

CHAPTER 302
BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATIONS

Chapter rescission date pursuant to Iowa Code section 17A.7: 7/1/30

441—302.1(225A) Implementation and maintenance of programs and services.

302.1(1) Authority to designate BH-ASOs. The department will designate one BH-ASO for each district as set forth in Iowa Code chapter 225A. The department will enter into a contract with a designated BH-ASO to coordinate and oversee behavioral health services in one or more behavioral health district. If the department terminates its contract with a BH-ASO for any reason, the entity is no longer designated by the department as a BH-ASO.

302.1(2) Community needs assessment. A BH-ASO will complete an assessment of community needs to identify behavioral health service system strengths, gaps, and emerging issues within its district.

302.1(3) District behavioral health service system plan. A BH-ASO will collaborate with the district behavioral health advisory council and other stakeholders to develop a district behavioral health service system plan to describe all behavioral health services and supports and other activities in support of the behavioral health system to be delivered by the BH-ASO.

302.1(4) BH-ASO operations. A BH-ASO will implement its approved district plan and maintain operations necessary to meet its obligations under state and federal laws and regulations and as established in the district contract.

[ARC 9274C, IAB 5/14/25, effective 7/1/25]

441—302.2(225A) Service availability and accessibility.

302.2(1) Minimum access standards. A BH-ASO will ensure available, accessible, and adequate numbers of providers, locations, and personnel for the provision of behavioral health services. At a minimum, access to services provided by behavioral health safety net service providers will meet the following standards:

a. Crisis assessment and evaluation. An individual will have immediate access to a crisis screening and will have a crisis assessment by an appropriately licensed or credentialed mental health or substance use disorder treatment professional within 24 hours of referral.

b. Access centers. An individual will have access to services within 60 minutes or 60 miles of an individual's residence.

c. Mobile crisis response. An individual will have an in-person, community-based response within 60 minutes.

d. Crisis-stabilization, community-based services. An individual will have access to services within the time frames set forth in 441—Chapter 24.

e. Crisis-stabilization, residential services. An individual will have access to services within the time frames set forth in 441—Chapter 24.

f. Mental health outpatient.

(1) The service will be located within 60 minutes or 60 miles of an individual's residence.

(2) During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact. When the assessed need is urgent, outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact. When the assessed need is for routine care, outpatient services shall be provided to an individual within four weeks of the individual's request for appointment.

g. Assertive community treatment. The service will be available to all individuals within a district.

h. Mental health intensive psychiatric rehabilitation. An individual will have access to services within the time frames set forth in 441—Chapter 24.

i. Mental health inpatient. The service will be located within 60 minutes or 60 miles of an individual's residence in urban areas and within 90 minutes or 90 miles of an individual's residence in rural areas.

j. Substance use disorder outpatient treatment. An individual will have access to services within 60 minutes or 60 miles of the individual's residence.

k. Substance use disorder intensive outpatient services. An individual will have access to services within 60 minutes or 60 miles of an individual's residence.

l. Substance use disorder residential treatment services. An individual will have access to services within 60 minutes or 60 miles of an individual's residence.

m. Outpatient competency restoration. The service will be available to all individuals within a district.

n. Twenty-three-hour observation and holding. An individual will have access to services within the time frames set forth in 441—Chapter 24.

o. Crisis respite. An individual will have access to services within the time frames set forth in 441—Chapter 24.

302.2(2) *Priority populations for substance use disorder treatment.* In addition to the standards in subrule 302.2(1), behavioral health safety net service providers of substance use disorder treatment will meet the following standards:

a. In accordance with 45 CFR Part 96, Subpart L, as amended to July 1, 2025, priority admission to substance use disorder treatment services must be offered to the following populations in this order:

- (1) Individuals who are pregnant and who use injection drugs.
- (2) Individuals who are pregnant.
- (3) Individuals who use injection drugs.
- (4) All others.

b. Individuals who are pregnant must be admitted to the recommended American Society of Addiction Medicine (ASAM) level of care within 48 hours of receiving the recommendation for treatment from a licensed substance use disorder treatment provider. If admission is not possible within 48 hours, the individual must be offered interim services as defined in 45 CFR 96.121 as amended to July 1, 2025, and must be referred to the statewide waitlist maintained by the department.

c. Individuals who report the use of injection drugs and are not pregnant must be admitted to the recommended ASAM level of care within 14 days of receiving the recommendation for treatment from a licensed substance use disorder treatment provider. If admission is not possible within 14 days, interim services must be offered within 48 hours and the admission deadline is then extended to 120 days.

302.2(3) *Free choice of providers.* A BH-ASO will ensure that individuals may receive services from any qualified network provider of the individual's choosing that is available to provide the services to them. [ARC 9274C, IAB 5/14/25, effective 7/1/25]

441—302.3(225A) Provider oversight and monitoring.

302.3(1) *Provider contracts.* To receive payment for services through a BH-ASO, providers of behavioral health services must have a provider contract with the BH-ASO. Providers that are eligible to enroll with the Iowa Medicaid program must also be enrolled as an Iowa Medicaid provider.

302.3(2) *Claim submission.* Providers of behavioral health services will submit claims for services on at least a monthly basis.

a. Claims for services rendered for persons eligible for Medicaid will be submitted to the managed care organization with which the person is enrolled in accordance with the managed care organization's claim submission policies.

b. Claims for services rendered for persons not eligible for Medicaid will be submitted to the Iowa Medicaid program according to the process set by the department for BH-ASO claims and will meet the following requirements:

(1) Claims will be submitted electronically on the proper claim forms following the requirements set forth in rule 441—80.2(249A).

(2) Claims will follow the time limits for claim submission set forth in rule 441—80.4(249A).

302.3(3) *Provider monitoring.* A BH-ASO will conduct monitoring activities to oversee providers of behavioral health services within the district and monitor the Iowa Medicaid provider sanction list and take the following actions:

a. For any behavioral health provider suspended by Medicaid, suspend participation in the BH-ASO provider network within 30 days.

b. For any behavioral health provider terminated by Medicaid, terminate participation in the BH-ASO provider network within 30 days.

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These rules are intended to implement Iowa Code chapter 225A.

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