

WASHINGTON COUNTY COMMUNITY SERVICES

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MH/MR DIVISION

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MENTAL HEALTH/MENTAL RETARDATION DIVISION WASHINGTON COUNTY MANAGEMENT PLAN

July 1, 2007

Total Population of Area Covered: 20,670 (2000 Census)

Section I: Policy & Procedures Manual **Section II: Appendixes**

Mission Statement:

Washington County aims to provide all eligible individuals with the services they need and to do so with a management plan that respects their needs and preserves their dignity, while enhancing individual choice. It is also the goal of Washington County to facilitate a centralized, efficient service system that involves input from county taxpayers, individuals of service and their advocates.

WASHINGTON COUNTY'S 24-HOUR EMERGENCY SERVICES CRISIS LINE

1-800-332-4224

THIS SERVICE IS DETAILED IN SECTION B ON PAGE 13 OF THIS PLAN

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**SECTION I:
POLICIES AND PROCEDURES MANUAL**

INTRODUCTION

The Washington County Management Plan represents the Washington County Board of Supervisor's intent to fulfill statutory obligations imposed by Iowa Code Section 331.440 and 1995 Iowa Acts, Senate File 69, section 15 and Iowa Administrative Code Chapter 25, Disability Services Management Division II and Minimum Data Set Division III.

The purpose of the County Management Plan is to explain how Washington County provides funding and planning for mental health & mental retardation (MH/MR) services. It is written as a guide for the individuals receiving service(s), their family and friends, advocates, service providers, administrators, and others interested in these important matters, to answer many of the basic questions and concerns regarding funding for MH/MR programs.

It is the intent of Washington County to meet the needs of the individuals being served in the most cost-effective manner while encouraging individual choice, empowerment and community integration. Regrettably, resources and funding are limited. Because of this, Washington County cannot honor or fund every request for service. If funding is not available through the Washington County Management Plan, Washington County will make every attempt to provide recommendations of alternative resources that may be available.

Washington County encourages all persons to contact the Washington County Community Services (WCCS) office for more information, assistance, and/or referral(s).

Alternative formats of the Washington County Management Plan may be made available, upon request.

WHAT IS THE WASHINGTON COUNTY MANAGEMENT PLAN AND HOW IS IT DEVELOPED?

The County Management Plan describes how the County will provide individuals access to the appropriate services and supports in the least restrictive environment possible within the financial limitations of federal, state, and county resources. In addition, the Plan includes information on eligibility requirements, scope of services, plan administration, service authorization, utilization management, and the collaboration of the county managed system with other entities that provide services and supports to individuals covered by the Plan. This document is approved locally by the Stakeholders Committee and the Washington County Board of Supervisors. A public hearing is held in accordance with the Iowa Code, prior to being submitted to the State of Iowa for approval.

The County Management Plan is written by Washington County Community Services. Input for the development of this plan may be provided during the Stakeholders meetings, as well as during regular meetings with the CPC office and the individuals of service, family members, case managers, advocates and providers, throughout the year. Input may also be provided through the quality assurance review process.

Originally, Washington County recruited individuals who had an interest in the MH/MR system to be members of the Stakeholders Committee. Currently, the Stakeholders Committee operates under by-laws with rotating terms of office and consists of the following: up to three individuals of service, two family members of individuals of past or present service, two advocates, one member of the Washington County Board of Supervisors and three provider agencies. The Stakeholders Committee acts as an advisory board to provide community input in the development and review of the county funded management system. Some of the other duties of the committee, include, but are not limited to,

reviewing the quality assurance reports of the provider agencies, analyzing the Management Plan Annual Review Report, and developing and monitoring the Strategic Plan. The Stakeholders Committee may meet monthly and no less than quarterly at the Orchard Hill Complex. Anyone with an interest in the MH/MR system is encouraged to attend. Meeting notices are published in the Washington Evening Journal and announced on the local KCII radio station. The WCCS office serves as staff support for the Stakeholders Committee and can be contacted for meeting information.

SECTION A: HOW OUR SERVICE SYSTEM WORKS

Individual empowerment and independence is our goal. It is important that individuals have a freedom of choice that is balanced with safety and accountability. Additionally, it is essential that individuals take an active role in deciding what services and supports are needed and how those services are to be delivered.

HOW DOES THE COUNTY ADMINSTRATE THE PLAN?

The Washington County Mental Health/Mental Retardation Division of Washington County Community Services administers this plan and acts as the gate keeper to a county-funded system of services by taking and/or reviewing applications, making eligibility decisions, and working with the Interdisciplinary Team (IDT) to evaluate the needs of individuals and implement funding for the individual service plans. Washington County Community Services also cooperates and enters into contracts with other agencies, organizations and providers that deliver a wide range of services. Most of the providers in this county can assist you in filling out applications and forwarding them to our office. You can find a list of these access points in Appendix B.

The Mental Health/Mental Retardation Division is the branch of Washington County Community Services, including the Central Point of Coordination (CPC) process, which reports to the Washington County Board of Supervisors. There are three MH/MR Division staff members in the Washington County Community Services office, including the CPC Administrator and two MH/MR Case Coordinators.

- **The Central Point of Coordination Administrator (CPC)** is a person who has a baccalaureate degree from an accredited school and has demonstrated competency in human services program administration and planning and has two years of experience working with people with disabilities (441-25.11(331)). The CPC's responsibility includes, but is not limited to: taking and/or reviewing applications, investigating and determining eligibility for funding, maintaining individual case files, attending staffings for individuals who receive MH/MR services, authorizing funding requests, participating in contract negotiations, completing the budget, developing and implementing policy and procedures, arranging vendor payments, implementing a system to track services and payments, submitting reports to the State, implementing the quality assurance process, responding to complaints, educating the public, and reporting to the Washington County Board of Supervisors. At minimum the Administrator will meet the qualifications as defined by Administrative Rules to implement the CPC process.
- **The MH/MR Case Coordinator** is a qualified person who at a minimum has a baccalaureate degree from an accredited school and a minimum of one-year experience working with people with disabilities. The MH/MR Case Coordinators' responsibilities include, but are not limited to: taking and/or reviewing applications, investigating and determining eligibility for funding, maintaining individual case files, attending staffings for individuals who receive MH/MR services, authorizing funding requests and/or making recommendations to the CPC Administrator for authorization(s) of the funding requests, working with the service providers to enhance services and resolve conflicts,

assisting the CPC Administrator with the development and implementation of the policies and procedures of the Management Plan and the MH/MR budget, as well as assisting the CPC Administrator with other tasks as designated.

HOW ARE THE PUBLIC & OTHERS EDUCATED ABOUT THE SERVICE SYSTEMS?

Washington County Community Service brochures are periodically distributed with information including, but not limited to, eligibility criteria, emergency services and the application process. Periodically, WCCS presents information to service clubs, service agencies and KCII regarding our MH/MR service system. In addition, it has been and will continue to be a goal to accomplish the completion a newsletter to be distributed to individuals, guardians, involved family members, and provider agencies. The newsletter contains information including, but not limited to, federal, state/local policies, legislation, provider information, and any changes occurring within our mental health system.

SECTION B: THE FIRST STEP - ELIGIBILITY, INTAKE AND ENROLLMENT

HOW DO I KNOW IF I AM ELIGIBLE?

Individuals can receive funding for services by meeting the six (6) eligibility requirements:

1) Have legal status in the United States pursuant to Federal Welfare Reform and Personal Responsibility and Work Opportunity Reconciliation Acts in 1996.

The Federal Welfare Reform legislation prohibits the expenditure of public benefits for the benefit of illegal immigrants unless a state affirmatively allows eligibility via state law (8 U.S.C. 1621). The Work Opportunity Reconciliation Acts in 1996 prohibit state and local entities from providing public benefits to illegal immigrants, however, there are allowable exceptions to ensure protection of life or safety.

2) Have a Diagnosed Disability Covered by the Plan (Appendix A).

- a) **Mental Illness**
- b) **Chronic Mental Illness**
- c) **Mental Retardation**
- d) **Developmental Disability (mandate only)**
- e) **Mental Health(out-patient counseling only)**

Mental Illness: An individual must meet the following definition of a person with mental illness as provided by the Department of Human Services: People who have a current diagnosis of a mental illness as defined in the Diagnostic and Statistical Manual, Fourth Edition-Revised (DSM IV TR). Diagnoses which fall into this category include, but are not limited to, the following: schizophrenia, major depression, manic depressive (bipolar) disorder, adjustment disorder, and personality disorder. Also included are organic disorders such as dementia, substance-induced disorders, and "other" organic disorders, including physical disorders such as brain tumors. (Excluded is V Code diagnoses, psychoactive substance use disorders, and developmental disorders, which include mental retardation, autism and academic disorders.)

Chronic Mental Illness: For anyone to receive status in this disability group an individual must meet the following definition of a person with chronic mental illness as provided by the Iowa Administrative Code 441-78.48(1):

Persons aged 18 and over with persistent mental or emotional disorders that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living

arrangements, or employment. People with chronic mental illness typically meet at least one of the following criteria:

1. Have undergone psychiatric treatment more intensive than outpatient care, more than once in a lifetime (i.e. emergency services, alternative home care, partial hospitalization, or inpatient hospitalization); OR
2. Have experienced at least one episode of continuous, structured, supportive residential care other than hospitalization.

In addition, these persons typically meet at least two of the following criteria, on a continuing or intermittent basis for at least two years:

1. Are unemployed, employed in a sheltered setting, or have markedly limited skills and a poor work history.
2. Require financial assistance or out-of-hospital maintenance and may be unable to procure such assistance without help.
3. Show severe inability to establish or maintain a personal support system.
4. Require help in basic living skills.
5. Exhibit inappropriate social behavior, which results in demand for intervention by the mental health and/or judicial system.

In an atypical instance, a person who varies from the above criteria could still be considered to have a chronic mental illness. Persons with mental disorders resulting from Alzheimer's disease or substance abuse shall not be considered chronically mentally ill.

Mental Retardation: For eligibility purposes an individual must meet the following three criteria provided by the Iowa Administrative Code 441-22.1(225C):

1. Significantly sub average intellectual functioning: an intellectual quotient (IQ) of approximately 70 or below on an individually administered IQ test as defined by the DSM-IV TR,
2. Concurrent deficits or impairments in present adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety, and
3. The onset is before the age of 18.

Developmental Disability: For eligibility purposes an individual must meet the following definition for persons with developmental disabilities as provided by the Iowa Administrative Code 441-22.1(225C):

Persons with a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments,
2. Is manifested before the person attains the age of 22,
3. Is likely to continue indefinitely,
4. Results in substantial functional limitations in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency, and
5. Reflects the person's need for a combination and sequence of services which are of lifelong or extended duration.

Mental Health: For eligibility purposes, Mental Health represents an individual who is experiencing a crisis and/or is in need of outpatient counseling services due to emotional symptoms or problems in daily living. In general, a person is experiencing difficulties adjusting to stress or new situations.

The county may request a new diagnostic assessment if a diagnosis is unclear, questionable or outdated.

3) Income and Resource Financial Eligibility Guidelines are Met as Defined in Appendix A.

Income eligibility will be determined by gross income in accordance with the financial eligibility criteria outlined in Appendix A: the Service Matrix. Financial eligibility is based on the Federal Poverty Guidelines. Medical expenses and privately paid MH/MR service expenses can be deducted from the applicant's total gross income when determining eligibility. Additionally, the following items are exempt when reviewing resources for the purpose of eligibility: irrevocable burial contract/trusts, other burial contracts/trusts up to \$5,000.00, primary homestead, one vehicle, and/or tools of trade. If resources exceed the guidelines, individuals will be required to privately pay for the requested services until resources are reduced to meet the eligibility guidelines. Individuals cannot use the money that exceeds the guidelines for any other purpose, unless it is deemed necessary by the IDT or WCCS to maintain level of care and to ensure protection of life and safety. *(For example, if you have \$3000.00 in a savings account and apply for county funding for vocational services, you must privately pay the provider agency \$1000.00 for services prior to the county funding. If you use that \$1000.00 to buy a car, you will still have to pay the provider agency \$1000.00 privately for your services prior to being eligible for county funding.)*

4) The Requested Service or Support is Covered by the Plan as Defined in Appendix A.

The provider agency must also meet the contracting requirements outlined in Section G of the Policy and Procedures Manual.

5) There are No Other Funding Sources Available to Pay for the Requested Service(s).

Washington County is the payer of last resort. Individuals with private insurance coverage must utilize that coverage prior to county funding. Similarly, State or Federal payment coverage, such as Veterans, Title XIX, or State Payment Program benefits must be used prior to qualifying for county payment through the Management Plan. The Plan will not cover costs or subsidize reimbursements which private or other governmental insurers have deemed excessive. Nor will the Plan cover similar services that private or governmental insurers have decertified or determined individuals to be ineligible, unless mandated by the Iowa Code. The Plan will not cover criminal court ordered services, or services that are ordered in lieu of time served or to avoid prosecution. The Plan will not cover services for individuals participating in work release programs under the care and custody of the Department of Corrections according to Iowa Code section 904.108 or under the care and custody of the county sheriff according to Iowa Code section 356.5. Exceptions may be made if individuals have previously been funded through the Plan. Individuals must apply for funding from other agencies, such as Iowa Department of Human Services (DHS) for Medicaid or to Iowa Vocational Rehabilitation Services prior to requesting county funding, if the same or like services are funded. Additionally, another county or the State of Iowa may be responsible for payment of the requested services. If another county is responsible for payment, WCCS will notify the responsible county, known as the county of legal settlement. If an individual has not gained legal settlement in any one county in Iowa, the individual may be determined to be a 'state case' or may be eligible for funding through the State Payment Program. WCCS will manage the funding and the authorization of service(s) for the individuals with a 'state case' status and request payment from the State for services authorized. If the county of legal settlement and/or the State deny funding or refuse to provide the CPC functions, the Washington County CPC Administrator shall be notified within 15 working days. Nothing in this section will supersede funding for services that are mandated in the Iowa Code.

HOW DO I APPLY?

To start the process, a written application must be completed. Individuals can complete the application process at the WCCS office or at any one of the agencies listed on the Access Point List in Appendix B. Applicants may bring along a friend, family member or other person familiar with their personal matters to assist and/or support them through the application process. The staff at the access point will assist the applicant with completing the application. Upon completion, the access point will forward the application, diagnostic information, and the appropriate releases to the WCCS office by the end of the working day.

WHAT INFORMATION DO I NEED TO PROVIDE FOR MY APPLICATION?

Applicants will be asked to provide information about their disability, health, education, work history, income, resources, insurance, and other matters. The application may also require WCCS to gather information about others who live in the household and/or others responsible for support of the applicant. Legal settlement information, including past residence and service history may also be requested to determine if Washington County has the responsibility to pay for the requested services. If an applicant knowingly provides false information, funding will automatically be terminated for three (3) months, which is subject to appeal. Additionally, the person assisting with the completion of the application may request signed releases of information, so the WCCS office can obtain any missing information. Services will not be automatically denied due to a refusal to sign the release(s). However, without supporting information it will be difficult, if not impossible, for WCCS to act on or approve any request. If an applicant is unable to sign the form or grant consent, a legal guardian can do so on the individual's behalf. A completed application contains a finished CPC application, legal settlement determination, documentation of diagnosis, and signed releases of information to providers of service and any other pertinent person or agency.

HOW DO I KNOW I AM APPROVED OR DENIED?

After receipt of a completed application, WCCS staff will review the application information and make a decision whether or not the applicant is eligible for county funding or if there is a need for additional information within fifteen (15) working days. A written Notice of Decision will be sent to the applicant and/or guardian, the case manager, and the provider agency, as applicable, explaining the decision made by Washington County.

If an individual is eligible for funding for services, a Notice of Decision will be sent within fifteen (15) working days stating that funding has been approved, the service that has been approved, the maximum units of approved services, and the authorization period. The Notices of Decision are time limited, however there is a 30-day grace period after the termination date on your Notice of Decision. Washington County will NOT pay services received beyond the 30-day grace period, unless there are extenuating circumstances.

If an individual is not eligible, a Notice of Decision will be sent within fifteen (15) working days explaining why the request is being denied. At that time the individual can appeal any part of the decision. The appeals process is discussed later in Section K of the Policy and Procedures Manual.

If all the information requested is not available at the time of your application, the application is not considered complete. If the missing information is not received by the WCCS office within fifteen (15) working days, a Notice of Decision will be sent requesting the additional information and/or that contact be made with the WCCS office. Generally, applicants will have an additional five (5) working days to either submit the required information or contact the office. If more time is needed to acquire the requested information simply contact the WCCS staff and state the expected time period that the information can be submitted. However, if the information is not received and/or contact is not made

with WCCS staff, the application will be considered withdrawn. Applicants can re-apply for services at anytime if their prior application had been withdrawn.

WHAT IF I AM APPROVED TO RECEIVE FUNDING, BUT THERE IS NOT ENOUGH MONEY?

It is possible that Washington County may not have the funds to pay for any or all of the requested services. If resources are not available, the following protocol will be used in an attempt to ensure minimal impact on individuals as a whole. The goal is to ensure maintenance of the least restrictive level of care or entrance into the least restrictive level of care. Therefore, these measures will be implemented in chronological order in attempts to avoid Phase III, which is the use of waiting lists for services, the termination of entire service programs, such as outpatient counseling, work activity services, etc., and/or funding reductions using an 'across the board' method. WCCS will collaborate with the Board of Supervisors and notify the Stakeholder Committee if any phase of the protocol is implemented by WCCS.

Phase I

- Washington County will not approve any increases in hourly services unless the individual and their team determines that the end result in denying additional hours would cause the individual to enter a higher level of care or loss of employment.
- Washington County CPC will review the service matrix and eligibility guidelines and recommend changes to the Stakeholders Committee for adoption.

Phase II

- Funding reductions will be reviewed on an individual basis by the individual's IDT by using a 'growth' and 'survival' methodology.
 - Each individual receiving a residential and/or vocational service (excluding Intermediate Care Facilities) 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.

Growth and survival services of individuals living outside of Washington County will be reviewed and determined by their IDT.

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.

Funding decisions will be determined in accordance with the county of residence management plan.

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 and/or 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'.

Phase III

If these measures do not provide the needed results, termination of additional service programs, waiting lists and/or 'across the board' cuts may be initiated. If Phase III is necessary WCCS staff will refer an individual to other resources and/or agencies as appropriate.

Waiting Lists: will be implemented if:

- 1) The provider agency does not have an opening and there is no other reasonable alternative available.
- 2) The cost of the new service may result in or having to reduce or terminate services to other individuals.
- 3) The service is "slotted", which means that only has a certain number of individuals that can be eligible at one time, with no openings available.

The waiting list can be waived if:

- 1) The individual would have to be placed in a higher level of care that is more expensive.
- 2) The individual could more quickly go to a lower level of care that is less expensive.

The WCCS office will keep track of the individuals on the county waiting list for funding, unless the waiting list is for the Washington County Community Mental Health Center services, then they will keep the list.

WCCS will use the waiting list information to help plan the service needs of Washington County.

WHAT IF I HAVE SPECIAL CIRCUMSTANCES?

The Washington County CPC Administrator is allowed to make exceptions to policy when, upon interview with the individual, it is determined that special circumstances exist where policy, such as eligibility guidelines, may be temporarily waived. Such an exception to policy will reflect a "less restrictive" theme. Exceptions shall be considered on a case by case basis.

WHAT IF I NEED EMERGENCY MENTAL HEALTH SERVICE NOW?

If an emergency occurs the following actions can be taken:

- **Individuals can contact a natural support, such as friends, family, community members, etc.**
- **Individuals can contact their provider agency or the agency's 24-hour crisis system.**
During normal working hours, the CPC and/or MH/MR Case Coordinator shall be notified of the crisis situation by the case manager or responding provider to confer on the plan of action. If the emergency occurs after normal working hours the case manager or responding provider shall contact the WCCS office during the next business day to inform WCCS staff of the crisis, resolution, and to confer on continued treatment planning. If the crisis requires a change in funding, the case manager or responding provider will submit a completed Funding Agreement and/or Service Request Form by the end of the current month.
- **Individuals can contact the Washington County Community Mental Health Center (WCCMHC) at 319-653-6161.**

WCCMHC will provide assistance on an emergency basis during office hours. The application process may be waived during an emergency situation, however WCCMHC will need to complete and submit an Emergency Request Form to the WCCS office if county funds are necessary.

If hospitalization is required and funding assistance is requested because no other insurance or funding is available, the individual will be referred to the University of Iowa Hospitals and Clinics (UIHC). If there are no openings available at the UIHC, the next option is Mt. Pleasant MHI, then Independence MHI, then Clarinda MHI and finally Cherokee MHI. After all of these options have been exhausted, an alternative hospital may be considered. The therapist will make the appropriate decision in this situation and will immediately notify the WCCS office.

- **Individuals can contact the Washington County's Emergency Crisis Line (Foundation II) at 1-800-332-4224**

When utilizing the crisis hot-line, one will be greeted by a person who at a minimum has a 4 year degree in a human service field, 60 hours of additional crisis intervention training and ongoing monthly training. This person will provide crisis intervention, assess the situation to determine if a referral needs to be made, and/or contact the Qualified Mental Health Professional (QMHP), if necessary. Foundation II may also provide follow-up contact within 24 hours, if needed. If the QMHP is contacted he/she will call the individual accessing the crisis hot-line and try to counsel them by phone. If it is determined necessary, the QMHP will meet them for a face-to-face consultation. The QMHP will assist the individual in developing a crisis plan and make referrals as necessary.

- **Individuals can pursue voluntary hospitalizations or involuntary commitments with the cost payable in whole or in part by the county. However, individuals requesting funding from Washington County must follow the admissions process outlined below in this management plan in order to qualify for funding:**

For involuntary commitments, two persons with knowledge of the individual's situation must complete an application and affidavit for commitment at the Clerk of Court's office. The application and affidavit should include the applicant's belief that the individual is seriously mentally ill, facts that show that the person is a danger to him/herself or others and a statement that the individual will not agree to go voluntarily or is unable to consent to the hospitalization. A physician's statement of support may accompany the application, but is not necessary. If the involuntary commitment occurs during regularly scheduled business hours, WCCS will collaborate with the Clerk of Courts office in the commitment procedure. After regularly scheduled business hours, contact the Washington Public Safety Center Dispatch to contact the magistrate on call to sign the emergency custody order and order for transport. The applicant and one additional person must go to the Clerk of Court's office the next working day to complete an application and affidavit for the involuntary commitment. If the applicant fails to complete the affidavits for the involuntary commitment, the emergency custody order expires after 48-hours and the individual will be discharged. If an involuntary hospitalization occurs outside of working hours, the Clerk of Court office contacts the WCCS office the next working day of the situation to provide the person's name, address, phone number, social security number, birth date, and hospital of admission. The WCCS staff will follow up with the hospital to complete the single-point entry process.

For individuals without insurance of any kind and whose expenses in whole or in part are the responsibility of Washington County, a pre-screening may be done by the nearest available Mental Health Center as determined by the CPC. If the individual is in need of an inpatient admission, they will be admitted to UIHC if a bed is available. If no bed is available, the four state Mental Health Institutes shall be contacted in the following order: MHI-Mt. Pleasant, MHI-Independence, MHI-Clarinda, and MHI-Cherokee. All Mental Health Institutes must be exhausted before Washington County will pay for any other facility. If no bed is available at one of the four MHI's, then St. Luke's in Cedar Rapids may be contacted for bed availability. For persons with Veteran's Administration

benefits, one of the VA Hospitals must be contacted for placement initially. If no bed is available at a VA facility, then placement would be sought in the same order as listed above.

For individuals with third-party insurance of any kind such as private, employer sponsored Medicaid, Medicare, etc.; persons shall be admitted to a provider of choice. It is the responsibility of the persons completing the application and affidavit for the commitment and/or the individual being committed to verify that the third-party insurance covers this service. If this cannot be verified the involuntary commitment will be treated as though there is no insurance, unless the individual and/or applicants agree to privately pay for the hospitalization. The following facilities that may be contacted for individuals with third-party insurance include, but are not limited to, the UIHC in Iowa City, St. Luke's Hospital in Cedar Rapids, Ottumwa Regional in Ottumwa, or any other facility with a bed available that is willing to accept the individual's insurance. If no bed is available, then the four Mental Health Institutes shall be contacted in the above explained order. Washington County is the payer of last resort and if other third-party payers are available, they must be accessed first. For persons with Veteran Administration benefits, one of the VA Hospitals may be a placement option. Washington County will not subsidize third-party payers.

For voluntary hospitalizations, a pre-screening will be required to determine the need for hospitalization and will be completed by the nearest available mental health center, if possible, as determined by the CPC Administrator or by the individual's private physician or local ER.

For individuals without insurance of any kind and whose expenses in whole or in part are the responsibility of Washington County, the UIHC will be contacted for admission. Washington County will only fund voluntary hospitalizations at one of the four state Mental Health Institutes, if no bed is available at UIHC. The Mental Health Institutes shall be contacted in the following order: MHI-Mt. Pleasant, MHI-Independence, MHI-Clarinda, and MHI-Cherokee. If no bed is available at one of the four Mental Health Institutes, then the individual may go to any other facility with an available bed with the understanding that all costs will be the individual's responsibility. For persons with Veteran's Administration benefits, one of the VA Hospitals must be contacted for placement initially. If no bed is available at a VA facility, then placement would be sought in the same order as listed above. Transportation to the facility, hospital, etc. shall be the individual's responsibility.

For individuals with third-party payers of any kind such as private insurance, employer sponsored insurance, Medicaid, Medicare, etc.; the individual may choose any facility with an available bed in an inpatient Psychiatric Unit that is willing to accept their insurance. Washington County will only fund voluntary admissions at one of the four state Mental Health Institutes in the same order listed above. However again, Washington County is the payer of last resort and if other third-party payers are available, they must be accessed first. Any additional costs not covered by a third-party payer will be the responsibility of the individual. For persons with Veteran Administration benefits, one of the VA Hospitals must be utilized. Transportation to the facility, hospital, etc. shall be the individual's responsibility.

The hospital or MHI will contact the CPC of the admitting county and the county of legal settlement, if known, within 24 hours of admission. If after hours, week-end or holiday, a message will be left on the answering machine. A CPC application will be completed and forwarded to the CPC of the admitting county or the county of legal settlement, if known, the first working day following admission. A CPC application must be completed to determine financial eligibility for the hospitalization, the attorney fees and/or the transportation costs. In most commitment cases, a sheriff transport is needed. Washington County is only liable for costs and expenses that are authorized through the single entry point process as defined by Iowa Code 331.440.

For transportation, Washington County is responsible for paying sheriff transportation costs in accordance with Iowa Code 331.655 for individuals involuntarily committed under Iowa Code Chapter 229 and who have Washington County legal settlement. In some cases, an ambulance may be used only if a physician recommends an ambulance transfer due to medical reasons. No payment will be made without this recommendation from the physician. Authorization must be made by the CPC Administrator, during regular business hours and/or County Attorney, after regular business hours. Washington County Mental Health Fund does not pay for transportation post-commitment, from the hospital to another facility or back home.

For attorney fees, Washington County is responsible for paying attorney fees for court-ordered attorneys for individuals who are unable to financially provide themselves with such, according to Iowa Code 815.9 and have legal settlement in Washington County. The fee is to be paid at a compensation designated by the Board of Supervisors, in accordance with Iowa Code 815.7. Persons who are not financially eligible must make arrangement to pay their own attorney fees.

Collections and Repayment for Emergency Mental Health Services:

Chapter 230 of the Code of Iowa "Support of the Mentally Ill" and Chapter 222 "Persons with Mental Retardation" have established policies and limitations under which recoveries shall be made by counties from applicants of mental health treatment in State Mental Health Institutions, or placements that may be needed other than institutional care and treatment when payment for such treatment has been made by the county of legal settlement. Chapter 230.15 and Chapter 222.78 establish the limits for which an applicant or responsible persons shall be held liable for payment. Chapter 230.25 states, "A financial investigation shall be made by the Board of Supervisors" to determine whether the applicant or responsible persons are able to repay the cost of care. In accordance with and in compliance with the law, Washington County has determined to begin a recovery program, and has designated the Washington County CPC Administrator to be responsible for implementation and administration of such a program. An admission report to a State Mental Health Institute, public or private hospital, or other service provider shall be sent to the Washington County CPC Administrator. If there is already an account for the applicant, the current admission shall be added to the record. A letter shall be sent to the applicant, spouse, or guardian/conservator, informing them that they may be held responsible for payment of the cost of care, and the importance of pursuing any third party coverage (such as insurance, Title XIX, Medicare, etc.) and shall request any further information necessary to determine the ability to repay. When Washington County is notified of discharge/dismissal of the above-mentioned services, another letter shall be sent informing the applicant of the decision of ability to repay.

Guidelines utilized to make this determination shall utilize current federally established poverty levels. Households over 150% of poverty and/or possessing more than \$2,000.00 in countable resources for a single and \$3,000.00 for a family will be required to repay Washington County. Gross household monthly income shall be verified to determine poverty levels. The amount of household repayment will be calculated by considering the following deductions from gross monthly income:

1. The verified amount of rent, mortgage, property tax, homeowners insurance shall be deducted. (Calculated on a monthly basis)
2. The last two (2) months utility bills, (no past due amounts) shall be averaged and deducted. This does not include telephone expenses.
3. The reasonable and verified monthly amount of food, clothing, and medical expenses (includes health insurance premiums). If no verification can be provided, the DHS standards of need shall be substituted and deducted.

4. Any verified child support payments and/or child care expenses shall be deducted.
5. Any verified work related expenses shall be deducted including transportation expenses.
6. Any verified court costs/fines shall be deducted.

Personal liability shall be computed and recorded. If the determination is that the applicant is unable to repay, the applicant's file shall contain a copy of the notice of the inability to repay. A new determination may be necessary upon a separate receipt of services. If the applicant is found to be able to repay, a written plan of repayment shall be formulated and initiated. If this agreement is not honored, a letter of reminder shall be sent signed by the chairman of the Washington County Board of Supervisors requesting full repayment within ten (10) days. Failure to repay shall be followed by a cure of default within twenty (20) days. If there is no effort to repay or negotiate the account by the 20th day the Washington County Board of Supervisors shall direct the Washington County Attorney to file a claim in District Court for all accounts. Once a judgment has been obtained, ten (10) years shall be allowed for Washington County to collect on the accounts in question. Bank accounts may be attached and wages garnished. All collections for consumers considered "Mentally Ill" shall be bound by limitations provided in Chapter 230.25 of the Code of Iowa. These cases shall be reviewed in regard to ability to repay every year and shall be presented to the Board of Supervisors for collection. All collections for consumers considered "Mentally Retarded" shall be bound by limitations provided in Chapter 222.13 of the Code of Iowa.

SECTION C: THE SECOND STEP - SERVICE PLANNING AND FUNDING

HOW DO I CHOOSE WHICH PROVIDER I SHOULD WORK WITH?

If there is more than one provider contracted with or approved by the County to provide a service, the individual has a choice as to which provider agency they work with. The access point shall inform the individual of the choice of providers and assist with setting up meetings with one or all service agencies, if requested. The CPC Administrator may deny a particular provider if the service cost is more than another agency, however the CPC will consider how the more expensive agency would benefit the individual versus the increase in cost prior to making the determination. However, if county funds are limited to the point of possible depletion, costs may be the sole consideration.

HOW IS IT DETERMINED WHAT GOALS I WORK ON?

Individuals receiving outpatient counseling or psychiatric services will have their treatment plan determined by their therapist and/or psychiatrist.

For all other county funded services, a member of the WCCS staff will work with the individual and others to create a service plan tailored to the individual's specific strengths, abilities and needs. This group is known as the Interdisciplinary Team (IDT) and will include, but not be limited to, the individual, family members, providers, case managers and others that may be involved in day-to-day affairs. The tailored plan is known as the Individualized Comprehensive Plan (ICP) and will be focused to provide services that will increase independence, ensure that activities of daily living are completed, and rights are respected. Targeted case managers are responsible for coordinating the staffing and writing the ICP from the input provided at the staffing. If the individual does not have a targeted case manager, the provider agency is responsible for coordinating the staffing. In the event that an individual is not eligible for targeted case management, the WCCS staff or provider, as designated, will write the ICP.

SECTION D: THE THIRD STEP - CONTINUED SERVICE COORDINATION

HOW IS FUNDING RE-AUTHORIZED?

After the individual begins to receive services, WCCS will continue working with the IDT to make sure that services and supports continue to meet the individual's changing needs. For services other than outpatient counseling and psychiatric services, WCCS staff will attend annual, semi-annual and/or quarterly staffings. At these staffings, the ICP will be reviewed and an assessment of current service needs will be discussed by the IDT. WCCS staff will participate as a member of the IDT and will complete an updated application and any necessary releases of information. From the information on the updated application, WCCS will determine continued eligibility for county funding. This application will generate a new Notice of Decision.

If there is a need for additional services or an increase in current services outside of the staffing, the case manager must submit a Funding Agreement request to the WCCS office prior to the end of the month. In event that the individual is not eligible for targeted case management, the provider must submit a Service Request Form to the WCCS office prior to the end of the month.

For outpatient mental health counseling and psychiatric services, an updated application must be completed by the provider and submitted to the WCCS office prior to the expiration of the funding authorized. The application and release of information must be submitted for a determination for continuation of funding. Funding will begin the date the application is received by the WCCS office. Additional services requested outside of the normal application process can be requested by completing and submitting a Referral Service Request Form to the WCCS office.

WHAT ARE MY RESPONSIBILITIES?

Washington County views the money spent on services as an investment. Individuals receiving services are responsible to Washington County, other individuals within the system, and to service providers as a recipient of the funding received. Individuals should show a commitment to the services that are being funded. This includes, but is not limited to, working on the goals in the ICP, following treatment recommendations, and cooperating with provider agencies. The IDT will take into consideration any mental health history, however they can make recommendations to discontinue or deny funding if the conditions noted above are not followed or the commitment to services is not demonstrated. The IDT can elect, by majority, to place the services in a probationary status and/or request that certain requirements or goals are met within a limited period of time. If the IDT is unable to make this election by a majority vote, the CPC Administrator will make that determination. If those requirements are not met, funding for an individual service or all services may be discontinued by the CPC Administrator with consideration of the IDT's recommendations, as follows:

First Probation: Services are terminated for three (3) months.

Second Probation: Services are terminated for six (6) months.

Third Probation: Services are terminated for one year.

If services are discontinued or denied, the IDT should suggest possible alternative service options. The CPC Administrator will approve all terminations of funding and the individual will be notified by the WCCS office of their right to appeal the termination of service(s).

SECTION E: CONFIDENTIALITY

To ensure that individuals' privacy is respected and all information is kept confidential, Washington County will follow all state and federal rules and regulations regarding confidentiality, including the Health Insurance Portability and Accountability Act (HIPAA).

The following list contains some examples of how Washington County ensures confidentiality of the individuals served:

- WCCS will obtain written consent, or a legal guardian's written consent, at the time of application, during re-authorization periods, and as needed. Individuals will be asked to read, review, date, and sign a time-limited release of information form. A current, signed release of information must be contained in the case file before WCCS staff can release any identifying information to others. Releases of information will only be used as necessary and can be revoked at any time. However, during medical or other emergencies when WCCS is unable to obtain consent, the information required by law to address and resolve the crisis will be released without written consent.
- All individuals who receive services will receive a Privacy Notice as required by HIPAA.
- Washington County will maintain paper and computer files in a manner that prevents the public from having access to personal information. This means that WCCS will remove all identifying information, such as name, address and social security number from documents that may be viewed by the public, including invoices submitted to the auditor for payment, quality assurance and/or any other public reports. This also means that all records containing personal information will be stored in a locked file cabinet.
- WCCS will periodically change passwords to all computer files containing confidential information to reduce access, including screensavers, start-up screens, back-up disks, etc.
- WCCS will maintain confidentiality when utilizing e-mail and the internet by utilizing a secure system, such as ISIS, Tumbleweed, etc. or by removing any identifying information.

A person's right to confidentiality is not absolute. It may be superseded when the rights of others, particularly the rights of children, are in need of protection and when maintaining confidentiality might cause serious harm to the client or to a third party. In questionable instances, the Washington County Attorney's Office will be consulted to obtain further legal advice on the matter.

SECTION F: CONFLICT OF INTEREST

Service authorization decisions shall be made by the CPC Administrator and/or the MH/MR Case Coordinator(s). It is the intent of the WCCS office that funding decisions not be made by any individual or organization which has financial or personal interest in the services to be provided. Any conflict of interest shall be disclosed by the CPC Administrator to the individual, the Stakeholders Committee, the Washington County Board of Supervisors, or at any necessary public hearing. If the individual feels that a conflict of interest exists, which has resulted in a negative decision by the CPC, the individual can appeal the decision as set forth in Section K of the Policy and Procedures Manual.

SECTION G: PROVIDER NETWORK AND CONTRACTING

WHO ARE THE PROVIDER AGENCIES?

A partial list of the provider agencies in our network are listed on Appendix B. Contact WCCS for a complete listing.

WHAT IS THE CRITERIA FOR THESE PROVIDERS?

Providers who want to be included in the service network must be willing to accept Washington County performance requirements (i.e. become an access point, participate in quality assurance, etc.), have a good service record, have representation of individuals who receive services on policy-making boards, comply with all applicable HIPAA regulations, and meet one or more of the following criteria:

1. Currently licensed or certified as a service provider by the State of Iowa.

2. Currently enrolled as a Medicaid provider, and/or certified as a member of the Iowa Plan Provider Panel.
3. Accredited by the Mental Health/Developmental Disabilities Commission as an ‘Other Mental Health Services Provider’.
4. Currently accredited by the Joint Commission of Accreditation of Healthcare Organizations (JCAHO), CARF or other recognized national accrediting body.

Any provider who meets these requirements can request approval by the Washington County Board of Supervisors to be included in the service network.

WHAT ABOUT PROVIDERS WHO ARE NOT CURRENTLY SUBJECT TO ACCREDITATION?

Individuals, organizations or businesses may be identified as “non-traditional” providers and may not be subject to certain licensing, certification, accreditation or other state approval standards. The service outcome(s) achieved by the “non-traditional” provider must be comparable to services provided by traditional licensed providers. The CPC may authorize services on a case by case basis dependent upon cost effectiveness and individual need. The Washington County Attorney will be consulted as needed to review any possible liability issues.

WHAT TYPE OF CONTRACTS ARE AVAILABLE?

Washington County contracts with eligible provider agencies on an annual, fee for service, basis unless otherwise noted. Generally, contracts are negotiated in the spring and go into effect July 1st of any given year.

There are three types of contracting in Washington County:

1) Individual Specific Contracts: Those providers who are serving five (5) or fewer individuals with Washington County legal settlement, for non-Medicaid related services, will consider the Notice of Decision as the contractual agreement between the county and the agency.

2) Washington County Service Contracts: Those providers who are serving six (6) or more individuals with Washington County legal settlement, for non-Medicaid related services, will have a written service contract with the Washington County Board of Supervisors or a written contract with their host county.

3) The 28E Contracting Consortium: Those providers, who are serving multiple counties in the 28E Contracting Consortium area, for non-Medicaid related services, will have a written contract with the 28E Board.

HOW ARE REIMBURSEMENT RATES DETERMINED?

For Medicaid related services, Washington County may negotiate rates derived from the agency’s actual cost report and/or will follow the contracted rate established by the Iowa Medicaid Enterprise when there is no provision for negotiation. Medicaid related service rates will be authorized for the month in which the rates are received by the CPC Administrator, unless otherwise approved by the CPC for those circumstances when the provider is not at fault of their own for the delay or otherwise approved by the Iowa Medicaid Enterprise.

Washington County and/or the 28E Contracting Consortium will approve rates derived from the agency's actual cost reports. The CPC Administrator will work with the appropriate parties to review the documentation and negotiate the service rates, as needed. Washington County will expect that all

other counties honor the rates set by Washington County or the 28E Contracting Consortium for their contracted providers. In turn, Washington County will honor the rates of the host-county and/or the county of residence, if the provider is located outside of the county.

WHAT INFORMATION NEEDS TO BE INCLUDED IN THE BILLING?

Washington County is required to report the following information to the state; therefore the provider must include the following information on the billings:

1. Name and unique identification # of each individual served during the reporting period.
2. The current billing code under the chart of accounts.
3. The number of units of service delivered to each consumer during that reporting period.
4. Unit rate and total cost of the units provided to each individual
5. Actual amount to be charged to the county for each individual during a reporting period.

Services that were provided but not authorized by WCCS will not be reimbursable. All providers will be given a copy of the Notice of Decision that will verify the units of service that has been authorized, the cost of each unit, and the authorization period for the service. The provider is responsible for assuring Notices of Decision are on file and that the units and billing amounts are correct. Upon receipt of the bill, WCCS will check the bill against the services authorized by the WCCS staff. Any service units delivered and charged to the county, that are not authorized by the WCCS staff will be deducted from the bill.

WCCS will submit the provider's bill to the Washington County Auditor's Office for payment as soon as the review process is completed.

All billings from provider agencies must be received within one hundred twenty (120) days of the date of service. If a claim is received after the time limit, the provider must submit an authorized, completed appeals form to the CPC. Authorized appeal forms can be obtained from the Washington County Community Services Office during normal business hours. After the completed appeals form is received, the CPC shall set the appeals hearing on the Washington County Board of Supervisors agenda within thirty (30) days. A representative from the office where the billing was generated shall be present at the appeals hearing at the designated time. Failure to do so shall result in no action being taken on the questioned claim. Upon approval of the claim, payment shall be submitted to the vendor within thirty (30) days unless it is determined by the Washington County Board of Supervisors that the payment of the delinquent claim(s) shall result in fiscal hardship which could jeopardize services for all individuals currently receiving funding. In such a case, the claim would be paid the beginning of the following fiscal year.

All governmental agencies are encouraged to meet the goal of submitting claims within sixty (60) days, as provided in 249A.12, so that the County may promptly pay its bills and avoid large carryover fund balances.

SECTION H: QUALITY ASSURANCE

HOW CAN WE ASSURE THE QUALITY OF PROVIDER SERVICES?

It is our goal to continually improve our disability service system, as well as the quality of the services and supports being funded.

1. **For individuals receiving services outside of Washington County,** Washington County assumes that the host-county will be completing Quality Assurance Reviews on those individuals' providers.

2. **For Washington County Service Contracts or Individual Specific Contracts**, the following quality assurance tools are utilized:

Individual Satisfaction Reviews: Provider agencies have their own individual quality assurance reviews that are presented and reviewed by the Stakeholders Committee. In addition, the WCCS office conducts independent reviews with measurement tools approved by the Stakeholders Committee. WCCS will conduct reviews with 50% of the eligible population base per provider. All participation is voluntary. If an individual is unable to participate or chooses not to, they are removed from the eligible population base.

The Washington County Community Mental Health Center sends out a Stakeholders Committee approved QA survey to a minimum of 50% of their open cases and to 10% of the closed cases.

System Compliance Reviews: Providers will be reviewed by our office on their compliance with the County Management Plan, their contracts, and informal procedure agreements.

3. **For 28E Contracting Consortium Contracts**, a Quality Assurance Designee will be completing provider case file reviews. The Stakeholders Committee will review the forms and/or documents used to complete this process, as well as the reports compiled by this designee.

Case File Reviews: Providers' individual case files will be reviewed on an annual basis. These reviews will be completed for non-Medicaid services only. Washington County contracts with the 28E Contracting Consortium to perform these reviews. Upon completion of the reviews, Washington County will be provided a summary report of the findings. The CPC Administrator will then meet with the providers' participating in the reviews independently to review the results of the findings, develop corrective action plans and reconcile any payment(s) for services, if applicable. The summary report of the case file reviews may be presented to the Stakeholders Committee during each providers' quality assurance review.

HOW IS QUALITY ASSURANCE REVIEWED?

The CPC Administrator and Stakeholders Committee will review the quality assurance information, excluding personal identifying information, collected on providers who have contracts with Washington County.

Provider Quality Assurance Reviews: The WCCS office will present the systems compliance reviews, the case file reviews, and the individual satisfaction survey reports to the Stakeholders Committee at the time of the agency's review. If a provider agency is represented in the Stakeholders Committee, that person will not participate in the QA Review hearing, as a committee member.

Additionally, provider agencies will share the following information in their QA reviews to the Stakeholders Committee:

- Written list of accreditations.
- Written list of services and the rates that are provided in Washington County, along with a report of the cost-effectiveness of the services and supports developed and provided.
- Written list of the population served and statistical information.

- Written list of the number of investigations that were determined founded by DHS or DIA.
- The number and disposition of appeals.
- The implementation of any corrective action plans based on these appeals.
- Evaluation of individual satisfaction with services and supports.
- Achievement of desired individual outcomes.
- A report on the projection of future needs.
- Verbal statement on provider recommendations in regards to the Washington County service system and service gaps.

Providers receiving good consumer and system reviews will be put on a two-year rotation for their quality assurance review. If any concerns arise in the interim, a review may be done sooner.

The Stakeholders Committee may identify specific concerns from these two reviews and request action from the provider agency. The provider must develop an action plan with time lines for approval by the Stakeholders Committee. Additionally, the provider must show the Stakeholders Committee that progress is being made on their correction plan. If little or no effort is being made, the Stakeholders Committee may recommend to the Washington County Board of Supervisors or the 28E Contracting Consortium Board not to renew that providers contract or the contract for specific services.

Provider & Access Point Reviews: A Stakeholders Committee approved survey is sent out annually to all providers who receive funding from Washington County and to those agencies listed as access points. The information is collected and presented to the Stakeholders Committee to be utilized for system process evaluation and planning purposes.

SECTION I: COLLABORATION

Individuals applying for funding through Washington County Community Services routinely access a variety of services which are not funded under the Washington County Management Plan. WCCS strives to collaborate with all individuals and agencies that participate in the MH/MR service system, as well as those public service agencies outside of the MH/MR system that may support individuals funded by our office. Washington County supports the "team" concept which is based on collaboration of the IDT. It is important to ensure that individuals receive the appropriate services to meet their needs, however, it is also important to ensure that the services being funded are cost-effective. WCCS, targeted case management and/or service providers continually collaborate with other funders, such as; the Iowa Vocational Rehabilitation Services and the State's contracted Medicaid managed care agent, to ensure all other funding resources are being accessed prior to county funds.

WCCS has and will continue to collaborate with case management, the local schools, the local DHS office and Grantwood AEA to assist in the transition of children from the children's service system into the adult service system. WCCS requests notification, if a child is turning 16 and will be entering the adult system at age 18 to allow appropriate planning and budgeting of services. At age 17, the WCCS staff would like to attend the staffings to learn more about the individual and assist in planning appropriate adult services.

The WCCS office also collaborates with the Washington County Attorney's Office, the Washington County Clerk of Court office, the Washington County Sheriff's Department, the Washington County Magistrate, and others involved in the court commitment process. Additionally, WCCS works collaboratively with the mental health advocate, who is assigned to anyone under Iowa Code 229 mental health commitment, for service planning.

SECTION J: REPORTING INFORMATION

Management Plan Review: Washington County is required to provide the State with a Management Plan Review annually. WCCS tracks and reports the following information contained within the review:

- Progress toward goals and objectives
- Documentation of stakeholder involvement
- Actual provider network
- Actual expenditures
- Actual scope of services
- Number, type, and resolution of appeals
- Quality assurance implementation, findings and impact on plan
- Waiting list of information

These reports are also reviewed by the Stakeholders Committee and the Washington County Board of Supervisors for the purpose of analyzing the system, noting current trends, and planning system changes.

Three-Year Strategic Plan: Washington County is required to develop a three-year strategic plan under Administrative Rules. The strategic plan outlines the goals that the Washington County MH/MR service system would like to accomplish over the next three (3) years. These goals are developed and approved by the Stakeholders Committee from information gathered from the quality assurance reviews completed by the individuals of service and the providers, as well as input from family members, advocates and the others interested in the MH/MR service system.

Monthly Billings and Reports: The WCCS office regularly submits bills to the Washington County Auditor to be processed for payment. These invoices have no identifying information on them, as they become public records. The Washington County Board of Supervisors, at times, requests to see the identifying information associated with the payment of bills prior to approval. Additionally, if requested by the Washington County Board of Supervisors, a monthly report may be generated. This monthly report may contain the following information: name, birth date, provider paid, service, service dates, payment date, warrant number, number of units paid and the dollar amount paid. This report does not become a public document and after review, the reports are only kept on file in the WCCS office.

SECTION K: APPEALS

WHAT IF I DISAGREE WITH THE DECISION FOR MY ELIGIBILITY FOR FUNDING?

The purpose of this section is to describe in detail how MH/MR decisions can be appealed. It also provides information about the individual's rights and the help that is available to individuals during the appeals process.

Medicaid Service Program Appeals: Many individuals participate in Title XIX (Medicaid) Medical Assistance administered by DHS. Appeals about these DHS program eligibility decisions are governed by administrative agency rules and by the Iowa Administrative Procedures Act, Iowa Code Chapter 17A. More information about these appeals will be provided to the individual by DHS.

Washington County and/or State Payment Program Funded Service Program Appeals: If an individual disagrees, for any reason, with the decision made by the Central Point of Coordination Administrator and/or Mental Health/Mental Retardation Case Coordinator, they may appeal that decision to the Washington County Board of Supervisors. To do so, the individual must:

1. Complete the bottom portion of the Notice of Decision, which requires the individual to provide their current address, phone number, and a written explanation for the reason for the appeal. Additionally, the individual must sign and date the appeal.
2. Submit the written appeal by mail, hand-delivery, or fax to the WCCS office at Washington County Community Services, P.O. Box 902, 2175 Lexington Blvd., Washington, Iowa 52353 (fax) 319-863-1710 on or before the appeal date noted on the Notice of Decision, which is 30 calendar days from the date of the determination.

If the appeal is received after the appeal deadline date listed on the Notice of Decision, it will be denied, and the WCCS staff's decision regarding funding will be considered final.

After receipt of the timely filed appeal, an appeal hearing will be scheduled. If possible, the Washington County Board of Supervisors will hear the appeal at a regularly-scheduled meeting, provided that the meeting date is no less than five (5) working days and no more than fifteen (15) working days after the appeal is received by the CPC Administrator. However, a special meeting of the Board of Supervisors can also be called to address the appeal upon proper notice. The individual will receive notice, by telephone or by ordinary mail the date, time, and place the appeal will be heard. The goal is to resolve disputes quickly and informally.

In Washington County, the Washington County Board of Supervisors meets in closed session to review and decide MH/MR matters. They do so because the appeals may involve medical, mental health and other records, which are required or authorized by state or federal law to be, kept confidential. Personal information will not appear on the agenda, in the minutes, or in other materials which are posted, published or publicly broadcast. The appeals hearing will be tape recorded, but the tape is not accessible to the public. Per the Code of Iowa, the Washington County Board of Supervisors will have to make their decision in open session but will do so without using any identifying information.

Individuals have the right to:

- Have a representative friend or family member, an attorney, or other advocate accompany and represent them at their own expense. Additionally, an individual may qualify for free legal assistance through the Legal Services Corporation of Iowa, Iowa Protection & Advocacy Services, Inc., or other organizations.
- Participate fully in the appeal.
- Have access through the CPC Administrator to the case file upon request. A release of information will need to be signed for the WCCS office to release the case file and the information it contains. The County Attorney will be consulted regarding the ability to release any third party information.
- Submit documents and evidence to support the funding requested.
- Give personal testimony.
- Have witnesses testify.
- Ask questions of anyone who attends the meeting.
- Record what happens at the meeting using the appellant's own equipment.

The Washington County Board of Supervisors will consider all the information that is presented during the appeal which may include but not limited to; the reason for the determination by WCCS staff, the reason why the individual is appealing the decision, information contained within the case file, etc. The Washington County Board of Supervisors' decision will be based only on the evidence submitted during the hearing. Additionally, only the Board of Supervisors, the Washington County Attorney, the Washington County Auditor (who tapes and records the hearing) and/or their assistants will be present during the deliberation/decision of the appeal.

If funding was denied on a re-authorization application, services will continue through the appeals stage. However, the individual will be requested to repay those funds if the appeal hearing upholds the decision of the WCCS staff. If the appeal is based on a denial from a new application or a request for a new service, funding is not available through the appeals process.

A written decision will be mailed to the individual no later than ten (10) working days after the appeal is heard. The decision will be sent by ordinary mail. The decision will state the reason for the actions and will also state that an appeal can be made to the Southeast Iowa 28E Contracting Consortium Multi-County Appeals Board.

WHAT IF I DISAGREE WITH THE WASHINGTON COUNTY BOARD OF SUPERVISORS' DECISION ON MY APPEAL?

The Southeast Iowa 28E Contracting Consortium Board is a legally joined body of 9 counties to "...provide joint services, to cooperate in other ways of mutual advantage..." that will act as a multi-county appeals board (referred below as to "The Southeast Iowa 28E Contracting Consortium Multi-County Appeals Board). If an individual disagrees with the Washington County Board of Supervisors' decision regarding funding, an additional appeal can be made to the Southeast Iowa 28E Contracting Consortium Multi-County Appeals Board.

The appeal process for the Southeast Iowa 28E Contracting Consortium Multi-County Appeals Board is the same as the appeal process for appealing the decision to the Washington County Board of Supervisors (see above) with the following differences:

- 1. The written appeal must be submitted within 30 calendar days to the Washington County Board of Supervisors at the Courthouse, Washington, Iowa 52353.**
- 2. The Southeast Iowa 28E Contracting Consortium Multi-County Appeals Board will hear the appeal in no less than ten (10) and no more than twenty (20) working days after the appeal is received by the county.**

If the individual disagrees with the Southeast Iowa 28E Contracting Consortium Multi-County Appeals Board's decision regarding funding an appeal can be made to the Iowa District Court In and for the county in which the appeal is filed. This is generally done using a procedure known as a Writ of Certiorari. There are very strict time limits and procedural rules for filing these appeals. If the individual does not act immediately, they may lose all their rights to challenge the Southeast Iowa 28E Contracting Consortium Multi-County Appeals Board's decision.

CAN ANY OTHER PARTY APPEAL THE WCCS STAFF'S DECISION ON MY FUNDING?

The Washington County Board of Supervisors may review the determinations of eligibility made by the WCCS staff at anytime. However, the Washington County Board of Supervisors shall take no action concerning such funding determinations until they conduct a hearing. An appeal form may be requested from the WCCS office. Notice of the hearing shall be given to the applicant in the same manner as if the applicant had taken an appeal and the hearing shall proceed in the same manner.

For information, referrals, and representation contact:

- **Legal Services Corporation of Iowa at: (319) 351-6570**
- **Iowa Protection and Advocacy Services, Inc. at (800) 532-1465**
 - **Center for Independent Living at (800) 982-0272**

SECTION L: GLOSSARY

1. BI – Brain Injury
2. CARF - Rehabilitation Accreditation Commission
3. CDAC - Consumer Directed Attendant Care
4. CMI - Chronically Mental Ill
5. COMIS - County Management Information System
6. CPC - Central Point of Coordination
7. CSS – Community Support Service
8. DD – Developmental Disability
9. DHS - Department of Human Services
10. DIA – Department of Inspections and Appeals
11. DSM IV-TR - Diagnostic and Statistical Manual Fourth Edition
12. FY - Fiscal Year
13. HIPAA - Health Insurance Portability and Accountability Act
14. HCBS/MR - Home and Community Based Services for persons with Mental Retardation
15. ICF/MR - Intermediate Care Facility for persons with Mental Retardation
16. ICF/PMI – Intermediate Care Facility for Persons with Mental Illness
17. IDT - Interdisciplinary Team
18. IPR - Intensive Psychiatric Rehabilitation
19. ICP - Individualized Comprehensive Plan
20. IQ - Intelligence Quotient
21. ISIS – Individualized Service Information System
22. JCAHO - Joint Commission of Accreditation of Healthcare Organizations
23. MH - Mental Health
24. MHI - Mental Health Institute

25. MI - Mental Illness
26. MR - Mental Retardation
27. N/A - Not Applicable
28. QA – Quality Assurance
29. QMHP – Qualified Mental Health Professional
30. QMRP – Qualified Mental Retardation Professional
31. RCF - Residential Care Facility
32. RCF/PMI - Residential Care Facility for Persons with Mental Illness
33. SCL - Supported Community Living
34. SE – Supported Employment
35. TCM – Targeted Case Management
36. T-19/Title XIX – Medicaid
37. WCCMHC - Washington County Community Mental Health Center
38. WCCS - Washington County Community Services

SECTION M: DEFINITIONS

Access Point: A part of the disability services system or the community that will assist individuals with completing the CPC Application form, appropriate Releases of Information, and refer a person with a disability to the Washington County Community Services office. A list of all Access Points is attached to this document.

Adult Day Care: A service, which provides structured activities provided in a setting specifically designed to serve persons with disabilities.

Assessment: A review of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires, and goals.

Authorized Representative: A person designated by an individual or by Iowa law to act on the person's behalf in specified affairs to the extent prescribed by the law (i.e. Guardian/Conservator, Payee, Power of Attorney).

Case Management; 100% County Funded: A service that is designed to help individuals and families develop, locate, access and coordinate a network of supports and services that will allow them to live a full life in the community.

Central Point of Coordination: Administrative office designated by the Board of Supervisors to act as the single entry point to the service system as required in Iowa Code Supplement, section 331.440.

Central Point of Coordination (CPC) Administrator: A person who possesses a baccalaureate degree from an accredited school who has demonstrated competency in human services program administration/planning and has two years of experience working with people with disabilities. Or a person who is continually employed by a county to implement a central point of coordination process or to perform similar duties, prior to April 1, 1996, shall be considered to be a qualified CPC Administrator. The exemption shall only be valid for a person initially appointed as CPC Administrator for fiscal year 1997 and continually employed as a CPC Administrator

Chronic Mental Illness: For anyone to receive status in this disability group an individual must meet the following definition of a person with chronic mental illness as provided by the Iowa Administrative Code 441-78.48(1):

Persons aged 18 and over with persistent mental or emotional disorders that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. People with chronic mental illness typically meet at least one of the following criteria:

3. Have undergone psychiatric treatment more intensive than outpatient care, more than once in a lifetime (i.e. emergency services, alternative home care, partial hospitalization, or inpatient hospitalization); OR
4. Have experienced at least one episode of continuous, structured, supportive residential care other than hospitalization.

In addition, these persons typically meet at least two of the following criteria, on a continuing or intermittent basis for at least two years:

6. Are unemployed, employed in a sheltered setting, or have markedly limited skills and a poor work history.

7. Require financial assistance or out-of-hospital maintenance and may be unable to procure such assistance without help.
8. Show severe inability to establish or maintain a personal support system.
9. Require help in basic living skills.
10. Exhibit inappropriate social behavior, which results in demand for intervention by the mental health and/or judicial system.

In an atypical instance, a person who varies from the above criteria could still be considered to have a chronic mental illness. Persons with mental disorders resulting from Alzheimer's disease or substance abuse shall not be considered chronically mentally ill.

COMIS: County Mental Health Management Information System which tracks services and payments made on behalf of all individuals approved for funding. The tracking system shall also provide an unduplicated individual count, expenditure data, record of funding denials, and the reason for denial.

Community Mental Health Center: An organization providing mental health services that is established pursuant to Iowa Code chapters 225C and 230A.

Community Support Assessment: An assessment completed by Washington County Community Mental Health Staff to assess an individual's needs and make appropriate referrals for services.

Completed Application: A CPC Application form which has been completed, signed, and submitted with all of the necessary supporting documentation to Washington County Community Services for the determine eligibility for county funding. The necessary supporting documentation, may include a legal settlement determination, documentation of diagnosis, and signed release(s) of information to providers of service and/or any other pertinent person or agency.

County Management Plan: A county plan, developed pursuant to Iowa Code Supplement, section 331.439, for organizing, financing, delivering, and evaluating mental health, mental retardation, and developmental disabilities services and supports in a manner that deliberately seeks to control costs while delivering high-quality mental health, mental retardation, and developmental disabilities services and supports.

County of Residence: A county in Iowa where, at the time an adult applies for or receives services, the adult is living and has established an ongoing presence with the declared, good-faith intention of living permanently or for an indefinite period. The "county where a person is living" does not mean the county where a person is present for the purposes of receiving services in a hospital, correctional facility, nursing facility, ICF/MR or residential care facility, nor for the purpose of attending a college or university. The county of residence of an adult who is a homeless person is the county where the adult usually sleeps.

Day Treatment Services: An individualized service that emphasizes mental health treatment and intensive psychiatric rehabilitation activities designed to increase the individual's ability to function independently or facilitate transition from a residential placement.

Diagnostic Evaluations Related to Commitment: A service used when an evaluation is performed related to a commitment under Iowa Code.

Emergency Services: A service needed immediately to protect the life or safety of an individual or others.

Enclave: A service for support provided to individuals based at one competitive job site where two or more individuals are receiving support services simultaneously. The support staff maintains continuous presence on the job site.

Gross Income: All 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.

Habilitation Services: A program to provide Home and Community Based Services for Iowans with chronic mental illness. Provision of these services must be cost effective.

Home and Community Based Services (HCBS): Programs that provide service funding and individualized supports to maintain eligible individuals in their own homes or communities who would otherwise require care in a medical institution. Provision of these services must be cost effective.

Household Members: For individuals 18 years of age and over: The individual's household is defined as the individual, the individual's spouse, the individual's domestic partner, and any children, stepchildren or wards under the age of 18 residing with the individual.

For individuals under the age of 18: The individual's household is defined as the individual, the individual's parents (or parent and domestic partner), the 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 residing with the individual.

Individual: A person who is eligible to receive services and supports from the service system.

Individual Comprehensive/Service Plan: A written, individual-driven, goal-oriented umbrella plan of services developed by the individual with the assistance of an Interdisciplinary Team (IDT). It is used as the basis for the development of the individual treatment plan(s).

Individualized Services: Services and supports that are tailored to meet the needs of the individual. Individuals have the right to make choices, to purchase or modify existing services, design new services that respond to their evolving needs, to accept the consequences of their choices, and to provide feedback to the system about accessibility, responsiveness, quality, and effectiveness of their services.

Interdisciplinary Team (IDT): A group of persons who develop a single, integrated individualized service plan to meet the person's needs for services.

Intermediate Care Facility for the Mentally Retarded (ICF/MR): A medical institution used primarily for the diagnosis, treatment, or rehabilitation for persons with mentally retardation.

Intermediate Care Facility for Persons with Mental Illness (ICF/PMI): A medical institution used primarily for the diagnosis, treatment, or rehabilitation for persons with mentally illness.

Intensive Psychiatric Rehabilitation: A service based in the client's home and/or community setting which are directed toward the rehabilitation of behavioral, social, emotional deficits and/or improvement of symptoms and/or functioning.

ISIS: An Individualized Service Information System implemented by the Department of Human Services which tracks service plans, authorizations and payments made on behalf of individuals approved for Medicaid related services.

Least Restrictive Environment: The environment that provides needed supports in such a way that they do not interfere unduly with personal liberty and a person's access to the normal events of life.

Legal Representation: A service that is used when legal services are provided to an individual related to an involuntary commitment under Iowa Code.

Legal Settlement: Defined in Iowa Code sections 252.16 and 252.17.

Mental Health (MH): For purposes of the county's services, MH represents an individual who is experiencing a crisis and/or is in need of outpatient counseling services due to emotional symptoms or problems in daily living. In general, a person is experiencing difficulties adjusting to stress or new situations.

Mental Health Advocate: A person appointed to act as an advocate representing the interests of individuals involuntarily committed by the court.

Mental Illness: An individual must meet the following definition of a person with mental illness as provided by the Department of Human Services: People who have a current diagnosis of a mental illness as defined in the Diagnostic and Statistical Manual, Fourth Edition-Revised (DSM IVR). A diagnosis which falls into this category includes, but is not limited to, the following: schizophrenia, major depression, manic depressive (bipolar) disorder, adjustment disorder, and personality disorder. Also included are organic disorders such as dementia, substance-induced disorders, and "other" organic disorders, including physical disorders such as brain tumors. (Excluded is V Code diagnoses, psychoactive substance use disorders, and developmental disorders.)

Mental Retardation: For eligibility purposes an individual must meet the following criteria:

- a) A full scale IQ of 75 or below that is accompanied by:
 1. Significant limitations in adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety, and
 2. The onset must occur before the age of 18.

Natural Supports: Supports an individual receives at no cost by family, friends, neighbors, and others in the community.

Partial Hospitalization: An active treatment program providing intensive group and clinical services within a structured therapeutic environment for those individuals who are exhibiting psychiatric symptoms of sufficient severity to cause significant impairment in day-to-day functioning.

Policies: The principles and statements of intent of an organization.

Procedures: The steps taken to implement the policies of an organization.

Provider: A person, group of persons, or an agency providing services for people with disabilities.

Psychiatric Services: Services received by an individual for the purpose of assessing, diagnosing, and treating an individual with MH, MR, MI, or CMI symptoms.

Psychotherapeutic Outpatient Treatment: A planned process in which the therapist uses professional skills, knowledge and training to enable consumers to realize and mobilize their strengths and abilities; take charge of their lives; and resolve their issues and problems, including crisis intervention programs.

Qualified Mental Health Professional: A person who is recognized, by peers within the professional community and who have education, training, licensure, certification, or experience to make the particular decisions as required by Federal or State law.

Resident: A person who is present in the state and who has established an ongoing presence with the declared, good-faith intention of living in Iowa permanently or for an indefinite period.

Residential Care Facility (RCF): An institution, place, building, or agency that provides accommodations, board, personal assistance, and other essential daily living activities for a period exceeding 24 consecutive hours. Generally, individuals living in a residential care facility are unable to sufficiently or properly care for themselves because of illness, disease, or physical or mental infirmity, but do not require the services of a registered or licensed practical nurse, except for emergencies (135C).

Residential Care Facility for Persons with Mental Illness (RCF/PMI): An institution, place, building, or agency that provides accommodations, board, personal assistance and other essential daily living activities to three or more individuals for a period exceeding 24 hours to six (6) or more individuals with mental illness (135C).

Residential Care Facility for Persons with Mental Retardation (RCF/MR): An institution, place, building, or agency that provides accommodations, board, personal assistance, essential activities of daily living and habilitation services to six (6) or more individuals with mental retardation. Residents of a Residential Care Facility for the Mentally Retarded are unable to sufficiently or properly care for themselves, but do not require the services of a registered or licensed practical nurse (135C).

Resource Center(formerly known as the State Hospital School): A state institution that provides services primarily for the diagnosis, treatment, or rehabilitation of individuals in a protected residential setting. It provides ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or related services to help each resident function at the greatest ability.

Resources: All liquid and non-liquid assets owned in part or whole by the individual's household that the individual is not legally restricted from using for support and maintenance, and that could be converted to cash to use for support and maintenance.

Respite: Services that are provided for temporary care of a dependent adult to provide relief to the usual informal caregiver and provide all of the care the usual care giver would provide.

Rights Restriction: Limitations not imposed on the general public in the areas of communication, mobility, finances, medical or mental health treatment, intimacy, privacy, type of work, religion, place of residence, and people with whom the individual using the service may share a residence.

Services Fund: The county mental health, mental retardation, and developmental disability services fund created in Iowa Code section 331.424A, subsection 2.

Service Management: Activities designed to help individuals and families develop, locate, access and coordinate a network of supports and services that will allow them to live a full life in the community. Service management is provided by Washington County Community Services staff and provided as part of the General Administration.

Service System: The services and supports administered and paid from the county mental health, mental retardation, and developmental disability services fund.

Sheltered Workshop Services: A service provided by a facility carrying out a recognized program of rehabilitation, habilitation, or education for persons with disabilities, designed to lead to competitive employment, or provision of long-term, paid employment.

Stakeholders: A committee that operates under by-laws and consists of the following: up to three individuals of service, two family members of individuals of past or present services, two advocates, one member of the Washington County Board of Supervisors and three provider agencies. This committee reviews and approves all local policies relating to the administration of the MH fund to ensure that the policies are fair, appropriate, and in accordance to the goals/objectives and needs of Washington County.

State Case Status: The status of a person who does not have a county of legal settlement as defined in Iowa Code sections 252.16 and 252.17.

State Mental Health Institution (MHI): A state institution that provides services primarily for the diagnosis, treatment, or rehabilitation of individuals with a mental illness (MI) or chronic mental illness (CMI) in a protected residential setting. It provides ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or related services to help each resident function at the greatest ability.

Supported Community Living: A service determined necessary to enable an individual to live in a community setting where the individual is living with family, alone, or with other individuals in a house or apartment. Services are directed to enhancing the individual's ability to regain or attain higher levels of independence, or to maximize current levels of functioning.

Supported Employment: A service that supports an individual in paid, competitive employment for people with disabilities and a demonstrated inability to gain and maintain traditional employment. Support is provided to an individual in a competitive job is on a one to one basis. Supported employment occurs in a variety of normal integrated business environments. It includes paid minimum wage or better, support provided to obtain and maintain jobs, and promotion of career development and workplace diversity.

"System Principles" means:

Choice: The ability of individuals, their families, and authorized representatives to exercise informed choices about the amount and type of services the individual should receive.

Community: The system supports the rights and abilities of all individuals to live, learn, work, and recreate in natural communities of their choice.

Empowerment: The service system reinforces the rights, dignity, and ability of individuals and their families to exercise choices, take risks, provide valuable input, and accept responsibility.

Targeted Case Management: Medicaid (Title XIX): A service provided under the medical assistance program designed to assist eligible individuals with MR/CMI/DD in gaining access to appropriate and necessary medical and interrelated social and educational services. Services are intended to manage multiple resources and will ensure that necessary evaluations are conducted; individual service and treatment plans are developed, implemented, and monitored; and reassessment of consumer needs and services occurs on an ongoing and regularly scheduled basis. These services do not include direct services (441-24).

Transportation/Non-Sheriff: A service for individuals to conduct business errands or essential shopping, to receive medical services not reimbursed through Medicaid, to go to and from work, recreation, education, or day programs, and to reduce social isolation.

Transportation/Sheriff: A service to provide transportation related to an involuntary commitment under Iowa Code.

Work Activity: A service for individuals whose impairment severely reduces their productive capacity and which are designed to enable them to move to their appropriate training programs or employment.

**SECTION II:
APPENDIXES**

**APPENDIX A: SERVICE MATRIX
APPENDIX B: ACCESS POINTS**

SERVICE TYPE	POPULATION ELIGIBILITY	FINANCIAL ELIGIBILITY	SPECIAL CRITERIA	CO-PAY OR CODE	REVIEW PROCESS
Adult Day Care	MR	150% Gross Income 2000 Single/3000 Family Resources	N/A	None	Semi-Annual CPC Authorization
Case Management Medicaid – Title XIX	AS MANDATED	Medicaid Eligible	N/A	None/Mandate	Semi-Annual CPC Notification
Case Mgt./100% County Funded	CMI & MR	150% Gross Income 2000 Single/3000 Family Resources	CPC Referral	Not Required	Monthly CPC Authorization
Community Support Assessment	MI, CMI, & MR	200% Gross Income 2000 Single/3000 Family Resources	CPC Referral	Sliding Fee	CPC Authorization beyond 10 sessions
County Hospital	AS MANDATED	Per Mandate	Only costs relating to Fund 10	None/Mandate	Review every 10 days
Day Treatment Title XIX	AS MANDATED	Medicaid Eligible	Title XIX but Non-MHAP	None/Mandate	CPC Authorization every 3 months
Diagnostic Evaluation Related to Commitment	AS MANDATED MH, MI, CMI & MR	No Restrictions	Emergency Services	Per Code	N/A
Education Services	MH,MI, CMI, & MR	No Restrictions	N/A	Not Required	CPC Authorized Ed. Projects
Emergency Services	ALL COUNTY RESIDENTS	No Restrictions	N/A	None	N/A
Enclave Employment	CMI & MR	150% Gross Income 2000 Single/3000 Family Resources	N/A	None	Semi-Annual CPC Authorization

General Administration Info & Referral	MH, MI, CMI MR, DD & BI	N/A	N/A	N/A	N/A
General Assistance Time Limited Rent/Utilities	MI, CMI, & MR	Based on CPC Assessment of Individual Situation	N/A	Per General Assistance Manual	N/A
Habilitation Service	CMI	Medicaid Eligible	N/A	None/Mandate	Semi-Annual CPC Review
HCBS/MR Services	AS MANDATED	Medicaid Eligible	Slot Availability ***Transportation	None/Mandate	Semi-Annual CPC Authorization
ICF/MR 6 and over	AS MANDATED	Medicaid Eligible	N/A	None/Mandate	Annual CPC Authorization
ICF/PMI Nursing Facility	CMI	Medicaid Eligible	CPC Referral	None	Semi-Annual CPC Authorization
IPR-Intensive Psychiatric Rehab.	CMI	Based on CPC Assessment of Individual Situation	Severe Need/ Prior CPC Approval	None	Monthly CPC Authorization
Legal Representation	AS MANDATED FOR COMMITMENT	May Request Reimbursement	Per Section B Emerg. Services & Collections	Per Code	N/A
Mental Health Advocate	AS MANDATED	May Request Reimbursement	Per Section I	Per Code 229.19	N/A
Partial Hospitalization/ Title XIX	AS MANDATED	Medicaid Eligible	Title XIX but Non-MHAP	None/Mandate	CPC Authorization every 3 months

Physiological Treatment	MI, CMI & MR	Based on CPC Assessment of Individual Situation	Receiving Other Funding From Fund 10	Not Required	N/A
Prescriptions	MI, CMI, & MR	Based on CPC Assessment of Individual Situation	Receiving Other Funding From Fund 10	Not Required	N/A
Private Hospital	AS MANDATED FOR COMMITMENT	May Request Reimbursement	Per Section B (Must Follow Hierarchy)	Per Code	Review every 10 days
Psychiatric Services And Physician Assistant	MH, MI, CMI &MR	200% Gross Income 2000 Single/3000 Family Resources	Contracted Co. of Residence Provider	Sliding Fee	Semi-Annual CPC Authorization (1 session/month)
Psychotherapeutic Treatment/Outpatient Evaluation, Consultation, Education	MH, MI, CMI &MR	200% Gross Income 2000 Single/3000 Family Resources	Contracted Co. of Residence Provider	Sliding Fee	Semi-Annual CPC Authorization (4 sessions/month)
RCF 6-15	CMI & MR	150% Gross Income 2000 Single/3000 Family Resources	N/A	None	Semi-Annual CPC Authorization
RCF 16 & OVER	MI, CMI, & MR	150% Gross Income 2000 Single/3000 Family Resources	N/A	None	Semi-Annual CPC Authorization
RCF/MR 6 & OVER	MR	150% Gross Income 2000 Single/3000 Family Resources	N/A	None	Semi-Annual CPC Authorization
RCF/PMI 6 & OVER	CMI	150% Gross Income 2000 Single/3000 Family Resources	N/A	None	CPC Authorization every 3 months
Sheltered Workshop	CMI & MR	150% Gross Income 2000 Single/3000 Family Resources	N/A	None	Semi-Annual CPC Authorization

State Hospital School	AS MANDATED	Medicaid Eligible	N/A	None/Mandate	Semi-Annual CPC Authorization
State Mental Health Institutions	As Mandated	May Request Reimbursement	Per Section B Emerg. Service & Collections	Per Code	Review every 10 days
Supported Community Living Services	CMI & MR	150% Gross Income 2000 Single/3000 Family Resources	N/A	None	Semi-Annual CPC Authorization
Supported Employment	MI, CMI & MR	150% Gross Income 2000 Single/3000 Family Resources	N/A	None	Semi-Annual CPC Authorization
Transportation/ Non-sheriff	CMI & MR	150%Gross Income 2000 Single/3000 Family Wages<Transportation Cost and Based on CPC Assessment	Severe Need or Out of County Placement	None	Semi-Annual CPC Authorization
Transportation/ Sheriff	AS MANDATED FOR COMMITMENT	May Request Reimbursement	Per Section B Emerg. Service & Collections	Per Code	N/A
Work Activity	CMI & MR	150% Gross Income 2000 Single/3000 Family Resources	N/A	None	Semi-Annual CPC Authorization

APPENDIX A: SERVIC MATRIX

***The need for transportation to and from work is based on the following: 1) The applicant must have a gross income less than 150% poverty and have resources less than \$2,000.00 OR 2) The applicant must make less money in their vocational settings than the cost of their transportation; OR 3) The applicant may have extenuating circumstances that may be considered.

***Other funding for transportation may be available for individuals to conduct business errands and essential shopping, to receive medical services when not reimbursed through medical transportation and to reduce isolation. Transportation may not be reimbursed simultaneously with the HCBS MR Waiver supported community living services. If there is a goal in the Individual Comprehensive Plan affiliated with any of the above mentioned activities, the need for transportation may be determined. In this case, the need for transportation is based on the following: 1) The applicant must have a gross income less than 150% poverty; AND 2) The applicant must have resources less than \$2,000.00; AND 3) The applicant must have extenuating circumstances that warrant a need for transportation.

APPENDIX B
ACCESS POINTS AND THEIR FUNCTIONS

ACCESS POINT	FUNCTIONS
<p style="text-align: center;">ADVANCE EMPLOYMENT SERVICES 109 S. Marion Ave. Washington, Iowa 52353</p>	<p>Intake-Complete and Submit the CPC Application, the Legal Settlement Worksheet, the Necessary Releases of Information, the Diagnostic Information or a Release of Information for the CPC Office to Acquire the Diagnostic Information, and the HIPPA Consent & Acknowledgement Form; Provide the Applicant with the Notice of Privacy Practices and the List of Services and Providers Available; Interview with the Individual Upon Request; Service Planning and Delivery; Management of Authorized Service; and Discharge Planning.</p>
<p style="text-align: center;">RESCARE COMMUNITY SERVICES 1415 West 5th Street, Suite C Washington, Iowa 52353</p>	<p>Intake-Complete and Submit the CPC Application, the Legal Settlement Worksheet, the Necessary Releases of Information, the Diagnostic Information or a Release of Information for the CPC Office to Acquire the Diagnostic Information, and the HIPPA Consent & Acknowledgement Form; Provide the Applicant with the Notice of Privacy Practices and the List of Services and Providers Available; Interview with the Individual Upon Request; Service Planning and Delivery; Management of Authorized Service; and Discharge Planning.</p>
<p style="text-align: center;">SOUTHEAST IOWA CASE MANAGEMENT 1509 E. Washington St., Suite 1 P.O. Box 366 Washington, Iowa 52353</p>	<p>Intake-Complete and Submit the CPC Application, the Legal Settlement Worksheet, the Necessary Releases of Information, the Diagnostic Information or a Release of Information for the CPC Office to Acquire the Diagnostic Information, and the HIPPA Consent & Acknowledgement Form; Provide the Applicant with the Notice of Privacy Practices and the List of Services and Providers Available; Interview Providers with the Individual Upon Request; Service Planning and Delivery of Case Management; Coordinate Services and Funding; and Discharge Planning.</p>
<p style="text-align: center;">SYSTEMS UNLIMITED 114 S. Iowa Ave. Washington, Iowa 52353</p>	<p>Intake-Complete and Submit the CPC Application, the Legal Settlement Worksheet, the Necessary Releases of Information, the Diagnostic Information or a Release of Information for the CPC Office to Acquire the Diagnostic Information, and the HIPPA Consent & Acknowledgement Form; Provide the Applicant with the Notice of Privacy Practices and the List of Services and Providers Available; Interview with the Individual Upon Request; Service Planning and Delivery; Management of Authorized Service; and Discharge Planning.</p>
<p style="text-align: center;">WCDC, INC. P.O. Box 61 1425 West 5th Street</p>	<p>Intake-Complete and Submit the CPC Application, the Legal Settlement Worksheet, the Necessary Releases of Information, the Diagnostic Information or a Release of Information for the CPC Office to Acquire the Diagnostic Information, and the HIPPA Consent & Acknowledgement Form; Provide the Applicant with the Notice of Privacy Practices and the List of Services and Providers Available; Interview with the Individual Upon Request; Service Planning and Delivery; Management of Authorized Service; and Discharge Planning.</p>
<p style="text-align: center;">WASHINGTON COUNTY COMMUNITY MENTAL HEALTH CENTER 2175 Lexington Blvd.#4</p>	<p>Intake-Complete and Submit the CPC Application, the Legal Settlement Worksheet, the Necessary Releases of Information, the Diagnostic Information or a Release of Information for the CPC Office to Acquire the Diagnostic Information, and the HIPPA Consent & Acknowledgement Form; Provide the Applicant with the Notice of Privacy Practices and the List of Services and Providers Available; Management of Authorized Services; Service Planning and Delivery for MHC Clients Only; and Discharge Planning.</p>
<p style="text-align: center;">WASHINGTON COUNTY COMMUNITY SERVICES P.O. Box 902 2175 Lexington Blvd. Washington, Iowa 52353</p>	<p>Intake-Complete the CPC Application, the Legal Settlement Worksheet, the Necessary Releases of Information, and the HIPPA Consent and Acknowledgement. Obtain Diagnostic Information to Determine Eligibility. Provide the Applicant with the Notice of Privacy Practices and the List of Services and Providers Available. Interview Providers with the Individual Upon Request; Determine Funding Eligibility; Service Planning; Authorize Funding; Discharge Planning; Utilization Management; and Waiting List Management.</p>