

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. Access centers.
- b. Assertive community treatment.
- c. Assessment and evaluation.
- d. Case management.
- e. Crisis evaluation.
- f. Crisis stabilization community-based services.
- g. Crisis stabilization residential services.
- h. Day habilitation.
- i. Family support.
- j. Health homes.
- k. Home and vehicle modification.
- l. Home health aide.
- m. Intensive residential service homes.
- n. Job development.
- o. Medication prescribing and management.
- p. Mental health inpatient treatment.
- q. Mental health outpatient treatment.
- r. Mobile response.
- s. Peer support.
- t. Personal emergency response system.
- u. Prevocational services.
- v. Respite.
- w. Subacute mental health services.
- x. Supported employment.
- y. Supportive community living.
- z. Twenty-four-hour access to crisis response.
- aa. Twenty-three-hour crisis observation and holding.

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 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.

[ARC 1096C, IAB 10/16/13, effective 11/20/13; ARC 4207C, IAB 1/2/19, effective 3/1/19]