

225C.65 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 in the required core service domains in [subsections 4 and 5](#) are available to residents of the region, regardless of potential payment source for the services.

(2) Subject to the available appropriations, the director shall ensure the core service domains listed in [subsections 4 and 5](#) are covered services for the medical assistance program under [chapter 249A](#) to the greatest extent allowable under federal regulations. The medical assistance program shall reimburse Medicaid enrolled providers for Medicaid covered services under [subsections 4 and 5](#) when the services are medically necessary, the Medicaid enrolled provider submits an appropriate claim for such services, and no other third-party payer is responsible for reimbursement of such services. 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 was formed.

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, the state commission shall adopt rules as required by [section 225C.6](#) to define the services included in the core service domains listed in [this section](#). The rules shall provide service definitions, service provider standards, service access standards, and service implementation dates, and shall provide consistency, to the extent possible, with similar service definitions under the medical assistance program.

a. The rules relating to the credentialing of a person directly providing services shall require all of the following:

(1) 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.

(2) 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.

(3) 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.

b. The rules relating to the availability of intensive mental health services specified in [subsection 5](#) shall specify that the minimum amount of services provided statewide shall be as follows:

(1) Twenty-two assertive community treatment teams.

(2) Six access centers.

(3) Intensive residential service homes that provide services to up to one hundred twenty persons.

4. The 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 or for activities leading to employment providing an appropriate match with an individual's abilities based upon informed, person-centered choices made from an array of options, 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.
 - g. Outpatient competency restoration.
5. a. Provided that federal matching funds are available under the Iowa health and wellness plan pursuant to [chapter 249N](#), the following intensive mental health services in strategic locations throughout the state shall be provided within the following core service domains:
- (1) Access centers that are located in crisis residential and subacute residential settings with sixteen beds or fewer that provide immediate, short-term assessments for persons with serious mental illness or substance use disorders who do not need inpatient psychiatric hospital treatment, but who do need significant amounts of supports and services not available in the persons' homes or communities.
 - (2) Assertive community treatment services.
 - (3) Comprehensive facility and community-based crisis services, including all of the following:
 - (a) Mobile response.
 - (b) Twenty-three-hour crisis observation and holding.
 - (c) Crisis stabilization community-based services.
 - (d) Crisis stabilization residential services.
 - (4) Subacute services provided in facility and community-based settings.
 - (5) Intensive residential service homes for persons with severe and persistent mental illness in scattered site community-based residential settings that provide intensive services and that operate twenty-four hours a day.
 - b. The department shall accept arrangements between multiple regions sharing intensive mental health services under [this subsection](#).
6. 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.
7. 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. Justice system-involved services, including but not limited to all of the following:

- (1) Jail diversion.
- (2) Crisis intervention training.
- (3) Civil commitment prescreening.

b. Advances in the use of evidence-based treatment, including but not limited to all of the following:

- (1) Positive behavior support.
- (2) Peer self-help drop-in centers.

8. 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](#)

[C2013, §331.397](#)

[2013 Acts, ch 140, §173, 174, 186; 2014 Acts, ch 1140, §77; 2018 Acts, ch 1056, §13; 2023 Acts, ch 19, §1098, 1099; 2023 Acts, ch 140, §6, 15](#)

[C2024, §225C.65](#)

Referred to in [§225C.7A, 225C.60](#)

See Code editor's note on simple harmonization at the beginning of this Code volume

Section transferred from [§331.397](#) in Code 2024 pursuant to directive in [2023 Acts, ch 140, §15](#)

Subsection 2, paragraph a, subparagraph (2) amended

Subsection 3, unnumbered paragraph 1 amended

Subsection 4, NEW paragraph g