

**441—25.18(331) Annual service and budget plan.** The annual service and budget plan shall describe the services to be provided and the cost of those services for the ensuing year.

**25.18(1)** The annual service and budget plan is due on April 1 prior to the July 1 implementation of the annual plan and shall be approved by the region's governing board prior to submittal to the department.

**25.18(2)** The annual service and budget plan shall include but not be limited to the following:

*a.* Access points. A list of the local access points for mental health and disability services and children's behavioral health services, including the names of the access points and the physical locations and contact information.

*b.* Service coordination and targeted case management. A list of the service coordination and targeted case management agencies utilized in the region, whether funded by the region, the medical assistance program, or third-party payers, including the physical location and contact information for those agencies.

*c.* Crisis planning. A list of accredited crisis services available in the region for crisis prevention, response and resolution, including contact information for the agencies responsible.

*d.* Intensive mental health services. Identification of the intensive mental health services designated by the region according to rule 441—25.6(331), including the provider name, contact information, and location of each of the following:

- (1) Access center(s).
- (2) ACT services.
- (3) Intensive residential services.
- (4) Subacute mental health services.

*e.* Children's behavioral health services. Identification of children's behavioral health services as described in subrule 25.2(4), including contact information for the agencies responsible and eligibility requirements or reference to where eligibility requirements can be found in the policies and procedures manual.

*f.* Scope of services. A description of the scope of services to be provided, a projection of need for the service, and the funding necessary to meet the need.

- (1) The scope shall include the regional core services as identified in rule 441—25.2(331).
- (2) The scope shall also include services in addition to the required core services.

*g.* Budget and financing provisions for the next year. The provisions shall address how regional, state and other funding sources will be used to meet the service needs within the region.

*h.* Financial forecasting measures. A description of the financial forecasting measures used in the identification of service need and funding necessary for services and a financial statement of actual revenues and actual expenses by chart of account codes.

*i.* Provider reimbursement provisions. A description of the types of provider reimbursement methods that will be used, including fee for service, compensation for a "system of care" approach, and for use of nontraditional providers. A region also shall provide information on funding approaches that identify and incorporate all services and sources of funding used by the individuals receiving services, including the medical assistance program.

[ARC 1173C, IAB 11/13/13, effective 1/1/14; ARC 4207C, IAB 1/2/19, effective 3/1/19; ARC 4896C, IAB 2/12/20, effective 3/18/20; ARC 6613C, IAB 11/2/22, effective 1/1/23]