

331.397 Regional core services.

1. For the purposes of this section, unless the context otherwise requires, “*domain*” means a set of similar services that can be provided depending upon a person’s service needs.

2. a. (1) A region shall work with service providers to ensure that services are available to residents of the region, regardless of potential payment source for the services.

(2) Subject to the available appropriations, the director of human services shall ensure the initial core service domains listed in subsection 4 are covered services for the medical assistance program under chapter 249A to the greatest extent allowable under federal regulations. Within funds available, the region shall pay for such services for eligible persons when payment through the medical assistance program or another third-party payment is not available, unless the person is on a waiting list for such payment or it has been determined that the person does not meet the eligibility criteria for any such service.

b. Until funding is designated for other service populations, eligibility for the service domains listed in this section shall be limited to such persons who are in need of mental health or intellectual disability services. However, if a county in a region was providing services to an eligibility class of persons with a developmental disability other than intellectual disability or a brain injury prior to formation of the region, the class of persons shall remain eligible for the services provided when the region is formed, provided that funds are available to continue such services without limiting or reducing core services.

c. It is the intent of the general assembly to address the need for funding so that the availability of the service domains listed in this section may be expanded to include such persons who are in need of developmental disability or brain injury services.

3. Pursuant to recommendations made by the director of human services, the state commission shall adopt rules as required by section 225C.6 to define the services included in the initial and additional core service domains listed in this section. The rules shall provide consistency, to the extent possible, with similar service definitions under the medical assistance program. The rules relating to the credentialing of a person directly providing services shall require all of the following:

a. The person shall provide services and represent the person as competent only within the boundaries of the person’s education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

b. The person shall provide services in substantive areas or use intervention techniques or approaches that are new only after engaging in appropriate study, training, consultation, and supervision from a person who is competent in those areas, techniques, or approaches.

c. If generally recognized standards do not exist with respect to an emerging area of practice, the person shall exercise careful judgment and take responsible steps, including obtaining appropriate education, research, training, consultation, and supervision, in order to ensure competence and to protect from harm the persons receiving the services in the emerging area of practice.

4. The initial core service domains shall include the following:

a. Treatment designed to ameliorate a person’s condition, including but not limited to all of the following:

- (1) Assessment and evaluation.
- (2) Mental health outpatient therapy.
- (3) Medication prescribing and management.
- (4) Mental health inpatient treatment.

b. Basic crisis response provisions, including but not limited to all of the following:

- (1) Twenty-four-hour access to crisis response.
- (2) Evaluation.
- (3) Personal emergency response system.

c. Support for community living, including but not limited to all of the following:

- (1) Home health aide.
- (2) Home and vehicle modifications.
- (3) Respite.
- (4) Supportive community living.

d. Support for employment, including but not limited to all of the following:

- (1) Day habilitation.
- (2) Job development.
- (3) Supported employment.
- (4) Prevocational services.
- e. Recovery services, including but not limited to all of the following:
 - (1) Family support.
 - (2) Peer support.
- f. Service coordination including coordinating physical health and primary care, including but not limited to all of the following:
 - (1) Case management.
 - (2) Health homes.
- 5. A region shall ensure that access is available to providers of core services that demonstrate competencies necessary for all of the following:
 - a. Serving persons with co-occurring conditions.
 - b. Providing evidence-based services.
 - c. Providing trauma-informed care that recognizes the presence of trauma symptoms in persons receiving services.
- 6. A region shall ensure that services within the following additional core service domains are available to persons not eligible for the medical assistance program under chapter 249A or receiving other third-party payment for the services, when public funds are made available for such services:
 - a. Comprehensive facility and community-based crisis services, including but not limited to all of the following:
 - (1) Twenty-four-hour crisis hotline.
 - (2) Mobile response.
 - (3) Twenty-three-hour crisis observation and holding, and crisis stabilization facility and community-based services.
 - (4) Crisis residential services.
 - b. Subacute services provided in facility and community-based settings.
 - c. Justice system-involved services, including but not limited to all of the following:
 - (1) Jail diversion.
 - (2) Crisis intervention training.
 - (3) Civil commitment prescreening.
 - d. Advances in the use of evidence-based treatment, including but not limited to all of the following:
 - (1) Positive behavior support.
 - (2) Assertive community treatment.
 - (3) Peer self-help drop-in centers.
- 7. A regional service system may provide funding for other appropriate services or other support and may implement demonstration projects for an initial period of up to three years to model the use of research-based practices. In considering whether to provide such funding, a region may consider the following criteria for research-based practices:
 - 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 services' effectiveness.
 - 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 (1999).

2012 Acts, ch 1120, §15, 18, 19; 2013 Acts, ch 140, §173, 174, 186

Referred to in §331.393

[SP] Section applies beginning July 1, 2013; 2012 Acts, ch 1120, §19

[T] Subsection 2, paragraph b amended

[T] Subsection 7, unnumbered paragraph 1 amended