funds Available for FY21	\$ 8,782,082
FY21 Projected Regional Expenditures	\$ 7,384,716
Projected Accrual Fund Balance as of 6/30/21	\$ 1,397,366

Table E. County Levies

County	2018 Est. Pop.	Regional Per Capita	FY21 Max Levy	FY21 Actual Levy	Actual Levy Per Capita
Des Moines	39,138	42.60	1,667,279	\$ 1,617,396	41.33
Henry	20,067	42.60	854,854	\$ 839,808	41.85
Jefferson	18,381	42.60	783,031	\$ 762,633	41.49
Keokuk	10,225	42.60	435,585	\$ 435,585	42.60
Lee	34,055	42.60	1,450,743	\$ 1,439,845	42.28
Louisa	11,169	42.60	475,799	\$ 362,265	32.43
Van Buren	7,020	42.60	299,052	\$ 299,052	42.60
Washington	22,141	42.60	943,207	\$ 881,500	39.81
Total SEIL Region	162,196		6,909,550	6,638,084	40.93

G. Financial Forecasting Measures

The following is a description of the financial forecasting measures used by SEIL in the identification of service need and funding necessary for services.

SEIL uses historical internal accounting and service data from the regions data warehouse and various other queries, in addition to external market and economic indicators from other comparable sources to engage in **financial forecasting**. FY21 is presenting to be a complicated projection as there are multiple driving factors in change to the region service system and financing. Anticipated sources of change include: changes to MHDS Regions funding mechanisms from solely property tax levy revenue to a mix of property tax and state sales tax appropriated revenue to the regions. Other factors include: legislated budgetary target of carry forward (moved from 20% to 40% for SEIL), the addition of the Children’s Behavioral health system, a restructuring of the SEIL governance and all reporting and administration/management documents, a refocus of core services across the lifespan (birth to death) with accompanying oversight of specific new core services which entail unprecedented collaborative, multi-discipline, multi-occurring, multi- fundable, multi-accrediting/licensing/designated continuum of service. There is also looming realignment of focus away from other essential services (services that are not identified as core) that have been part of the region service array since inception.

The target date to accomplish the new crisis and intensive mental health core services for adults is to be available on or before July 1, 2021. The target date for the first tier of Children’s Behavioral health core services is July 1, 2020 and the second tier by July 1, 2021. For the sake of showing the complexity of the system, below is the definition of each of these services and the status of each as it relates to the SEIL Region Access and Financing:

ADULT SERVICES

Access Centers

Means the coordinated provision of intake assessment, screening for multi-occurring conditions, care coordination, crisis stabilization residential services, subacute mental health services, and substance abuse treatment for individuals experiencing a mental health or substance use crisis who do not need inpatient psychiatric hospital treatment, but who do need significant amounts of supports and services not available in other home- and community-based settings.

SEIL is proceeding forward to develop key service components of the Access Center within the region to facilitate local access to crisis service, but has engaged in contracting conversations with Southern Iowa Community Mental Health Center and Johnson County to facilitate SEIL Region Access Center designation in the future.

*Non-eligibility based, braid funding, region pays gap for purpose of access

ACT (Assertive Community Treatment)

Means a program of comprehensive outpatient services consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration, provided in the community and directed toward the amelioration of symptoms and the rehabilitation of behavioral, functional, and social deficits of individuals with severe and persistent mental illness and individuals with complex symptomology who require multiple mental health and supportive services to live in the community.

SEIL has had many discussions in public forum pertaining to ACT services and the value that service component can add to the outpatient system of care/individual continuity of care. As indicated in the year previous, insufficiency in the Southeast Iowa area workforce is an obstacle for development as is the current rate structure of the service to meet all accreditation standards and fidelity measures. Lastly, there is a lack of projected data indicating the number of eligible individuals that may benefit from ACT services in addition and/or as opposed to the services that they are currently accessing. This projected utilization data must be a joint effort between Regions and MCOs to develop ACT access that is beneficial to complex need individuals, attends to financial and workforce resources, and is effective and sustainable in deriving meaningful outcomes. SEIL contracts with UIHC for ACT services and based on the regions perspective, it would be most pragmatic to have UIHC expand and/or add additional ACT teams in the SEIL region to address the needs of those that require this comprehensive service to manage their chronic condition. Ongoing efforts will be made to this end.

*Eligibility based, Region Start up, braid funding, region pays gap for purpose of sustainability of a Medicaid funded service because Medicaid does not fully fund cost of service

Crisis Stabilization Community Based (CSCB)

Means the same as defined in rule 441—24.20(225C). “short-term services designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and provided where the individual lives, works or recreates.”

SEIL has discussed CSCB with our stakeholder work group at large and more specifically with Optima Life Services that was piloting what we thought would develop into CSCB. SEIL has encouraged the pursuit of Chapter 24 accreditation and is investigating ways in which a CSCB program can be staffed and financed across an eight county region. In looking at the service through the lens of continuity of care, there is thought that connectedness to Mobile Crisis Response may be a good mechanism to facilitate service in the home/community. SEIL anticipates full Mobile Crisis Response availability in all eight counties in FY21. Mechanisms for CSCB will be sorted through as a component of the system of care will be developed given the available workforce and resources.

*Non-eligibility based, braid funding, region pays gap for purpose of access of a Medicaid funded service

Crisis Stabilization Residential Based (CSRS)

Means the same as defined in rule 441—24.20(225C). “short-term alternative living arrangement designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and is provided in organization-arranged settings of no more than 16 beds.”

SEIL has two contracted agencies for CSRS. Hope Haven in Burlington is an accredited provider with 5 beds available in their program. Tenco in Fairfield is in process of obtaining their accreditation and also provides 5 beds in their program.

*Non-eligibility based, braid funding, region pays gap for purpose of access of a Medicaid funded service

Subacute

Means the same as defined in Iowa Code section 225C.6(4) “c” and includes both subacute facility-based services and subacute community-based services. “As used in [this subsection](#), “*subacute mental health services*” means all of the following:

- (1) A comprehensive set of wraparound services for persons who have had or are at imminent risk of having acute or crisis mental health symptoms that do not permit the persons to remain in or threatens removal of the persons from their home and community, but who have been determined by a mental health professional and a licensed health care professional, subject to the professional’s scope of practice, not to need inpatient acute hospital services. For the purposes of this subparagraph, “*mental health professional*” means the same as defined in [section 228.1](#) and “*licensed health care professional*” means a person licensed under [chapter 148](#) to practice medicine and surgery or osteopathic medicine and surgery, an advanced registered nurse practitioner licensed under [chapter 152](#) or [152E](#), or a physician assistant licensed to practice under the supervision of a physician as authorized in [chapters 147](#) and [148C](#).
- (2) Intensive, recovery-oriented treatment and monitoring of the person with direct or remote access to a psychiatrist or advanced registered nurse practitioner.
- (3) An outcome-focused, interdisciplinary approach designed to return the person to

living successfully in the community.

(4) Services that may be provided in a wide array of settings ranging from the person's home to a facility providing subacute mental health services.

(5) Services that are time limited to not more than ten days or another time period determined in accordance with rules adopted for this purpose.”

SEIL contracted with Hillcrest Family Services Subacute facility based service in FY20 up to the time that their subacute program was self-terminated. SEIL recognizes that there should be lessons to be learned from the development, financing, internal practices/structure, utilization, and subsequent termination of the service in order to most proactively avoid factors that contributed to the demise of the program. SEIL is and intends to continue to be contracted with Southern Iowa Mental Health that also has a licensed subacute facility. As a new service, there are many nuances to ensuring that subacute is understood, accessed appropriately, and financed sufficiently as a component of the continuum of care. SEIL will work collaboratively with South Central Behavioral Health Region as the host region to ensure the success of the program and its intended quality deliverables.

*Eligibility based, Region Start up, braid funding, region pays gap for purpose of sustainability of a Medicaid funded service because Medicaid does not fully fund cost of service

Intensive Residential Service Homes

Means intensive, community-based services provided 24 hours a day, 7 days a week, 365 days a year to individuals with a severe and persistent mental illness who have functional impairments and may also have multi-occurring conditions. Providers of intensive residential service homes are enrolled with Medicaid as providers of HCBS habilitation or HCBS intellectual disability waiver supported community living *and meet additional criteria specified in sub rule 25.6(8).*

SEIL has discussed IRSH with stakeholders of the region. SEIL previously identified 17 individuals that were potentially eligible for this level of service however this was prior to the rules being fully executed. The Region CEO Collaborative has had several conversations with DHS and the MCOs related to assessment, level of care, length of time allowable for residence at this level of care, code(s)/rate for service, and ways to braid funding to meet the needs of the provider and the individuals served. Additionally, much effort has been made to figure out the mechanisms for identifying individuals that are eligible and in need of this service. To date, many of these critical points of information and business processes are unknown. As reported last year, SEIL feels that it is premature to develop said service without clear understanding of the required service processes, financing, and mechanics. No IRSH services exist in the state at the time of this report for these exact reasons. SEIL is committed to engaging our current network of providers in the training elements associated with IRSH to identify those providers that have the interest and propensity for this intense level of care to those with very complex individualized needs. On a statewide basis, MHDS Regions are taking to task some of these fundamental trainings to ensure a level of standardization across prospective service

providers. SEIL acknowledges IRSH as a legislated core service and intends to pursue a contract with an IRSH accredited provider in the future, yet in a collaborative manner with the critical identified parties including but not limited to DHS/IME, MCOs, service providers, and other MHDS Regions.

*Eligibility based, Region Start up, braid funding, region pays gap for purpose of sustainability of a Medicaid funded service because Medicaid does not fully fund cost of service

Mobile Response

Means the same as defined in rule 441—24.20(225C). “A mental health service which provides on-site, face-to-face mental health crisis services for an individual experiencing a mental health crisis. Crisis response staff providing mobile response have the capacity to intervene wherever the crisis is occurring, including but not limited to the individual’s place of residence, an emergency room, police station, outpatient mental health setting, school, recovery center or any other location where the individual lives, works, attends school, or socializes.”

SEIL has a fully executed contract for Mobile Response services with CommUnity and is actively working on expansion of services in all eight counties of the region with anticipation that full access to region residents will be accomplished in FY21. It is to be noted that SEIL anticipates that this will be a highly valued and utilized service not only by individuals experiencing mental health crisis, but also to other public institutions and private enterprises that frequently encounter individuals in crisis. Mobile Response will be a doorway to access not only crisis services of a broader array, but also to other ongoing services that create the full continuum of care for individuals in need from acute to chronic illness.

*Non-eligibility based, braid funding, region pays gap for purpose of access of a Medicaid funded service

23 Hour Observation and Holding

Means the same as defined in rule 441—24.20(225C). “A level of care provided for up to 23 hours in a secure and protected, medically staffed, psychiatrically supervised treatment environment.”

SEIL has contracted for the accredited 23 Hour Observation and Holding service with Southern Iowa Mental health located in Ottumwa. The SEIL region recognizes that access to this service for individuals that reside on the eastern side of the region may have limited access. SEIL has had discussions with stakeholders and providers about 23 Hour Observation and Holding services in general but also more targeted to geographic location and population need. SEIL has also identified that this service is a key component to access to care for a person so inclined for service as well as a resource to our partners in law enforcement that have limited recourse with individuals they encounter in our communities that appear to be struggling with behavioral health concerns.

*Non-eligibility based, braid funding, region pays gap for purpose of access of a Medicaid funded service

CHILDREN SERVICES

Tier One

Assessment and Evaluation related to eligibility for service

The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.

SEIL already contracts with our local community mental health center agencies for access to care for adults and on many occasions, those available slots are made available to children in need of assessment and evaluation. This occurs not only in the CMHC, but also in our local EDs when children present. Additional contracts will be added to accommodate increased utilization and to facilitate connectedness to agencies that also provide pediatric IHH services.

*Non-eligibility based, braid funding

Behavioral health outpatient therapy

Means the same as outpatient services described in Iowa Code section 230A.106(2)"a".

"2. The initial core services identified shall include all of the following:

a. Outpatient services. Outpatient services shall consist of evaluation and treatment services provided on an ambulatory basis for the target population. Outpatient services include psychiatric evaluations, medication management, and individual, family, and group therapy. In addition, outpatient services shall include specialized outpatient services directed to the following segments of the target population: children, elderly, individuals who have serious and persistent mental illness, and residents of the service area who have been discharged from inpatient treatment at a mental health facility. Outpatient services shall provide elements of diagnosis, treatment, and appropriate follow-up. The provision of only screening and referral services does not constitute outpatient services."

SEIL already contracts with our local community mental health center agencies for access to care for adults and on many occasions, those available slots are made available to children in need of outpatient service. Additional contracts will be added to accommodate increased utilization and to facilitate connectedness to agencies that also provide pediatric IHH services.

*Eligibility based, braid funding, region pays fee for service for pre authorized

Education services

Means activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning.

SEIL is working with local service providers and other disciplines/entities that share common mission to educate the public, families, and children to increase awareness, impart understanding, and offer resources for connectedness and referral.

*Non-eligibility based, braid funding

Medication prescribing and management

Management means services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including but not limited to, monitoring effectiveness of and compliance with a medication regime; coordination with care providers; investigation potentially negative or unintended psychopharmacologic or medical interactions; review laboratory reports; and activities pursuant to licensed prescriber orders.

Prescribing means services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including but not limited to, determining how medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.

SEIL already contracts with our local community mental health center agencies for access to care for adults and on many occasions, those available slots are made available to children in need of Medication prescribing and Management. Additional contracts will be added to accommodate increased utilization and to facilitate connectedness to agencies that also provide pediatric IHH services.

*Eligibility based, braid funding, region pays fee for service for pre authorized

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 cause of conditions, situations, or problems that interfere with an individual's functioning or ways in which that information can be used to prevent their occurrences or reduce their effect and may include, but are not limited to, training events, webinars, presentations, and public meetings.

SEIL is working with local service providers and other disciplines/entities that share common mission to work on mechanisms for prevention and intervention. Prevention will be made available to the public, families, and children to increase awareness, impart understanding, and offer resources for connectedness and referral. Emphasis will be placed on the effects of trauma and the social determinants of health.

*Non-eligibility based, braid funding

Tier Two (July 1, 2021)

Behavioral health inpatient treatment

Inpatient psychiatric services to treat an acute psychiatric condition provided in a licensed hospital with a psychiatric unit or a licensed freestanding psychiatric hospital.

Pediatric inpatient utilization for children living in the SEIL region is a complete unknown except for children that are under a 229 mental health court order. SEIL is working with knowledgeable partners in identifying how frequently inpatient placement occurs, for what amounts of time, and what are the obstacles and barriers for accessing inpatient services when clinical need has determined the appropriateness of placement.

*Eligibility based, braid funding, region pays fee for service for pre-authorized

Crisis stabilization community-based services

Same as adult definition above.

CSCB will be developed in conjunction with the adult CSCB service with attention to availability of specialization embedded in the service. To be noted, CSCB for the pediatric population must attend to family situation and circumstance. Minors are not capable of consenting to service/care. A child in crisis is a family/household in crisis. Special skill sets will need to be a consideration to appropriately manage the service deliverables.

*Non-eligibility based, braid funding, region pays gap for purpose of access of a Medicaid funded service

Crisis stabilization residential services

Same as adult definition above.

CSRS will be developed in conjunction with youth shelter services as allowable by code and with consideration of contracted obligation. Much like CSCB for the pediatric population, CSRS must attend to family situation and circumstance as well as academic obligations of the child. Minors are not capable of consenting to service/care. A child in crisis is a family/household in crisis. Many variables must be attended to so that health, safety, and responsibility are addressed in service delivery.

*Non-eligibility based, braid funding, region pays gap for purpose of access of a Medicaid funded service

Early identification

Means the process of detecting developmental delays, mental illness, or untreated conditions that may indicate the need for further evaluation.

SEIL is working with our Early Childhood experts, AEA, Primary Care Physician, etc. to ensure expeditious identification of potential conditions that may negatively impact pediatric growth and development into a healthy and productive citizen.

*Non-eligibility based, braid funding

Early intervention

Means 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.

SEIL is working with our Early Childhood experts, AEA, Community mental health providers, children services agencies, etc. to promote early interventions related to potential conditions that may negatively impact pediatric growth and development into a healthy and productive citizen.

*Non-eligibility based, braid funding

Mobile response

Same as adult definition above.

SEIL anticipates having mobile response available to children of the region in continuity with the availability of adult mobile response.

*Non-eligibility based, braid funding, region pays gap for purpose of access of a Medicaid funded service

Throughout the year, the SEIL Governing Board, Management Team, Advisory Board, Change Agent Team and local stakeholder workgroup will identify unmet needs and priority areas for service improvement and development. Any service development will take into account the needs of the region residents, the availability of resources (financial, capital, provider, and personnel) and legislative action that will have implications for the SEIL strategy in meeting and maintaining the needs of the MHDS population. Furthermore, SEIL is committed to working with other MHDS Regions to ensure continuity in access, transition, and outcome reporting on a region wide as well as statewide aggregate basis.

As can be deduced from the service narrative above, SEIL is in growth and development mode with our local partners. As a region we have great concern in the ability to meet the identified core services, maintain all other services that contribute to the full continuum of care and address the need in our communities. Potential financing mechanisms can and will have impact on the work of regions, either for the benefit or the detriment, and the ability to meet the demands of legislated policy. A further complicating factor which SEIL has already experienced is the structure and stability of the larger statewide system with whom we are to work and braid finances. With each entering and exiting of contracted MCOs, regions have lost structural and professional references that are critical to effective care coordination and business/system processes. The MCO/Region shared network of service providers also experience this loss in their own unique ways with the additional insult to injury of outstanding debt/liability. Mental Health and Disability Services must have a certain amount of stability over a longer period of time to ensure market stability, service network sufficiency, outcome derivatives, and gap identification. It is impetuous and irresponsible to mandate expansive service development in such short timeframes knowing that the effectiveness of currently available services should be analyzed and the landscape of need changes every time a new service is introduced.

Lastly pertaining to financial forecasting measures, “Core” was not even in the vernacular of MHDS until 6 years ago when regions were legislated into existence. With the passing of each additional legislative policy bill that adds to the obligation of regions, no Iowa Medicaid data was provided to drive development of service. Nor has there been an analysis of “Core” and “Cores” capacity to address the needs of the full scope of service (acute to chronic, cradle to grave, emergency to long term, tax derived systems to private pay). It has been anticipated and expected that MHDS Regions will continue to provide the service and support that was indicated in their original Management Plan. Yet, the focus of region financing (even with the expansion of

service and huge increases to administrative duties/oversite of the system) has been reduction of Fund Balance, Medicaid claw back, elimination of state allocation in the form of equalization, removal of county case management services in the Medicaid service array, and reduction of revenue ongoing via less property tax asking. More with less is a commonly understood phrase, however the realities of that mantra is coming home to roost incrementally across regions as Fund Balances are depleted and ongoing revenue is insufficient to meet the legislated mandates.

H. Provider Reimbursement Provisions

The following is a description of the types of funding used by SEIL.

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

- Name and unique identifier of each individual served during the reporting period.
- Number of units of service delivered to each individual served.
- When requested, attendance records.
- Unit rate and total cost of the units provided to each individual co-payment or other charges billed to other sources shown as deductions on the billing.
- Actual amount to be charged to SEIL for each individual for the period.
- The invoice must contain the provider name, address, invoice date, invoice number, and signature.

SEIL staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Eligibility (pre-authorized) based services billed without service funding authorization shall be deducted from the billing.

SEIL uses a mix of fee-for-service, and capitated case rates for most of its services. It provides per capita contribution for negotiated rates only for specific population based activities where billing by individual served is impossible or impractical. In such cases, SEIL and our provider network ensures that individuals apply for all funding sources prior to accessing regional funding, including private insurance, Medicaid, Medicare and other funding mechanisms which ensure that individuals and their families are able to optimally live, work, and recreate in integrated communities of their choice. These services are identified in contract and are reconciled at the end of the year. Reviews are administrated with the providers of those identified services at the 6th, 9th, and 12th month billings.

SEIL intends to partner with the Department of Human Services/Managed Care Organizations to help incorporate all sources of funding including medical assistance program funding, so that a person can receive benefits conducive to a whole person approach to health and wellness. Attention needs to be given to financing services efficiently by leveraging federal match for all Medical Assistance Program fundable services and also analyzing service utilization to ensure tax paid dollars are being used in a prudent and financially sustainable manner. SEIL would also propose that Medicaid rates for reimbursement be reevaluated to reflect the actual cost of service provision as this has profound impact on service availability and issues pertaining to workforce sufficiency.

SEIL service contracts require that all providers meet all applicable licensure, accreditations, designation, or certification standards; however, SEIL will make serious efforts to stimulate access to more natural supports and/or non-traditional providers in its service provider network. Successful attainment of positive outcomes, individual and family satisfaction, cost effective measures are the most important factors in continued network participation. SEIL has identified access points within each county of the region congruent with the physical location of that county’s disability service coordinator to assist individuals or their representatives to apply for services.

APPENDIX A-

SEIL Governing Board

Voting- elected official	Voting- elected official
<p>Lee County Rick Larkin, Chairman 1304 Avenue B, Ft Madison, IA 52627 319-470-7744 rickleolarkin@gmail.com Alternate Ron Fedler 933 Avenue H, PO Box 190 Ft Madison, IA 52627 319-372-6557 rfedler@leecounty.org</p>	<p>Jefferson County Dee Sandquist 51 E Briggs, Fairfield, IA 52556 641-451-1293 dsandquist@jeffersoncountyia.com Alternate Lee Dimmitt 51 E Briggs, Fairfield, IA 52556 641-919-9547 lee.dimmitt@jeffersoncountytia.com</p>
<p>Washington County Jack Seward, Jr, Vice Chair 2030 Hemlock Avenue, West Chester, IA 52359 319-461-9045 jseward@co.washington.ia.us Alternate Richard Young PO Box 889, 222 West Main Street Washington, IA 52353 319-653-7711 ryoung@co.washington.ia.us</p>	<p>Keokuk County Michael Berg 22835 300th Ave, Harper, IA 52231 319-461-3281 kathleenberg45@gmail.com Alternate Michael Hadley 101 S Main, Sigourney, IA 52591 641-622-2901</p>
<p>Henry County Marc Lindeen, Secretary/Treasurer 100 East Washington, Mt Pleasant, IA 52641 319-931-0760 supervisors@henrycountyia.us Alternate Gary See 100 East Washington Street, Mt Pleasant, IA 52641 319-385-0759 supervisors@henrycountyia.us</p>	<p>Louisa County Chris Ball 117 South Main Street, Wapello, IA 52653 319-523-3372 CBall@louisaco-ia.org Alternate Randy Griffin 13791 Co. Rd. 252, Letts, IA 52754 319-523-3372 RGriffin@louisacomm.net</p>
<p>Des Moines County Tom Broeker 513 N. Main, Burlington, IA 52601 319-759-1166 broekert@dmcounty.com Alternate Bob Beck 19371 Roosevelt St., Danville, IA 52623 319-457-2214 beckb@dmcounty.com</p>	<p>Van Buren County Mark Meek 303 First Street, Bonaparte, IA 52620 319-931-4322 tugboat@netins.net Alternate Bob Waugh 406 Dodge St. PO Box 475, Keosauqua, IA 52565 319-293-3129</p>
Voting- non elected official	Voting-non elected official

Adult Individual or Family Representative of person with lived experience- Open	Parent/Family Representative of child accessing behavioral health services Kristine Skinner 206 N 3 rd St, Burlington, IA 52601, 309-206-5122, kskinner@milestonesaaa.org
	Education Representative of children with SED Mark Schneider PO Box 150, Wellman, IA 52356 319-936-8601 mschneider@mphawks.org
Ex-officio- non voting	Ex-officio- non voting
Adult Service Provider Bob Bartles 828 N. 7 th , Burlington, IA 52601 319-754-5774 bob.bartles@hopehavencorp.com Chris Betsworth- Alternate 2175 Lexington Blvd, Bldg 2 Washington, IA 52353 319-653-6161 christopher.betsworth@hillcrest-fs.org	Children's Service Provider Heather Brueck, Ph.D. 400 S. Broadway Burlington, IA 52601 (319) 752-4110 ext. 1141 hbrueck@younghouse.org

Adult Advisory Committee

Person with Lived Experience/Family member of Person with Lived Experience and/or Disability	Sandy Stever
Adult Service Provider	Tracy Liptak-Optimae Bob Bartles- Hope Haven Christina Schark- Southern Iowa Mental Health Chris Betsworth- Hillcrest
SEIL Governing Board	Tom Broeker, Des Moines Co. BOS

Children's Advisory Committee

Parent/Family Representative of child accessing behavioral health services	Kristine Skinner Nathan Nash
The Education System	Mark Schneider, Superintendent-Mid Prairie Community School District Lori LaFrenz, Principal- Lincoln Elementary Mount Pleasant Cory Johnson, Curriculum Director- Burlington Community School District Linda Boshart, Early Access Regional Liaison/Coordinator- Great Prairie AEA
Early Childhood Advocates	Ginger Knisley- ECI Lee and Van Buren Tasha Beghtol- ECI Des Moines, Henry, Louisa Washington Jamie Beskow, 1 st Five HMDI Site Coordinator- Lee Co. Health Dept. Roberta Sloat, 1 st Five HMDI Site Coordinator- Washington Co. Public Health Tammy Wetjen-Kesterson- ECI Jefferson and Keokuk/Decat Jefferson, Keokuk, Van Buren, Washington
Child Welfare Advocates	Nicole Mann, Eastern Iowa Service Area Decat Director-Scott Co Kids

	Arin Jones, Program Coordinator-CPPC
Children's Behavioral Health Service Providers	Heather Brueck, Director- Young House Family Services Becci Reedus, Director- CommUnity
Juvenile Court System	Troy Seeley, JCO 4- JCS 8 th Judicial Dist.
Pediatrician/Family Practice	
Child Care Provider	
Local Law Enforcement	Bradley Gillis, Mt. Pleasant Police Dept./CIT Trainer
SEIL Governing Board	Jack Seward, Jr. Washington Co. BOS