

WASHINGTON COUNTY COMMUNITY SERVICES

PO BOX 902
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MH/MR DIVISION
Bobbie Wulf, MHDS Director and CPC Administrator
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PROVIDER INFORMATION FOR THE WASHINGTON COUNTY FORMS

CENTRAL POINT OF COORDINATION (CPC) APPLICATIONS

Please complete the CPC Applications initially when your agency has a referral and for any individual returning to the system after a year of more absence from MH/MR services, if the individual is requesting county funding for services. The application should be completed and forwarded to Washington County Mental Health Disability Services (WCMHDS) by the end of the working day in which the application is signed by the individual or guardian. If completed after hours, it must be submitted the next morning. Please be very specific when completing the application and gather as much information as you can. If you need to write further notes, you may write them on the application or on another piece of paper that you may attach to the application. If something cannot be answered please document on the application why.

Although a CPC Application may not have yet been completed, please notify WCMHDS immediately of a possible referral so that we can plan accordingly. To do so, you may need to have a signed release and/or a verbal release to disclose their name to our office. We may have pertinent information that will help with the application process that could save some time and background work.

We cannot process an application or consider any request if it is not completed entirely.

CPC APPLICATION UPDATES

The updates are a tool to determine ongoing eligibility (especially for 100% county funded services). Updated service and eligibility information is also required for DHS in our data system.

The updates are to be completed by the targeted case manager (TCM) semi-annually at the Interdisciplinary Team (IDT) meetings and during any significant change such as address, income or employment or upon request. These should always be submitted with the funding agreements and budget detail forms after the IDT meetings. If a representative from the WCMHDS office is present at the meeting, the WCMHDS representative will complete the application and obtain the necessary releases.

The CPC application updates and funding agreements must be received by the WCMHDS office within 10 working days of the meeting.

AUTHORIZATIONS TO OBTAIN AND/OR DISCLOSE INFORMATION

If your agency is completing the initial CPC Application, please complete the authorizations to obtain and/or disclose information between your agency and the WCMHDS office, any providers that the individual has chosen for their service provider, if known, the local DHS, the entity in which the latest

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psychiatric/psychological was completed to allow our office to obtain verification of diagnostic eligibility and any other entities that you feel would benefit the application process (ie. Social Security, past providers, etc.) and submit them with the application. This will expedite the eligibility determination process.

For individuals already receiving funding for services, if a representative from the WCMHDS office is present at the interdisciplinary meeting, the WCMHDS representative will obtain the necessary releases for our office. If the WCMHDS representative is not in attendance, the TCM will be responsible for obtaining the releases.

FUNDING AGREEMENTS

The funding agreements are to be completed by the TCM and submitted to WCMHDS. These are not only a tool to authorize services, but also as a quality assurance tool to pay claims. For every claim received, it must match exactly with the funding agreement for claims to be authorized. WCMHDS will sign and return the funding agreements to the TCM office, Southeast Iowa Case Management. WCMHDS will complete their notice of decision inclusive of all of the services being funded to send to the provider and the individual of service and/or their guardian.

The funding agreements must be submitted initially prior to the start of services and at each routine renewal or during any sort of rate or frequency of service change. These must be submitted prior to expiration date of services and will only be authorized for a 6 month time period, unless otherwise agreed upon by the WCMHDS office. If this form is being submitted due to a service request for additional hours, please document or attach justification for the additional request. An updated budget detail must accompany this form if the frequency of service is changed.

The Individualized Services Information System (ISIS) must match the funding agreements for frequency, rates, and start/end dates. The plan span may be for one full year, however, each service has to match the funding agreement time period. WCMHDS will not approve any milestones in ISIS until the funding agreement and budget detail have been received and they all match the ISIS request.

SERVICE REQUESTS

It is WCMHDS recommendation that the targeted case managers require written service requests from the provider when additional hours or additional services are being requested. This may be attached to the funding agreement as the justification for the request. It will be up to the case manager to allow the provider to make these requests verbally or in writing, however, the WCMHDS office will continue to require that the request be made prior to the end of the month and/or within five working days of the month following the month in which the additional services were provided. If there is no documentation to support the receipt of the necessary information, the request will not be authorized.

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If additional hours are being requested, please check the current utilization in ISIS and request justification from the provider for the request. The targeted case manager should be accessing the need for additional hours and providing the request to the WCMHDS office with their recommendations.

*We continue to encourage providers to make the request prior to service delivery if the units of service exceed the authorized monthly amount to ensure approval. This policy has been changed to allow individuals to access additional service hours in their vocational setting when additional hours are scheduled by the employer or additional hours are required to support the individual to maintain their employment. However, in residential settings we continue to request that providers utilize the hours authorized to meet the individual's needs, if possible. This may involve **substituting** unexpected "survival" service hours with "growth" service hours. Again, Washington County is the funder of last resort, therefore, we ask that additional service hours provided as crisis intervention to reduce or manage symptoms or manage reduced functioning that results from a mental illness be requested from Magellan through Community Support Services (CSS). In addition, funding for other services provided through the CSS such as transportation, coordination and development of natural support systems for mental health supports, communication with other providers, monitoring of mental health symptoms and functioning/reality orientation, ensuring that the individual attends appointments and obtains their medications, and supportive relationships must be requested through Magellan. Agencies are still required to contact the case manager to discuss additional needs in the month in which these needs are required.*

HOURLY BUDGET DETAIL

This form is a tool to assist with determining the frequency of hours for hourly services such as Home and Community Based Services (HCBS) through the Mental Retardation Waiver for Supported Community Living (SCL) Services, Habilitation Services, 100% County Funded Supported Community Living (SCL) Services, Consumer Directed Attendant Care (CDAC) Services, Supportive Employment (SE), etc. These should be completed and submitted annually with the funding agreement and/or should be completed and submitted with the funding agreement in event of a change in frequency of service. The hours on the hourly budget detail should be reflected in the goals and objective outlined in the ICP completed by the targeted case manager. Please do not match the hours currently being provided and complete this form as accurately as possible. As individuals' receiving services become more independent and/or their needs change, these forms should be changed to reflect their goals. In addition, be sure to review and complete the growth and survival section on a yearly basis to ensure accuracy. The form will be returned for completion if this section is not completed. The targeted case manager will want to complete these forms in conjunction with the provider, as well as the other team members to ensure their input. The hourly budget detail's designation of growth and survival must be determined by the team. Funding agreements will not be authorized without the completed hourly budget detail.

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Each individual receiving a residential and/or vocational service (excluding ICFs) that resides within the county will have noted in their ICP if a service that they are receiving is a 'survival' service or a 'growth' service.

- *Survival is defined, as a service required to maintain an individual in the least restrictive environments (example: medication monitoring).*
- *Growth services are defined as a service that enhances skills for personal growth or enjoyment (example: socialization).*

Funding limitations may require those 'growth' services, or a percentage thereof, be temporarily suspended or terminated in order to ensure that 'survival' services for all individuals are not reduced.

If members of the IDT team are unable, by majority, to determine if a service is survival or growth, the CPC will make that determination. The reduction of services may be appealed, but the decision of what is survival vs. growth is not.

Example of 'survival'/'growth' services

Example: Individual A is living alone and receives 15 hours a week of HCBS/SCL services. All but three of those hours are for medication management, meal preparation, grocery shopping, and money management (paying bills). Three hours are used for socialization. The IDT recommends that as individual A has a history of non-med compliance that has resulted in hospitalizations. In addition, individual A has health-related problems that require a special diet. Therefore, twelve hours are 'survival' and three hours are 'growth'.

SITE BUDGET DETAIL

This form is a tool to determine individualized services in a 24-hour site, as well as assist with negotiating the daily rate for each individual. These should always accompany a funding agreement for a daily site rate when it is established and/or for any change in the daily rate. Funding agreements will not be authorized without the site budget detail.

When an individual may be moving, an IDT meeting needs to be held **prior to the move** to discuss the move and the supports that may be required at the new location. The TCM will want to complete the site budget detail in conjunction with the provider and the WCMHDS office. The provider will complete the site budget detail and submit it for review by the TCM. The TCM must review the budget detail in conjunction with the ICP to be sure that all of the goals and objectives are being addressed, which will be noted under the activity. The TCM must review all of the calculations, review the schedules and ratios of the house to assure accuracy and request any clarification from the provider if needed. After the TCM has reviewed the site budget detail, the draft with any revisions will be submitted to the CPC office for review. After the TCM, the provider and the WCMHDS office are in agreement, the site budget detail may be submitted for completion of the D4. The provider will complete and return the D4 to the TCM and WCMHDS. The TCM will need to check that the

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direct service hours match the site budget detail summation of hours. The WCMHDS office will then be responsible for negotiating the rate. The WCMHDS office will be available initially for assistance, however, it is expected that the TCM office will be ultimately responsible for completing the review of the site budget detail. All site budget details and D4's must be approved by the WCMHDS office prior to the individual moving.

If the provider is not willing to provide the site budget details for all of the individuals in one location, Washington County will only be approving the site budget details with the proper documentation. Therefore, if one on one time is requested for an individual funded by Washington County the remainder of the time must be designated at the maximum ratio to be approved. Only, if the provider is willing to provide all of the site budget details, of course without any identifying information, will we consider the schedules and ratios of the entire household.

Consider times when staff is not required and be sure to take this time out of the program.

If staff support is not always required, otherwise known as 'alone time', the targeted case manager should continuously assess the ongoing need for services at a site and/or determine if hourly services may be appropriate. It is the goal that eventually the individual's being served will gain more independence and alone time is a good measure their progress.

ANNUAL REVIEWS AND PROGRESS REPORTS

The TCM Annual Review should be completed prior to establishing the goals, objectives and service actions in the ICP. The Annual Review's purpose is to identify the areas of need that develop the individual's goals. Review each current goal, objective and action step so it's easy to determine if progress has been made or not made. If progress has not been made, ask why? If something is not completed as specified in the ICP, ask why? Remember, this is what is being requested from the provider to do and they are being paid to do it. If they are not doing it...there has to be a good reason and you need to find out why. If the same goal is in place year after year, ask yourself if the goal is beneficial, if the goal is maintenance or if it is a formal goal in which progress can be made? Always review the need of continuing the service or whether an alternative service or different treatment approach is needed. When establishing goals, ask yourself if they are reasonable and necessary for the individual? If not, then funding will not be approved. Investigate, if necessary. Ask yourself, if the goal is going to make the individual more independent...which is the purpose of the services? This is not meant to impede or discount the individual, the family, the guardian or the providers input or wants but should be used in addition to. Remember that being a good advocate is not just doing and asking for everything that the individual wants. The reason we are involved with our individuals is because they have identified disabilities and need assistance with one area of their life or another. Advocate what the individual needs to be as independent as possible. We look to the TCM for guidance in these areas and depend on your expertise. The

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TCM should determine what is appropriate for the service and then come to the WCMHDS office with the request. The TCM is not just the “go between” with the individual, the family, the guardian and the provider’s wants. You should agree that what you request is in line with what you think is best.

At the end of the IDT meeting, review if there are any changes or recommendations to the current plan. Collaborate with the provider after the meeting to assure that you have the same plan....The provider plan should match the TCM plan.

THANK YOU FOR ALL OF YOUR HARD WORK...IT IS VERY MUCH APPRECIATED!!!