ARC 1096C

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Pursuant to the authority of Iowa Code chapter 331 and 2012 Iowa Acts, chapter 1120, section 15, the Department of Human Services amends Chapter 25, "Disability Services Management," Iowa Administrative Code.

These amendments define core services that mental health and disability services (MHDS) regions must offer to eligible individuals. Access standards and provider practice standards for these services are also defined. These amendments are not definitive of all possible services an MHDS region may provide. An MHDS region may provide other services, and these amendments identify the requirements an MHDS region must meet when its ability to provide other services is determined.

2012 Iowa Acts, chapter 1120, section 15, requires that the Department define regional core services. These amendments provide that MHDS regions must identify and contract with core service providers to ensure adequate access to service providers and that regions must also incorporate this information into their regional service system management plans.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0885C** on July 24, 2013.

The Department received comments from 12 respondents on the proposed amendments. The comments and corresponding responses from the Department are divided into six topic areas as follows:

A. General format of rules. There were two comments in this topic area.

1. One respondent commented that the rule format can be difficult to understand with the definitions first. The Department's response is that standard chapter formatting puts the definitions rule first and follows with the remaining rules. These rules are within Chapter 25, which includes a preamble that is being amended herein and in a proposed rule making to reflect the purpose of the chapter.

2. One respondent requested that the rules not cross reference the Iowa Code but instead include the original language from the Iowa Code in the administrative rules. The Department's response is that the purpose of administrative rules is not to restate the Iowa Code but is to provide clarification. No changes were made as the result of this comment.

B. Definitions. There were 34 comments in this topic area.

1. One respondent commented that several of the definitions include standards within the definition because the definition states who should provide each service. The Department's response is that adding "who provides the service" to service definitions clarifies who is to perform the service and is an integral part of the service definitions. No changes to the amendments were made as the result of this comment.

2. One respondent suggested that the definition for "case management" include that the service preserve an individual's ability to access services and supports. The Department's response is that the definition includes this expectation. No changes to the amendments were made as the result of this comment.

3. Two respondents commented that the definition of "case management" should limit the type of case management to only targeted case management and not include other types of case management. The Department's response is that the rule does not limit case management to only targeted case management. The respondents did not offer an alternative solution. No changes to the amendments were made as the result of these comments.

4. The third comment about "case management" requested that case management be called a function rather than a service. The Department's response is that case management is listed as a service in Iowa Code section 331.397(4)"f." No changes to the amendments were made as the result of this comment.

5. One respondent suggested that the definition of "crisis evaluation" be changed to activities necessary to evaluate the immediate situation and resources available to address the crisis. The Department feels this suggestion is already incorporated in the definition as written in rule 441—25.1(331). No changes to the amendments were made as the result of this comment.

6. One respondent suggested changing the definition of "crisis care coordination" to make it more specific regarding who must work together to create a plan. The Department's response is that adding more specificity will take away from the provider's and region's flexibility in determining who should be working on the plan and who works on the plan may be different depending on the individual's needs, current service plan and current providers. No changes to the amendments were made as the result of this comment.

7. Another respondent suggested that the definition of "crisis care coordination" should be a core service. Iowa Code section 331.397(4) does not delineate crisis care coordination as a core service. Crisis care coordination is a component of community-based crisis intervention service, which is a core service. No changes to the amendments were made as the result of this comment.

8. One respondent suggested that the definition of "day habilitation" include services delivered in the community as preferable. The Department supports community-based integrated settings for service delivery, but stating preferences for service models does not fit a regular paradigm. The definitions are created to allow flexibility to meet the individual needs of those served. No changes to the amendments were made as the result of this comment.

9. One respondent recommended the definition of "emergency service" be changed to "emergency care" so that the terminology matches the cross reference in the definition. The Department made this change as the result of this comment.

10. Two respondents commented that the definition of "family support" should include that the service is helping the family and individual to live successfully in the community by providing intervention and support. The Department's response is that home- and community-based services are to support individuals' living successfully in the community and that the additional wording is not needed. No changes to the amendments were made as the result of these comments.

11. One respondent requested that the service called "family support" be changed to "individualized family support." The Department's response is that Iowa Code section 331.397(4) calls the service "family support." The rules need to be consistent with the statute. No changes to the amendments were made as the result of this comment.

12. One respondent commented that the definition of "family support" is unclear. The Department's response is that the support is meant for the family so that the individual can live successfully in the family or community. No changes to the amendments were made as the result of this comment.

13. One respondent requested that the definition of "family support peer specialist" include that the specialist have similar life experiences. The Department feels that the definition is specific enough without additions. No changes to the amendments were made as the result of this comment.

14. One respondent suggested that the definition of "group supported employment" include career exploration and planning and other activities leading to individual employment. The Department's response is that this definition is consistent with definitions currently used. No changes to the amendments were made as the result of this comment.

15. One respondent requested that the definition of "health homes" include strengths-based support and requested moving the order of the wording. The Department's response is that the definition corresponds to Medicaid's state plan amendment. No changes to the amendments were made as the result of this comment.

16. One respondent requested that the definition of "home health aide services" include direct personal care that supports medical services. The Department's response is that this definition is consistent with the Medicaid definition. No changes to the amendments were made as the result of this comment.

17. One respondent suggested that the definition of "individual supported employment" include job coaching, career planning, benefits and financial education, assistive technology training and other options. The Department's response is that this definition is consistent with definitions currently used and is broad enough that the respondent's suggestions could be provided for an individual within the scope of the definition. No changes to the amendments were made as the result of this comment.

18. One respondent requested to add a definition of "integrated treatment for co-occurring substance abuse and mental health disorders." The Department agreed with the request and added a definition for

this consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration (SAMHSA).

19. One respondent suggested that the definition of "job development" should include all individual supported employment. The Department's response is that this definition is consistent with definitions currently used and is broad enough that these activities could be provided for an individual within the scope of the definition. No changes to the amendments were made as the result of this comment.

20. One respondent commented that "job development" usually refers to the process of working with employers to secure employment opportunities for individuals. The Department's response is that this definition is broad enough that the respondent's suggestion could be provided for an individual within the scope of the definition. No changes to the amendments were made as the result of this comment.

21. One respondent requested a change to the definition of "medication prescribing" to include a definition of a "service with an individual present" so it is less confusing. The Department's response is that there are definitions for "medication management" and "medication prescribing," and the Department feels that these definitions are sufficient to differentiate between the services of medication management and medication prescribing. No changes to the amendments were made as the result of this comment.

22. Two respondents requested that a definition for "mental health inpatient treatment" be included. The Department's response is that mental health inpatient treatment is on the list of services in rule 441—25.2(331) but does not require a definition. No changes to the amendments were made as the result of these comments.

23. Two respondents recommended that the Iowa Code reference used in the definition of "mental health outpatient therapy" be changed from Iowa Code section 230A.106"a" to Iowa Code section 230A.106(2)"a." The Department agrees with these comments, and the aforementioned change to this definition was made prior to publication of the proposed amendments.

24. One respondent requested that the definition of "peer support specialist" include others than just persons who have experienced a severe and persistent mental illness. The Department's response is that the definition is intended to reflect that the individual providing the service has experienced a severe and persistent mental illness. No changes to the amendments were made as the result of this comment.

25. One respondent suggested that the definition of "prevocational services" include career exploration and planning, benefits and financial training and related activities with the desired outcome of the service being a career plan or referral to supported employment or vocational rehabilitation. The respondent also suggested to include that it is preferable to provide these services delivered in an integrated setting. The Department's response is that this definition is consistent with definitions currently used and is broad enough that these activities could be provided to an eligible individual within the scope of the definition. The Department supports community-based integrated settings for service delivery, but stating preferences for service models does not fit a regular paradigm. No changes to the amendments were made as the result of this comment.

26. Another respondent suggested that the definition of "prevocational services" include that it is preferable to provide these services delivered in an integrated setting. The Department supports community-based integrated settings for service delivery, but stating preferences for service models does not fit a regular paradigm. The definitions are created to allow flexibility to meet the individual needs of those served. No changes to the amendments were made as the result of this comment.

27. Two respondents commented that the definition of "reasonably close proximity" is not adequate for a person's access to services. They commented that 100 miles from the county seat is too far away for services and that the county seat does not relate to the individual. It was suggested to use the individual's home and to make the distance 55 miles from the individual's home. The Department's response is that Iowa Code section 331.389(3) requires that a region have a hospital with an inpatient psychiatric unit or state mental health institute located within the region or within "reasonably close proximity" to the region. The Department defined this definition in a previous rule making and remained consistent with the definition and did not use "reasonably close proximity" for any other access standards related to core services. Inpatient psychiatric services are a higher level of service, and not every hospital provides this service of care. No changes to the amendments were made as the result of these comments.

28. One respondent recommended using alternative words in the definition of "respite services." The respondent suggested using the words "temporary" instead of "brief" and "relief" instead of "rest." The Department agreed with this comment and made the corresponding changes to the definition of "respite services."

29. One respondent suggested that the definition of "supported employment" include career exploration and planning, benefits and financial training and related activities with the desired outcome of the service being employment in an integrated community-based setting or wages above minimum wage. The Department's response is that this definition is consistent with the evidence-based practices definition of "supported employment" and is broad enough that these activities could be provided to an eligible individual within the scope of this definition. No changes to the amendments were made as the result of this comment.

30. One respondent requested that the definition of "trauma-informed care" be changed from using the words "expressed violence" to "experienced violence." The Department agreed with this comment and made the corresponding change to the definition of "trauma-informed care."

31. One respondent requested adding "developmental trauma" to the definition of "trauma-informed care." The Department's response is that according to Iowa Code section 331.397(5), "trauma-informed care" is a practice in which each region must have trained providers accessible and this definition is consistent with the nationally recognized training by the National Center for Trauma-Informed Care. No changes to the amendments were made as the result of this comment.

32. One respondent requested that a definition of "brain injury resource facilitation" be added. The Department's response is that Iowa Code section 331.397(4) does not require this as a service and the rules must remain consistent with the statute. No changes to the amendments were made as the result of this comment.

33. One respondent commented that legislation left out a key core service domain, "prevention and wellness." The Department's response is that Iowa Code section 331.397(4) does not list "prevention and wellness" as a core service domain and the rules must remain consistent with the statute. No changes to the amendments were made as the result of this comment.

34. One respondent requested that the additional core services known as "core plus" be defined in the rule making in order to ensure that they will be added. The Department's response is that these rules are focused on the current requirements for MHDS regions. Rules will be proposed regarding additional requirements for the MHDS system. No changes to the amendments were made as the result of this comment.

C. Core service domains. There were comments from eight respondents in this topic area.

1. Two respondents requested that work services and residential care services be added to core services. The Department's response is that work services and residential care services are not listed as required services in Iowa Code section 331.397(4) and the rules must be consistent with the statute. Regions are permitted to fund these services under the provisions of Iowa Code section 331.397(7) and rule 441—25.2(331). No changes to the amendments were made as the result of these comments.

2. Two respondents commented that a large number of persons served are utilizing services that are not part of the core services list. These respondents are seeing that individuals may be placed at risk based on funding decisions. Current experiences include individuals moving to other facilities further away from their homes, moving so Medicaid funding can be accessed, and losing employment through sheltered work. The respondents requested that the rules definitively state that no person will be denied services or be placed at risk for arbitrary funding decisions. The Department's response is that Iowa Code section 331.397(7) states that regions may provide services in addition to the core services. The statute directs that core services must be available in regions. However, not every provider must provide each service, and core services do not preclude regions from offering additional services. No changes to the amendments were made as the result of these comments.

3. Two respondents commented that an appeal process should be included in the rules and that the appeal process should be independent of the funding entity of the services. The Department's response is that the independent appeal process is in the regional service system rule making to amend Chapter 25

(see Notice of Intended Action published as **ARC 0974C** in the August 21, 2013, Iowa Administrative Bulletin). No changes to the amendments were made as the result of these comments.

4. One respondent stated that subrule 25.2(2) states that additional services must be identified along with the projected need and funding available but does not say where this is to be reported. The Department's response is that the specifics to reporting are in **ARC 0974C** as noted in paragraph "3" above. No changes to the amendments were made as the result of this comment.

5. One respondent requested that "may" be replaced with "shall" in the statement located in proposed subrule 25.2(3) (subrule 25.2(5) herein) which states that the regional service system may provide funding for other services. The Department's response is that this use of "may" is consistent with Iowa Code section 331.397(7). No changes to the amendments were made as a result of this comment.

6. One respondent commented that legislation states that regions are to provide core services "within funds available." The Department agreed with this comment and added a new subrule (25.2(1) herein) which states that regions must ensure core service domains are available in the region in accordance with Iowa Code section 331.397.

7. Two respondents requested that services be listed by core service domains rather than by individual services. The Department's response is that the core service domains are in Iowa Code section 331.397(4) and do not require further definition, but the core services need to be defined. The Department agreed with these comments and, as mentioned in paragraph "6" above, has added new subrule 25.2(1) to clarify that regions must ensure core service domains are available in the region in accordance with Iowa Code section 331.397.

8. Two respondents commented that language should be added that the transition to new services includes and respects the recommendations of the person and the person's care team. The Department agreed with these comments and that this is consistent with person-centered care. The Department added new subrule 25.2(2) herein to incorporate the suggested change and renumbered the subsequent subrules accordingly.

D. Access standards. Five respondents made comments in this topic area.

1. One respondent requested that a supported employment initial evaluation be completed within 30 days of request and that services begin within 60 days of request. The Department's response is that these rules are consistent with the Iowa Vocational Rehabilitation Program requirements that an initial referral be made within 60 days of the request for services. No changes to the amendments were made as the result of this comment.

2. Two respondents felt that limiting the regions to paying no less than the Medicaid rate for home and vehicle modifications would limit the regions from identifying less costly services. The Department's response is that the Medicaid reimbursement rate is appropriate for providers across the payment spectrum. The provision is also consistent with requirements that Medicaid not pay more than other payers. No changes to the amendments were made as the result of these comments.

3. One respondent felt there should be no lifetime limit added to the non-Medicaid home and vehicle modification service. The Department's response is that the home and vehicle modification limits are set so that a region is not expected to incur unlimited expenses related to modifications. The limits are consistent with the Medicaid limits. No changes to the amendments were made as the result of this comment.

4. One respondent commented that regions have no control on how fast providers must see individuals requesting treatment and that it is dependent on how many practitioners a provider hires. The respondent requested that standards be changed to targets. The Department's response is that standards are needed to implement desired system change and serve as an expectation for the provider and the individual receiving the service. Since regions contract with providers and are payers, the Department believes regions do have control over access. No changes to the amendments were made as the result of this comment.

5. One respondent commented that all core services should be required to be available within each region's borders and should be in an individual's home county or no farther away than two counties. The Department's response is that Iowa Code section 331.389(3) requires a region to have the capacity

to provide all required core services. The statute does not require that regions provide services in each county. No changes to the amendments were made as the result of this comment.

6. One respondent requested that ineligible individuals be referred to appropriate services, such as brain injury resource facilitation, and that brain injury resource facilitation should be added to the access standard for treatment services. The Department's response is that the access standards are addressing the core service domains and brain injury resource facilitation is not a required service in Iowa Code section 331.397(4). No changes to the amendments were made as the result of this comment.

E. Practice standards. Several respondents provided comments in this topic area.

1. One respondent requested that Brain Injury Alliance of Iowa be added to subrule 25.4(1). The Department's response is that the subrule allows for the region to identify a "generally recognized professional organization" for co-occurring training in the region's regional service system management plan. No changes to the amendments were made as the result of this comment.

2. One respondent commented that the word "applicant" was used in subrule 25.4(3) and was not defined. The Department agreed with this comment and changed the word "applicant" to the word "region" in subrule 25.4(3).

3. Two respondents requested that the rules be revised to add language that ensures the regions have services available in each core service domain that reflect the principles of *Olmstead* and community integration. The Department's response is that Iowa Code section 331.397(4) does not require this for core services and the rules must be consistent with the statute. No changes to the amendments were made as the result of these comments.

4. One respondent urged those providing services to move forward to provide quality, integrated, effective care and that funding and technical assistance should be made available to move redesign forward. The Department's response is that funding is not addressed in rules and there are provider standards in these rules. No changes to the amendments were made as the result of this comment.

F. Evidence-based practices. Three respondents provided comments in this topic area.

1. One respondent suggested that it is a duplication of effort to have regions independently verify the fidelity of services if the service is determined to meet standards by the Department, Magellan or a national accrediting body. The Department's response is that an independent verification of the fidelity of an evidence-based practice is not a duplication of work. The Department, Magellan, and national accrediting bodies are not measuring the fidelity of an evidence-based practice when they accredit a provider to provide a service. Evidence-based practices are not services. Fidelity is measuring the likeness to the evidence-based practice research. No changes to the amendments were made as the result of this comment.

2. The respondent also suggested that the Department not prescribe the use of evidence-based practices like co-occurring services, assertive community treatment and strengths-based case management until the Department follows similar requirements in state facilities. The Department's response is that Iowa Code section 331.397(5) requires that a region ensure access to providers that demonstrate competencies in evidence-based practices; it does not require all providers to provide evidence-based practices nor does it preclude the region from providing other evidence-based practices. No changes to the amendments were made as the result of this comment.

3. The respondent also stated that assertive community treatment and strengths-based case management are models for persons with mental illness and that the Department is eliminating case management for persons with mental illness. The Department's response is that Division I, regional core services, of Chapter 25 is defining non-Medicaid core services for the MHDS regions according to Iowa Code section 331.397. No changes to the amendments were made as the result of this comment.

4. The same respondent also stated that strengths-based case management is characterized by SAMHSA as a promising practice, not an evidence-based practice. The Department's response is that Iowa Code section 331.393(4)"g" requires an MHDS region to implement evidence-based models of case management. Strengths-based case management has a number of empirical studies to support the efficacy of the practice. No changes to the amendments were made as the result of this comment.

5. The respondent requested that the Department not prescribe the use of specific evidence-based practices as it limits the practitioner from using evidence-based principles to tailor person-centered and

cost-effective interventions to meet specific needs of individuals. The Department's response is that Iowa Code section 331.397(5) requires that a region ensure access to providers that demonstrate competencies in evidence-based practices; it does not require all providers to provide evidence-based practices nor does it preclude the region from providing other evidence-based practices. No changes to the amendments were made as the result of this comment.

6. The respondent suggested that the evidence-based practice of permanent supportive housing should be available to persons with intellectual and developmental disabilities and not just a psychiatric disability. The Department's response is that the research supporting the evidence-based practice has only been demonstrated for persons with mental illness. No changes to the amendments were made as the result of this comment.

7. The final comment from this respondent stated that the definition of "supported employment" only references the definition used by SAMHSA for the evidence-based practice of supported employment and that most of the supported employment services provided in Iowa are provided to individuals with intellectual disabilities. The respondent suggested using the definition in the federal Rehabilitation Act. The Department's response is that the evidence-based practices are required in the region according to Iowa Code section 331.397(5). Regions may provide other services. No changes to the amendments were made as the result of this comment.

8. Another respondent commented that the National Alliance for Mental Illness Family-to-Family class and Mental Health First Aid are on SAMHSA's register of evidence-based practices. The Department's response is that the evidence-based practices listed in subrule 25.4(3) herein are consistent with a previous rule making and that regions may provide other evidence-based practices. No changes to the amendments were made as the result of this comment.

9. One respondent requested that nationally recognized core principles for providing family support and core indicators of success be added to practice standards. The Department's response is that these rules are focused on the current requirements for MHDS regions. Rules will be proposed regarding additional requirements for the MHDS system. No changes to the amendments were made as the result of this comment.

The Mental Health and Disability Services Commission adopted these amendments on September 19, 2013.

These amendments do not provide for waivers in specified situations because requests for the waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, it has been determined that there will be a positive impact on private sector jobs. MHDS regions will be able to assess the workforce needs for their MHDS region including adequately trained and qualified professionals.

These amendments are intended to implement Iowa Code chapter 331 and 2012 Iowa Acts, chapter 1120, section 15.

These amendments will become effective November 20, 2013.

The following amendments are adopted.

ITEM 1. Amend **441—Chapter 25**, Preamble, as follows:

PREAMBLE

This chapter provides for <u>definitions of regional core services, access and practice standards,</u> reporting of county expenditures, development and submission of management plans, data collection, and applications for funding as they relate to county service systems for people with mental illness, chronic mental illness, intellectual disabilities, developmental disabilities, or brain injury.

ITEM 2. Adopt the following **<u>new</u>** Division I title in **441—Chapter 25**:

DIVISION I
REGIONAL CORE SERVICES

ITEM 3. Adopt the following **new** rules 441—25.1(331) to 441—25.4(331):

441—25.1(331) Definitions.

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

"Assessment and evaluation" means 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.

"Case management" means service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.

"Case manager" means a person who has completed specified and required training to provide case management through the medical assistance program or the Iowa Behavioral Health Care Plan.

"Community-based crisis intervention service" means a program designed to stabilize an acute crisis episode and to restore an individual and family to their pre-crisis level of functioning. Crisis services are available 24 hours a day, 365 days a year, including telephone and walk-in crisis service and crisis care coordination.

"Crisis care coordination" means a service provided during an acute crisis episode that facilitates working together to organize a plan and service transition programing, including working agreements with inpatient behavioral health units and other community programs. The service shall include referrals to mental health services and other supports necessary to maintain community-based living capacity, including case management as defined herein.

"Crisis evaluation" means the process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.

"Day habilitation" means services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.

"Emergency care" means the same as defined in rule 441—88.21(249A).

"Evidence-based services" means using interventions that have been rigorously tested, have yielded consistent, replicable results, and have proven safe, beneficial and effective and have established standards for fidelity of the practice.

"Family psychoeducation" means services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

"Family support" means services provided by a family support peer specialist that assist the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.

"Family support peer specialist" means a parent, primary caregiver, foster parent or family member of an individual who has successfully completed standardized training to provide family support through the medical assistance program or the Iowa Behavioral Health Care Plan.

"Group supported employment" means the job and training activities in business and industry settings for groups of no more than eight workers with disabilities. Group settings include enclaves,

mobile crews, and other business-based workgroups employing small groups of workers with disabilities in integrated, sustained, paid employment.

"Health homes" means a service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.

"Home and vehicle modification" means a service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.

"Home health aide services" means unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.

"Illness management and recovery" means a broad set of strategies designed to help individuals with serious mental illness collaborate with professionals, reduce the individuals' susceptibility to the illness, and cope effectively with the individuals' symptoms consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

"Individual" means any person seeking or receiving services in a regional service system.

"Individual supported employment" means services including ongoing supports needed by an individual to acquire and maintain a job in the integrated workforce at or above the state's minimum wage. The outcome of this service is sustained paid employment that meets personal and career goals.

"Integrated treatment for co-occurring substance abuse and mental health disorders" means effective dual diagnosis programs that combine mental health and substance abuse interventions tailored for the complex needs of individuals with co-morbid disorders. Critical components of effective programs include a comprehensive, long-term, staged approach to recovery; assertive outreach; motivational interviews; provision of help to individuals in acquiring skills and supports to manage both illnesses and pursue functional goals with cultural sensitivity and competence consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

"Job development" means services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.

"Medication 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 regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.

"Medication 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 the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.

"Mental health outpatient therapy" means the same as defined in Iowa Code section 230A.106(2)*"a."*

"Mental health professional" means the same as defined in Iowa Code section 228.1(6).

"Peer support services" means a program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.

"Peer support specialist" means an individual who has experienced a severe and persistent mental illness and who has successfully completed standardized training to provide peer support services through the medical assistance program or the Iowa Behavioral Health Care Plan.

"Permanent supportive housing" means voluntary, flexible supports to help individuals with psychiatric disabilities choose, get, and keep housing that is decent, safe, affordable, and integrated into the community. Tenants have access to an array of services that help them keep their housing, such as case management, assistance with daily activities, conflict resolution, and crisis response consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

"Personal emergency response system" means an electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.

"Prevocational services" means services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.

"Reasonably close proximity" means a distance of 100 miles or less or a driving distance of two hours or less from the county seat or county seats of the region.

"Respite services" means a temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.

"Routine care" means the same as defined in rule 441—88.21(249A).

"Rural" means any area that is not defined as urban.

"Strengths-based case management" means a service that focuses on possibilities rather than problems and strives to identify and develop strengths to assist individuals reach their goals leading to a healthy self-reliance and interdependence with their community. Identifiable strengths and resources include family, cultural, spiritual, and other types of social and community-based assets and networks.

"Supported community living services" means services as defined in Iowa Code section 225C.21(1).

"Supported employment" means an approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

"Telephone crisis service" means a program that operates a crisis hotline either directly or through a contract. The service shall be available 24 hours a day and seven days a week including, but not limited to, relief of distress in pre-crisis and crisis situations, reduction of the risk of escalation, arrangements for emergency on-site responses when necessary, and referral of callers to appropriate services.

"Trauma-focused services" means services provided by caregivers and professionals that recognize when an individual who has been exposed to violence is in need of help to recover from adverse impacts; recognize and understand the impact that exposure to violence has on victims' physical, psychological, and psychosocial development and well-being; and respond by helping in ways that reflect awareness of adverse impacts and consistently support the individual's recovery.

"Trauma-informed care" means services that are based on an understanding of the vulnerabilities or triggers of those who have experienced violence, that recognize the role violence has played in the lives of those individuals, that are supportive of recovery, and that avoid retraumatization including trauma-focused services and trauma-specific treatment.

"Trauma-specific treatment" means services provided by a mental health professional using therapies that are free from the use of coercion, restraints, seclusion and isolation; and designed specifically to promote recovery from the adverse impacts of violence exposure on physical, psychological, psychosocial development, health and well-being.

"Urban" means a county that has a total population of 50,000 or more residents or includes a city with a population of 20,000 or more.

"Urgent nonemergency need" means the same as defined in rule 441—88.21(249A).

"Walk-in crisis service" means a program that provides unscheduled face-to-face support and intervention at an identified location or locations. The service may be provided directly by the program or through a contract with another mental health provider.

441—25.2(331) Core service domains.

25.2(1) The region shall ensure that core service domains are available in regions as determined in Iowa Code section 331.397.

25.2(2) The region shall include and respect the recommendation of the individual and the individual's care team in the process of transition to new services.

25.2(3) The region shall ensure that the following services are available in the region:

a. Assessment and evaluation.
b. Case management.
c. Crisis evaluation.
d. Day habilitation.
e. Family support.
f. Health homes.
g. Home and vehicle modification.
h. Home health aide.
i. Job development.
j. Medication prescribing and management.
k. Mental health inpatient treatment.
l. Mental health outpatient treatment.
m. Peer support.
n. Personal emergency response system.
o. Prevocational services.
p. Respite.
q. Supported employment.
r. Supportive community living.
s. Twenty-four-hour access to crisis response.

Regions may fund or provide other services in addition to the required core services consistent with requirements set forth in subrules 25.2(4) and 25.2(5).

25.2(4) A regional service system shall consider the scope of services included in addition to the required core services. Each service included shall be described and projection of need and the funding necessary to meet the need shall be included.

25.2(5) A regional service system may provide funding for other appropriate services or other support. In considering whether to provide such funding, a region may consider the following criteria:

a. Applying a person-centered planning process to identify the need for the services or other support.

b. The efficacy of the services or other support is recognized as an evidence-based practice, is deemed to be an emerging and promising practice, or providing the services is part of a demonstration and will supply evidence as to the effectiveness of the services.

c. A determination that the services or other support provides an effective alternative to existing services that have been shown by the evidence base to be ineffective, to not yield the desired outcome, or to not support the principles outlined in *Olmstead v. L.C.,* 527 U.S. 581.

441—25.3(331) Access standards. The region shall include:

25.3(1) A sufficient provider network which shall include:

a. A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the region.

b. A hospital with an inpatient psychiatric unit or state mental health institute located in or within reasonably close proximity that has the capacity to provide inpatient services to the applicant.

25.3(2) Crisis services shall be available 24 hours per day, seven days per week, 365 days per year for mental health and disability-related emergencies.

25.3(3) The region shall provide the following treatment services:

a. Outpatient.

(1) Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.

(2) Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.

(3) Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.

(4) Distance: Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.

b. Inpatient.

(1) An individual in need of emergency inpatient services shall receive treatment within 24 hours.

(2) Inpatient services shall be available within reasonably close proximity to the region.

c. Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four weeks.

25.3(4) A region shall provide the following basic crisis response:

a. Twenty-four-hour access to crisis response, 24 hours per day, seven days per week, 365 days per year.

b. Crisis evaluation within 24 hours.

25.3(5) Support for community living. The first appointment shall occur within four weeks of the individual's request of support for community living.

25.3(6) Support for employment. The initial referral shall take place within 60 days of the individual's request of support for employment.

25.3(7) Recovery services. An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.

25.3(8) Service coordination:

a. An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.

b. An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.

25.3(9) The following limitations apply to home and vehicle modification for an individual receiving mental health and disability services:

a. A lifetime limit equal to that established for the home- and community-based services waiver for individuals with intellectual disabilities in the medical assistance program.

b. A provider reimbursement payment will be no lower than that provided through the home- and community-based services waiver for individuals with intellectual disabilities in the medical assistance program.

441—25.4(331) Practices. A region shall ensure that access is available to providers of core services that demonstrate the following competencies:

25.4(1) Regions shall have service providers that are trained to provide effective services to individuals with two or more of the following co-occurring conditions:

a. Mental illness.

b. Intellectual disability.

c. Developmental disability.

d. Brain injury.

e. Substance use disorder.

Training for serving individuals with co-occurring conditions provided by the region shall be training identified by the Substance Abuse and Mental Health Services Administration, the Dartmouth Psychiatric Research Center or other generally recognized professional organization specified in the regional service system management plan.

25.4(2) Regions shall have service providers that are trained to provide effective trauma-informed care. Trauma-informed care training provided by the region shall be recognized by the National Center for Trauma-Informed Care or other generally recognized professional organization specified in the regional service system management plan.

25.4(3) Regions must have evidence-based practices that the region has independently verified as meeting established fidelity to evidence-based service models including, but not limited to, assertive community treatment or strengths-based case management; integrated treatment of co-occurring substance abuse and mental health disorders; supported employment; family psychoeducation; illness management and recovery; and permanent supportive housing.

These rules are intended to implement Iowa Code chapter 331 and 2012 Iowa Acts, chapter 1120, section 15.

[Filed 9/20/13, effective 11/20/13]
[Published 10/16/13]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 10/16/13.