

**441—25.11(331) Definitions.**

*“Access point”* means a provider, public or private institution, advocacy organization, legal representative, or educational institution with staff trained to complete applications and guide individuals with a disability to needed services.

*“Assessment and evaluation”* means the same as defined in rule 441—25.1(331).

*“Assistive technology account”* means funds in contracts, savings, trust or other financial accounts, financial instruments, or other arrangements with a definite cash value that are set aside and designated for the purchase, lease, or acquisition of assistive technology, assistive technology services, or assistive technology devices. Assistive technology accounts must be held separately from other accounts. Funds must be used to purchase, lease, or otherwise acquire assistive technology services or devices for a working individual with a disability. Any withdrawal from an assistive technology account other than for the designated purpose becomes a countable resource.

*“Authorized representative”* means a person designated by the individual or by Iowa law to act on the individual’s behalf in specified affairs to the extent prescribed by law.

*“Chief executive officer”* means the person chosen and supervised by the governing board who serves as the single point of accountability for the mental health and disability services region and whose responsibilities include, but are not limited to, planning, budgeting, monitoring county and regional expenditures, and ensuring the delivery of quality services that achieve expected outcomes for the individuals served.

*“Choice”* means the individual or authorized representative chooses the services, supports, and goods needed to best meet the individual’s goals and accepts the responsibility and consequences of those choices.

*“Clear lines of accountability”* means the structure of the governing board’s organization makes it evident that the ultimate responsibility for the administration of the non-Medicaid-funded mental health and disability services lies with the governing board and that the governing board directly and solely supervises the organization’s chief executive officer.

*“Community”* means an integrated setting of an individual’s choice.

*“Conflict-free case management”* means there is no real or seeming incompatibility between the case manager’s other interests and the case manager’s duties to the individual served and includes case management separate from direct service provision; eligibility determination for services; establishment of funding levels for the individual’s services; and requirements that prohibit the case manager from performing evaluations, assessments, and plans of care if the case manager is related by blood or marriage to the individual or any of the individual’s paid caregivers or persons financially responsible for the individual or empowered to make financial or health-related decisions on behalf of the individual.

*“Coordinator of children’s behavioral health services”* means a member of the regional administrative entity staff who meets the requirements described in Iowa Code section 331.390(3) “b” and is responsible for coordinating behavioral health services for children.

*“Coordinator of mental health and disability services”* means a member of the regional administrative entity staff who meets the requirements described in Iowa Code section 331.390(3) “b” and is responsible for coordinating mental health and disability services for adults.

*“Countable household income”* means earned and unearned income of the family of a child according to the modified adjusted gross income methodology.

*“Countable resource”* means real or personal property that has a cash value that is available to the owner upon disposition and is capable of being liquidated.

*“Countable value”* means the equity value of a resource, which is the current fair market value minus any legal debt on the item.

*“County of residence”* means the same as defined in Iowa Code section 331.394.

*“Department”* means the department of human services.

*“Director”* means the director of human services.

*“Disability services”* means the same as defined in Iowa Code section 225C.2.

*“Emergency service”* means the same as defined in rule 441—88.21(249A).

*“Empowerment”* means that the service system ensures the rights, dignity, and ability of individuals and their families to exercise choices, take risks, provide input, and accept responsibility.

*“Exempt resource”* means a resource that is disregarded in the determination of eligibility for public funding assistance and in the calculation of client participation amounts.

*“Federal poverty level”* means the most recently revised annual poverty income guidelines published in the Federal Register by the United States Department of Health and Human Services.

*“Homeless person”* means the same as defined in Iowa Code section 48A.2.

*“Household”* means, for an individual who is 18 years of age or over, the individual, the individual’s spouse or domestic partner, and any children, stepchildren, or wards under the age of 18 who reside with the individual. For an individual under the age of 18, “household” means the individual, the individual’s parents (or parent and domestic partner), stepparents or guardians, and any children, stepchildren, or wards under the age of 18 of the individual’s parents (or parent and domestic partner), stepparents, or guardians who reside with the individual.

*“Income”* means all gross income received by the individual’s household, including but not limited to wages, income from self-employment, retirement benefits, disability benefits, dividends, annuities, public assistance, unemployment compensation, alimony, child support, investment income, rental income, and income from trust funds.

*“Individual”* means any person seeking or receiving services in a regional service system.

*“Individualized services”* means services and supports that are tailored to meet the personalized needs of the individual.

*“Liquid assets”* means assets that can be converted to cash in 20 days. Liquid assets include but are not limited to cash on hand, checking accounts, savings accounts, stocks, bonds, cash value of life insurance, individual retirement accounts, certificates of deposit, and other investments.

*“Managed care”* means a system that provides the coordinated delivery of services and supports that are necessary and appropriate, delivered in the least restrictive settings and in the least intrusive manner. Managed care seeks to balance three factors: achieving high-quality outcomes for participants, coordinating access, and containing costs.

*“Managed system”* means a system that integrates planning, administration, financing, and service delivery. The system consists of the financing or governing organization, the entity responsible for care management, and the network of service providers.

*“Management organization”* means an organization contracted to manage part or all of the service system for a region.

*“Medical savings account”* means an account that is exempt from federal income taxation pursuant to Section 220 of the U.S. Internal Revenue Code (26 U.S.C. §220) as supported by documentation provided by the bank or other financial institution. Any withdrawal from a medical savings account other than for the designated purpose becomes a countable resource.

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

*“Modified adjusted gross income”* means the methodology prescribed in 42 U.S.C. Section 1396a(e)(14) and 42 CFR 435.603.

*“Non-liquid assets”* means assets that cannot be converted to cash in 20 days. Non-liquid assets include, but are not limited to, real estate, motor vehicles, motor vessels, livestock, tools, machinery, and personal property.

*“Population”* means the same as defined in Iowa Code section 331.388.

*“Provider”* means an individual, firm, corporation, association, or institution which is providing or has been approved to provide medical assistance, is accredited under 441—Chapter 24, holds a professional license to provide the service, is accredited by a national insurance panel, or holds other national accreditation or certification.

*“Regional administrator”* or *“regional administrative entity”* means the administrative office or organization formed by agreement of the counties participating in a mental health and disability services region to function on behalf of those counties.

*“Regional services fund”* means the mental health and disability regional services fund created in Iowa Code section 225C.7A.

*“Regional service system management plan”* means the regional service system plan developed pursuant to Iowa Code section 331.393 for the funding and administration of non-Medicaid-funded mental health and disability services and includes an annual service and budget plan, a policies and procedures manual, and an annual report and how the region will coordinate with the department in the provision of mental health and disability services funded under the medical assistance program.

*“Region incentive fund”* means the same as defined in Iowa Code section 225C.7A.

*“Resources”* means all liquid and non-liquid assets that are owned in part or in whole by the individual household, that could be converted to cash to use for support and maintenance, and that the individual household is not legally restricted from using for support and maintenance.

*“Retirement account”* means any retirement or pension fund or account listed in Iowa Code section 627.6(8)“f.”

*“Retirement account in the accumulation stage”* means a retirement account into which a deposit was made in the previous tax year. Any withdrawal from a retirement account becomes a countable resource.

*“Service system”* refers to the mental health and disability services and supports administered by the regional administrative entity and paid from the regional services fund.

*“State case status”* means the standing of an individual who has no county of residence.

*“State commission”* means the same as defined in Iowa Code section 225C.5.

*“System of care”* means the coordination of a system of services and supports to individuals and their families that ensures they optimally live, work, and recreate in integrated communities of their choice.

*“System principles”* means practices that include individual choice, community and empowerment. [ARC 1173C, IAB 11/13/13, effective 1/1/14; ARC 4896C, IAB 2/12/20, effective 3/18/20; ARC 6008C, IAB 11/3/21, effective 10/4/21]