

GEOGRAPHICAL AREA:

The following plan defines how services will be provided in X County for persons with a need for Mental Health (MH) or Developmental Disability (DD) services and supports when dollars from the MH/DD services fund are utilized to pay for those services or supports. Each county must complete a plan in order to meet the requirements of Iowa Code section 331.439.

This plan describes how persons with disabilities receive appropriate services and supports within the financial limitations of federal, state, and county resources. Many individuals in X County participate in an advisory capacity in the development of this plan. A public hearing was held to gather comments from the public. The X County Board of Supervisors has the final authority as to the contents of the plan and approves the plan.

The Plan is written in three parts:

- Plan Administration and System Management is the Policies and Procedures Manual which is divided into two sections and includes an appendix of forms and resources.
- Three-year Strategic Plan, which describes our vision for the Mental Health/Developmental Disabilities system and how we plan to reach our vision.
- Annual Review, which is due December 1st of each year. Copies of this report will be available to the public after December 1.

The geographical area covered by this plan is X County.

**Contact Person for the Plan:
 First and Last Name, Director
 X County Community Services
 Address
 City, IA Zip
 Email:
 Phone:
 Fax:
 Web:**

X County reserves the right to file an amendment to this plan at any time. The procedure for amendment shall follow the process as outlined in Chapter 441-25 of the administrative rules. The involvement by stakeholders shall be determined in each situation as appropriate. Any time an amendment is requested the final proposed amendment shall be approved and final community input will be received during a public hearing. The final amendments shall also be presented to the individual county Board of Supervisors for approval prior to being submitted to the State for final approval.

PLAN DEVELOPMENT:

In an effort to consistently deliver MH/DD services and address individual needs, seven counties have developed a regional management plan. This plan has been developed through stakeholder input in all the geographical areas. Stakeholder input from each geographical area is shared with the Central Point Coordinators of the following counties: Calhoun, Hamilton, Humboldt, Kossuth, Pocahontas, Webster, and Wright. This input is integrated into the regional plan and review by all stakeholders in each geographical area for further input and approval by the board of supervisors of each county.

PLAN ADMINISTRATION:

X County will directly administer this plan through the X County Central Point of Coordination Administrator.

FINANCIAL ACCOUNTABILITY PROCESS:

X County budgets its expenditures according to a fiscal year of July 1st through June 30th. If the MHDD funding needs exceed the approved budget, a waiting list shall be utilized until funds are available or

alternative revenue options can be obtained.

Rates for X County use the following processes:

- County Rate Information System (CRIS)
- Contractor agreement with X County
- Fees as established through the Department of Human Services rate setting process
- Presentation of fees and funding approved based on a negotiation
- X County will honor all host county contracts.

Service providers shall bill X County monthly or in accordance with their individual contract. The CPC or designee shall process these bills through the respective Auditor's Office within 45 days of receipt. Billings received for services rendered in excess of one year from the date of receipt may not be reimbursed.

RISK-BEARING MANAGED CARE CONTRACTS:

X County does not have any risk-bearing managed care contracts.

FUNDING POLICY:

X County is only responsible for funding those services and supports that are authorized in accordance with the process described in this plan (including those that are required by law).

CONFLICT OF INTEREST POLICY:

It is the intent of X County that funding authorization decisions are based on the best interest of the person.

The Director/CPC or designee shall make decisions for funding requests. An individual or organization that has a financial or personal interest in the services or supports to be provided shall not make funding authorization decisions. If a conflict of interest situation occurs, that conflict shall be fully disclosed, in writing, to the individuals, their representatives, the county CPC, and any other counties involved.

PROVIDER NETWORK SELECTION:

X County will utilize providers who meet one or more of the following criteria and are willing to accept X County's requirements/contractual arrangement and work closely with the CPC office, targeted case managers, and county social workers.

The provider must be:

1. Currently licensed or certified as a service provider by the State of Iowa and or
2. The provider must be currently enrolled as a Medicaid provider, and or accredited under Chapter 441-24 of the Iowa Administrative Code and or
3. Currently accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), the Commission on Rehabilitation Facilities (CARF), or other national or state recognized accrediting bodies and
4. Use the County Rate Information System (CRIS) to establish actual costs and standardized service definitions and units of service, uniform classification of cost and consistent reporting to enable the negotiation reimbursement rates.
5. Have a proven history of meeting person driven goals.

Non-traditional providers are excluded from items 1 through 4. All providers will provide quarterly progress on persons goals as requested by the Targeted Case Manager or County Social Worker, pass background checks and understand and sign off on confidentiality policies or other necessary agreements

DELEGATED FUNCTIONS:

X County may contract with providers to perform functions of Central Point of Coordination process.

X County does not contract with providers to perform these functions.

ACCESS POINTS:

X County shall designate access points and their function in the enrollment process. A process shall be included to ensure that applications received by an access point are forwarded by the end of the working day during which they are received to the person's county of residence and, when known, county of legal settlement, or the county departmental office for those with state case status. The county shall provide training to designated access points on the intake process and use of the application form.

PROCEDURE:

1. Any provider can be an access point.
2. The access-point will assist residents of X County who are requesting MH/DD services in completing an application and contacting the CPC of X COUNTY COMMUNITY SERVICES.
3. Access points are required by state rules to forward the application to the CPC within the county of residence and, if known, county of legal settlement, the same day the application is completed.

Training of Access Points

X COUNTY COMMUNITY SERVICES will train access points as to the appropriate referral process, information required, and time frames the information must be received in. X County CPC staff will be available to answer questions regarding referrals, required information and time frames.

Application

All persons using or requesting county funding for MH/DD services will be required to complete a CPC application. Applications must contain the minimum data set as described by Iowa Administrative Code 441-25.41. If the individual is unable to read, the process will be orally explained. If he or she is unable to speak English every effort will be made to have a translator available.

STAFFING PLAN:

X County shall employ, directly or through contract, an adequate number of staff persons to administer the plan. At least one person who meets the qualifications of a central point of coordination administrator shall be designated to implement the central point of coordination process. Elected county or state officials shall not be hired or appointed as the central point of coordination administrator.

APPLICATION FORM:

The policies and procedures manual shall designate the use of an application form, which shall be available in formats and languages appropriate to persons needs.

The Application Form is available in **Appendix A** or can be downloaded and completed online at www.iacsn.org.

INDIVIDUAL ACCESS TO SERVICES:

X County will provide access to individualized, flexible, cost-effective community services and supports to meet the person needs in the least restrictive environment possible. This may include guidelines for individualized services and supports and may vary by eligibility group and type of service and support. This manual shall describe how the county will ensure access to services and supports while legal settlement is determined or in dispute.

Eligible persons service requests must be pre-screened for need or ongoing need. Prescreening is accomplished by one or more of the following:

1. Face-to-face meetings with a County Social Worker or Targeted Case Manager;
2. Review of assessments, psychological, medical and psychiatric reports, and
3. The use of the ICAP for persons diagnosed with mental retardation or developmental disabilities and the LOCUS for persons diagnosed with Chronic Mental Illnesses will be implemented to assist in the determination of level of need.
4. If needed, further testing will be completed by a county designated pre-screener.
5. Persons may also include input from family and friends to assist in making a determination for a level of service need.

Once all input is gathered a level of need will be determined. The CPC will then authorize funding for supports that meet the level of need. Once a determination is made, a provider can be sought to meet this need. Combined supports that exceed the non-federal share of the daily rate of the ICF/MR cap will not be approved but must be restructured so that the combined package is at or below this total cost. If the Person, the person's guardian or the person's representative does not agree with the decision they may use the appeal process as listed under notice of decision.

In order to assist X County in achieving its goals of de-institutionalization and community integration all requests for funding will be referred to services that are non-institutional and community integrated in nature. Institutional services are defined as services where the staff and or activities are prescribed or founded by an authority other than the person or person's representative, and are intended to be or have historically shown to be permanent. Institutional services are often provided in an establishment consisting of a building or complex of buildings where an organization or corporation is situated. Community Integrated Services are services that promote disabled people as having common rights and privileges, or common interests, civil, political or ecclesiastical, who live under the same laws and regulations and who are people in general, without very definite limits. Community integrated services incorporate the person into the community as a whole and are directed by the person or person's representative.

INDIVIDUAL ELIGIBILITY:

This manual shall describe the eligibility criteria for services and supports. This description shall include, but not be limited to, a description of who is eligible to receive services and supports by eligibility group and type of service or support. Financial eligibility and copayment criteria shall meet the requirements of rule 441—25.20(331).

Eligible Diagnosis Defined

“Chronic mental illness” means the condition present in people aged 18 and over who have a persistent mental or emotional disorder 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. They have undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (e.g., emergency services, alternative home care, partial hospitalization or inpatient hospitalization).
2. They have experienced at least one episode of continuous, structured, supportive residential care other than hospitalization. In addition, people with chronic mental illness typically meet at least two of the following criteria on a continuing or intermittent basis for at least two years:
 1. They are unemployed, employed in a sheltered setting, or have markedly limited skills and a poor work history.
 2. They require financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help.
 3. They show severe inability to establish or maintain a personal social support system.
 4. They require help in basic living skills.

5. They exhibit inappropriate social behavior that results in demand for intervention by the mental health or judicial system. In atypical instances, a person who varies from these criteria could still be considered to be a person with chronic mental illness.

“Developmental disability” means a severe, chronic disability that:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before 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 major 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 special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. A person from birth to the age of nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described above if the person, without services and supports, has a high probability of meeting those criteria later in life.

“Mental retardation” means a diagnosis of mental retardation under these rules, which shall be made only when the onset of the person’s condition was before the age of 18 years and shall be based on an assessment of the person’s intellectual functioning and level of adaptive skills. A psychologist or psychiatrist, who is professionally trained to administer the tests required to assess intellectual functioning and to evaluate a person’s adaptive skills, shall make the diagnosis. A diagnosis of mental retardation shall be made in accordance with the criteria provided in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association.

INCOME & RESOURCE REQUIREMENTS FOR FUNDED SERVICES

A person who is eligible for federally funded services and other support must apply for the services and support. 225C.6(1) Iowa Code section 331 Administrative rule 441—25.11, 25.13 25.20 sets forth the eligibility rules for the county management plan.

Financial Eligibility

The basic financial eligibility standards identified in this plan are the minimum standards allowable by Administrative Rule Chapter 25.

- a. If a person meets the basic financial eligibility standards set forth in this plan they shall be eligible for county disability services paid with public funding.
- b. This plan shall require no copayments by a person meeting the basic financial eligibility standards.
- c. This plan may establish a policy to allow exceptions to the basic or extended financial eligibility standards on a case-by-case basis to benefit an individual person.
- d. The income and resource standards in this plan shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program, including general assistance guidelines adopted by the county board of supervisors.
- e. Nothing in this plan shall be construed as relieving any person of financial obligations incurred pursuant to a Social Security Administration interim assistance agreement.

Basic Eligibility Standards. Except as otherwise provided in this plan, an applicant shall be financially eligible for county funding when the applicant meets the following standards:

- a. If the applicant is eligible for federally funded or state-funded services or supports, the applicant has applied for and accepted those services and supports.

b. The applicant's household, which for persons who are 18 years of age or over, means the person, the person's spouse or domestic partner, and any children, stepchildren, or wards under the age of 18 who reside with the person. For persons under the age of 18, household means the person, the person's parents (or parent and domestic partner), stepparents or guardians, and any children, stepchildren, or wards under the age of 18 of the person's parents or parent and domestic partner, stepparents, or guardians who reside with the person.

To be eligible for service without client participation, a person or family must be at or below the following:

- (1) Income that is equal to or less than 150 percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the United States Department of Health and Human Services; and
- (2) Resources that are equal to or less than \$2,000 in countable value for a single-person household or \$3,000 in countable value for a multi-person household.

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

Income Maintenance Status:

Persons in the following categories automatically meet the income eligibility standards, because their income has been considered in income maintenance programs (Medicaid programs through the Department of Human Services):

1. Income maintenance status
2. Income-eligible status

Persons in the following categories automatically meet the State Supplemental Block Grant (SSBG) income eligibility standards, because their income has been considered in income maintenance programs. Eligibility for these funding sources must be accessed before consideration of county funding:

- a. Recipients of the Family Investment Program (FIP).
- b. Those persons whose needs are taken in to account in determining the needs of FIP recipients.
- c. Recipients of Supplementary Security Income (SSI) payments, or "special SSI recipients" who have eligibility status under section 1619 of the Social Security Act.
- d. Recipients of State Supplemental Assistance (SSA).
- e. Residents of medical institutions who are in the "300%" group.
- f. Recipients under the Social Security Persons Achieving Self-Sufficient (PASS) program or the Income Related Work Expense (IRWE) program.

Resource Standards (Code section 331.439- Administrative rule: 441-25.11,25.20).

Resource limitations that are derived from the federal supplemental security income program limitations are used. Those limits are equal to or less than \$2,000 in countable value for a single person household or \$3,000 in countable value for a multi-person household.

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

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

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

Countable value means the equity value of a resource, which is the current fair market value minus any legal debt on the item. To be considered a countable resource, real or personal property must have a cash value that is available to the owner upon disposition and must be capable of being liquidated. Unless specifically exempt, the countable value of all resources shall be considered in the determination of financial eligibility.

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

A transfer of property or other assets within five years of the time of application with the result of, or intent of, qualify for assistance may result in denial or discontinuation of funding.

The following resources shall be exempt:

1. The homestead, including equity in a family home or farm that is used as the consumer household's principal place or residence. The homestead shall include land that is contiguous to the home and the buildings located on the land.
2. One automobile used for transportation.
3. Tools of an actively pursued trade.
4. General household furnishings and personal items.
5. Burial spaces
6. Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.
7. Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.

Additional exemptions: If a person does not qualify for federally funded or state funded services or other support, but meets all income, resource, and functional eligibility requirements of this plan, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:

1. A retirement account that is in the accumulation state
2. A medical savings account
3. An assistive technology account.

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

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

Medical savings account means an account that is exempt from federal income taxation pursuant to Section 220 of the United States Internal Revenue Code (26 U.S.C. 22) as supported by documentation provided by the bank or other financial institution. Any withdrawal from a medical savings account other than for the designated purpose becomes a countable resource.

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

(8) A trust fund that is shown to be inaccessible shall be temporarily excluded only if the applicant/guardian promptly files with the court for the release of such assets to meet the applicant's needs. Failure to diligently break a trust or similar account will be referred to the County Attorney's office for further action.

Basic Co-Payment Standards. Any copayments or other client participation required by any federal, state, county or municipal program in which the person participates shall be required. Such copayments include, but are not limited to:

- a. Client participation for maintenance in a residential care facility through the state supplementary assistance program.
- b. Client participation for an intermediate care facility or an intermediate care facility for persons with mental retardation.
- c. A portion of rent in conjunction with a rental assistance program consistent with guidelines of the United States Department of Housing and Urban Development.
- d. A copayment, deductible, or spend-down required by the Medicare or Medicaid programs or any other third-party insurance coverage.
- e. The financial liability for institutional services paid by counties as provided in Iowa Code sections 222.31 and 230.15.
- f. The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.19.

Co-payment for services provided by a facility participating in the state supplementary assistance program. A county may require a copayment for a disability service provided to a person by a licensed residential care facility that participates in the state supplementary assistance program as follows:

- a. A person who is approved for state supplementary assistance and pays client participation as determined through the state supplementary assistance program shall be considered eligible for disability services with no additional copayment.
- b. A person who is ineligible for state supplementary assistance due to income or resources may be eligible for financial assistance under the county management plan through determination and payment of client participation as follows.

(1) Client participation in the service payment shall be determined by allowing the following deductions from available income and resources:

1. Any income earned by the person in a supported employment, sheltered workshop, day habilitation, or adult day care program.
2. A personal allowance equivalent to the personal allowance provided under the state supplementary assistance program.
3. Room and board payment made by the person to the facility at the state supplementary assistance rate.
4. Payment for any medical expenses for which the person is financially responsible.

(2) Any income remaining after deduction of the expenses allowed in subparagraph (1) and any resources in excess of \$2,000 shall be considered the required client participation toward the service in the facility. For any person whose client participation does not equal 100 percent of the service cost, the county shall participate in payment to the facility up to that level.

Extended eligibility and copayment standards. A person may be eligible for outpatient mental health services if their income exceeds the 150% Federal Poverty Guideline and if their resources are below the County Management Plan resource guidelines. Co-pay, payable to the provider, is required.

The following fee scale applies:

If a person's income is within 150%-175% of the Federal Poverty Guideline, a co-pay of 20% of the cost of the support or treatment service is required.

If a person’s income is within 175%-200% of the Federal Poverty Guideline, a co-pay of 40% of the cost of the support or treatment service is required..

If a person’s income is within 200%-225% of the Federal Poverty Guideline, a co-pay of 60% of the cost of the support or treatment service is required.

If a person’s income is within 225%-250% of the Federal Poverty Guideline, a co-pay of 80% of the cost of the support or treatment service is required.

If a person’s income is above 250% of the Federal Poverty Guideline, the person is not eligible for MH/DD funding.

In all cases, the co-pay is paid to the provider. The provider is responsible for collecting the co-pay from the individual.

Policies regarding any county payment of third-party insurance copayment. An individual must access private health insurance, Medicare, and/or Medicaid prior to county funding. Individuals with private insurance, Medicare and/or Medicaid are responsible for any deductible, co-pay, or spend-down amounts. Persons who have met their insurance caps for mental health will be able to access county funding if they meet all eligibility criteria. A person is responsible for any costs deemed to be beyond reasonable and customary by their insurance providers. For those providers that accept Medicaid/Medicare, they accept Medicaid/Medicare as payment in full.

If persons have private health insurance, Medicare and/or Medicaid, in the case of court ordered services to a private or public hospital, persons will not be eligible for county payment with the exception of court appointed attorney and mental health advocate expenses. All applicants/recipients requesting county funding must apply for and accept any and all other financial, and/or medical programs and maintain eligibility of said programs prior to approval of county funding. Failure to do so will result in denial of county funding from X COUNTY.

There are no other policies relating to exception provisions for financial eligibility determination and client participation calculation in this plan.

The notice of decision will inform the person of their client participation.

These rules are intended to implement Iowa Code sections 331.424A, 331.439, and 331.440.

X County Service Matrix

The following services will be funded based on individual need, availability of funds, and the service meeting the following criteria: individualized, flexible, produces outcomes, and are cost effective. Services that are not mandated by Iowa law may not be available if there is a shortage of funds. Prior authorization is required. In addition, services that are funded will meet quality assurance guidelines as list on page 16 and move X County toward the completion of the three-year strategic plan goals listed in **appendix B**. For a list of mandated services, see **appendix C**.

| SERVICE | MI | CMI | MR | DD |
|---|----|-----|----|----|
| 4x03 Information and Referral | X | X | X | X |
| 4x04 Consultation | X | X | X | X |
| 4x05 Public Education Services | X | X | X | X |
| 4x06 Academic Services | | X | X | X |
| 4x11 Direct Administrative. | X | X | X | X |
| 4x12 Purchased Administrative | X | X | X | X |
| 4x21- 374 Case Management- Medicaid Match. | | X | X | X |
| 4x21- 375 Case Management -100% County Funded/ISAC Tech. Assist | | X | X | X |

| SERVICE | MI | CMI | MR | DD |
|---|----|-----|----|----|
| 4x21- 399 Other. | | | | |
| 4x22 Services Management. | X | X | X | X |
| 4x31- 354 Transportation (Non-Sheriff). | X | X | X | X |
| 4x32- 320 Homemaker/Home Health Aides. | X | X | X | X |
| 4x32- 321 Chore Services | X | X | X | X |
| 4x32- 322 Home Management Services | X | X | X | X |
| 4x32- 325 Respite. | | X | X | X |
| 4x32- 326 Guardian/Conservator. (Attorney Fees for application only) | | X | X | X |
| 4x32- 327 Representative Payee | | X | X | X |
| 4x32- 328 Home/Vehicle Modification | | | X | |
| 4x32- 329 Supported Community Living | | X | X | X |
| 4x32- 399 Other Waiver | | X | X | X |
| 4x33- 345 Ongoing Rent Subsidy. | | X | X | X |
| 4x33- 399 Other | | X | X | X |
| 4x41- 305 Outpatient | X | X | X | X |
| 4x41- 306 Prescription Medication. (must apply for patient assistance—see medication list in appendix | X | X | X | |
| 4x41- 307 In-Home Nursing | | X | X | X |
| 4x41- 399 Other | | X | X | X |
| 4x42-301 Outpatient Evaluation | X | X | X | X |
| 4x42- 305 Outpatient Therapy | X | X | X | X |
| 4x42-306 Outpatient Med Management | X | X | X | X |
| 4x42- 309 Partial Hospitalization. | X | X | X | X |
| 4x42-307 outpatient nursing/ med. Set-up | X | X | | |
| 4x42- 399 Other | | | | |
| 4x43- Evaluation | X | X | X | X |
| 4x44- 363 Day Treatment Services | | X | | |
| 4x44- 396 Community Support Programs | | X | X | |
| 4x44- 397 Psychiatric Rehabilitation /ACT | | X | | |
| 4x44- 399 Other | X | X | X | X |
| 4x50- 360 Sheltered Workshop Services | | X | X | X |
| 4x50- 362 Work Activity Services | | X | X | X |
| 4x50- 364 Job Placement Services. | | X | X | X |
| 4x50- 367 Adult Day Care | | X | X | X |
| 4x50- 368 Supported Employment Services | | X | X | X |
| 4x50- 369 Enclave | | X | X | X |
| 4x50- 399 Other Waiver | | X | X | X |
| 4x63- 310 Community Supervised Apartment Living Arrangement (CSALA) 1-5 Beds | | X | X | X |
| 4x63- 314 Residential Care Facility (RCF License) 1-5 Beds | | X | X | X |
| 4x63- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 1-5 Beds | | | X | |
| 4x63- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 1-5 Beds | | X | | |
| 4x63- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 1-5 Beds | | | | |
| 4x63- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 1-5 Beds | | | X | X |
| 4x63- 329 Supported Community Living | | X | X | X |
| 4x63- 399 Other 1-5 Beds. | | | | |
| 4x64- 310 Community Supervised Apartment Living Arrangement (CSALA) 6-15 Beds | | | | |
| 4x64- 314 Residential Care Facility (RCF License) 6-15 Beds | | X | X | |
| 4x64- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 6-15 Beds | | | X | |

| SERVICE | MI | CMI | MR | DD |
|---|----|-----|----|----|
| 4x64- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 6-15 Beds | | X | | |
| 4x64- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 6-15 Beds | | | | |
| 4x64- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 6-15 Beds | | | X | X |
| 4x64- 399 Other 6-15 Beds.. | | X | X | |
| 4x65- 310 Community Supervised Apartment Living Arrangement (CSALA) 16 and over Beds | | X | X | |
| 4x65- 314 Residential Care Facility (RCF License) 16 and over Beds | | X | X | |
| 4x65- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 16 and over Beds | | | X | |
| 4x65- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 16 and over Beds | | X | | |
| 4x65- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 16 and over Beds | | | | |
| 4x65- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) | | | X | X |
| 4x65- 399 Other 16 and over Beds.. | | X | X | |
| 4x71- 319 Inpatient/State Mental Health Institutes | X | X | X | |
| 4x71- 399 Other | | | | |
| 4x72- 319 Inpatient/State Hospital Schools | | | X | X |
| 4x72- 399 Other. | | | | |
| 4x73- 319 Inpatient/Community Hospital | X | X | X | |
| 4x73- 399 Other | | | | |
| 4x74- 300 Diagnostic Evaluations Related To Commitment. | X | X | X | X |
| 4x74- 353 Sheriff Transportation | X | X | X | X |
| 4x74- 393 Legal Representation for Commitment | X | X | X | X |
| 4x74- 395 Mental Health Advocates | X | X | | |
| 4x74- 399 Other | | | | |

CONFIDENTIALITY:

X County’s obligation to maintain confidentiality extends to all case specific aspects of administration, to applications of inquiries throughout the continuing casework relationship, and remains after services to the client have ceased. This obligation binds X County as a corporate entity and includes all individual employees, members of its advisory board, volunteers, subcontractors, and students. All persons involved in any capacity referred to above are expected to hold confidential all information acquired in the course of their work with X County. Employees should consult with their supervisor when encountering the need to serve a client known to them personally.

PROCEDURE:

NOTICE OF PRIVACY PRACTICES:

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT CLIENTS MAY BE USED AND DISCLOSED AND HOW CLIENTS CAN GET ACCESS TO THIS INFORMATION.

If the client has any questions about this Notice of Privacy Practices contact X County’s Privacy Officer:

Name, Privacy Officer,
Address
Phone

This Notice of Privacy Practices describes how X County may use and disclose client protected health information to carry out treatment, payment or health care operations and

for other purposes that are permitted or required by law. It also describes client rights to access and control their protected health information. “Protected health information” is information about the client, including demographic information, that may identify the client and that relates to the client’s past, present or future physical or mental health or condition and related health care services.

X County is required to abide by the terms of this Notice of Privacy Practices. X County may change the terms of this notice, at any time. The new notice will be effective for all protected health information that X County maintains at that time. Upon request, X County will provide the client with any revised Notice of Privacy Practices.

PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Client protected health information may be used and disclosed by X County for the purpose of providing or accessing health care services for the client. Client protected health information may also be used and disclosed to pay client health care bills and to support the business operation of X County.

The following categories describe ways that X County is permitted to use and disclose health care information. Examples of types of uses and disclosures are listed in each category. Not every use or disclosure for each category is listed; however, all of the ways X County is permitted to use and disclose information falls into one of these categories:

1) **Treatment:**

X County may use and disclose client protected health information to provide, coordinate or manage client health care and any related services. This includes the coordination or management of client health care with a third party that has already obtained client permission to have access to client protected health information. For example, X County would disclose client protected health information, as necessary, to a home health agency that provides care to the client. Another example is that protected health information may be provided to a facility to which the client has been referred to ensure that the facility has the necessary information to treat the client.

2) **Payment**

X County may use and disclose health care information about the client so that the treatment and services the client receives may be billed to and payment may be collected from the client, an insurance company or a third party. X County may also discuss client protected health information about a service the client is going to receive to determine whether the client is eligible for the service, and for undertaking utilization review activities. For example, authorizing a service may require that client relevant protected health information be discussed with a provider to determine client need and eligibility for the service.

3) **Healthcare Operations**

X County may use or disclose, as-needed, client protected health information in order to support its business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing and conducting or arranging for other business activities. For example, X County may use or disclose client protected health information, as necessary, to contact the client to remind the client of the client’s appointment or to provide information about alternate services or other health-related benefits.

X County may share client protected health information with third party “business associates” that perform various activities (e.g., billing, transcription services) for X County. Whenever an arrangement between X County and a business associate involves the use or disclosure of client protected health information, X County will have a written contract that contains terms that will protect the privacy of client protected health information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING CLIENT WRITTEN AUTHORIZATION

Other uses and disclosures of client protected health information will be made only with the client’s written authorization, unless otherwise permitted or required by law as described below. The client may revoke this authorization, at any time, in writing, except to the extent that X County has taken an action in reliance on the use or disclosure indicated in the authorization.

X County may use and disclose client protected health information in the following instances. The client has the opportunity to agree or object to the use or disclosure of all or part of client protected health information. If the client is not present or able to agree or object to the use or disclosure of the protected health information, then X County may, using professional judgment, determine whether the disclosure is in the client’s best interest. In this case, only the protected health information that is relevant to the client’s health care will be disclosed.

1) Others Involved in the Client’s Healthcare

Unless the client objects, X County may disclose to a member of the client’s family, a relative, a close friend or any other person the client identifies, client protected health information that directly relates to that person’s involvement in the client’s health care. If the client is unable to agree or object to such a disclosure, X County may disclose such information as necessary if X County, based on its professional judgment, determines that it is in the client’s best interest. X County may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for the client’s care of the client’s location, general condition or death. Finally, X County may use or disclose the client’s protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in the client’s health care.

2) Emergencies

X County may use or disclose the client’s protected health information in an emergency treatment situation. If this happens, X County shall try to obtain the client’s acknowledgment of receipt of the Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT CLIENT AUTHORIZATION OR OPPORTUNITY TO OBJECT

X County may use or disclose the client’s protected health information in the following situations without the client’s consent or authorization. These situations include:

1) Required By Law

X County may use or disclose the client’s protected health information to the extent that the law requires the use or disclosure. The client will be notified, as required by law, of any such uses or disclosures.

2) Public Health

X County may disclose the client’s protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. X County may also disclose the client’s protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

- 3) Communicable Diseases
X County may disclose the client's protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease.
- 4) Health Oversight
X County may disclose the client's protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- 5) Abuse or Neglect
X County may disclose the client's protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, X County may disclose the client's protected health information if it believes that the client has been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- 6) Food and Drug Administration
X County may disclose the client's protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
- 7) Legal Proceedings
X County may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- 8) Law Enforcement
X County may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on county premises, and (6) medical emergency (not on X County's premises) and it is likely that a crime has occurred.
- 9) Coroners, Funeral Directors, and Organ Donation
X County may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- 10) Research
X County may disclose the client's protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of the client's protected health information.

11) Criminal Activity

Consistent with applicable federal and state laws, X County may disclose the client's protected health information, if it believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. X County may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

12) Military Activity and National Security

When the appropriate conditions apply, X County may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of the client's eligibility for benefits, or (3) to foreign military authority if the client is a member of that foreign military service. X County may also disclose the client's protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

13) Workers' Compensation

The client's protected health information may be disclosed by X County as authorized to comply with workers' compensation laws and other similar legally established programs.

14) Inmates

X County may use or disclose the client's protected health information if the client is an inmate of a correctional facility and X County created or received the client's protected health information in the course of providing care to the client.

15) Required Uses and Disclosures

Under the law, X County shall make disclosures to the client and when required by the Secretary of the Department of Health and Human Services to investigate or determine X County's compliance with the requirements of 45 C.F.R. section 164.500 et. seq.

CLIENT RIGHTS

The following are a list of the client's rights with respect to the client's protected health information and a brief description of how the client may exercise these rights:

RIGHT TO INSPECT AND COPY THE CLIENT'S PROTECTED HEALTH INFORMATION

This means the client may inspect and obtain a copy of protected health information about the client that is contained in a designated record set for as long as X County maintains the protected health information. A "designated record set" contains medical and billing records and any other records that X County uses in making decisions about the client.

Under federal law, however, the client may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, the client may have a right to have this decision reviewed. Please contact the X County Privacy Officer if the client has questions about access to the client's medical record.

RIGHT TO REQUEST A RESTRICTION OF THE CLIENT'S PROTECTED HEALTH INFORMATION

This means the client may ask X County not to use or disclose any part of the client's protected health information for the purposes of treatment, payment or healthcare operations. The client may also request that any part of the client's protected health information not be disclosed to family members or friends who may be involved in the client's care or for notification purposes as

described in this Notice of Privacy Practices. The client's request must state the specific restriction requested and to whom the client wants the restriction to apply.

X County is not required to agree to a restriction that the client may request. If X County believes that it is in the client's best interest to permit use and disclosure of the client's protected health information, the client's protected health information will not be restricted. If X County does agree to the requested restriction, it may not use or disclose the client's protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction the client wishes to request with X County. The client may request a restriction in writing to the X County Privacy Officer.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS FROM X COUNTY BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION

X County will accommodate reasonable requests. X County may also condition this accommodation by asking the client for information as to how payment will be handled or specification of an alternative address or other method of contact. X County will not request an explanation from the client as to the basis for the request. Please make this request in writing to the X County Privacy Officer.

RIGHT TO REQUEST AN AMENDMENT TO THE CLIENT'S PROTECTED HEALTH INFORMATION

This means the client may request an amendment of protected health information about the client in a designated record set for as long as X County maintains this information. In certain cases, X County may deny the client's request for an amendment. If X County denies the client's request for amendment, the client has the right to file a statement of disagreement with X County and X County may prepare a rebuttal to the client's statement and will provide the client with a copy of any such rebuttal. All requests for amendments must be in writing.

RIGHT TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES OF THE CLIENT'S PROTECTED HEALTH INFORMATION

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures X County may have made to the client, to family members or friends involved in the client's care, or for notification purposes. The client has the right to receive specific information regarding these disclosures that occur after April 14, 2003.

RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE

The client has the right to obtain a paper copy of this notice, upon request, even if the client has agreed to accept this notice electronically.

COMPLAINTS

The client may file a complaint to X County or to the Secretary of Health and Human Services if the client believes the client's privacy rights have been violated by X County. The client may file a complaint against X County by notifying the X County Privacy Officer. X County will not retaliate against the client for filing a complaint.

The client may contact X County Privacy Officer, Russell Wood, 21 2nd Ave. NW, Hampton IA 50441 (641) 456-4090 for further information about the complaint process.

EMERGENCY SERVICES:

No person will be denied crisis services. Funding for crisis services is determined through the CPC process. A CPC application must be completed in full upon stabilization of the crisis. If the individual does not comply with the CPC process, they will make themselves ineligible for county funding.

Crisis services are available in X County through the local hospital emergency rooms, the community mental health center and other contracted outpatient mental health providers. If a person presents at the Community Services Department, they will be directed to an appropriate emergency service provider.

In the case of commitment/hospitalization, the process shall be in accordance with the Code of Iowa. X County has designated the local hospitals and the State Mental Health Institutes as placements for in-patient emergency services. Funding for the placement will be based on the CPC process.

WAITING LISTS:

A person requesting funding for a service may not be able to receive the service immediately if funds are not available or if the service requested is not immediately available. The person's name will be put on a waiting list.

Waiting list procedure:

X County will make every attempt to maintain eligibility guidelines and service availability as outlined in this plan. However, X county's ability to do so is contingent solely on the Iowa Legislature's appropriating sufficient funds to maintain current eligibility and services and to meet projected increases in the number of new consumers. If sufficient funding is not approved, the X County Board of Supervisors will implement waiting lists in accordance with this section.

In the event of the creation of a waiting list for funding, consumers placed on the waiting list will be notified. The notification will include the estimated length of time the person may have to wait before funding will be available. Those consumers will be informed that the county is unable to provide the requested services because of inadequate funding.

Consumers on the waiting list will be contacted at least semi-annually and advised of the current status, and any adjustment to the expected time on the list. When funding becomes available, X County will determine which individuals will enter the system in accordance with the date placed on the waiting list.

QUALITY ASSURANCE:

This manual shall describe a detailed quality improvement process that provides for ongoing and periodic evaluation of the service system and of the providers of services and supports in the system. Individuals receiving support services, providers, families, and community members shall be involved in the development and implementation of the quality assurance process and evaluation of the system with emphasis on consumer input. The quality assurance policies shall include, but not be limited to, the following:

Note: Legislation passed in Fiscal year 2006 required the state to develop outcome expectations. X County will incorporate the states outcome expectation and measurement process when the state has developed and published this. At such time the current outcome system will be replaced.

System Evaluation

Consumer satisfaction and system responsiveness

In order to determine consumer satisfaction and system responsiveness to the persons needs and desires periodic surveys will be conducted. The surveys will include measurements to determine consumer empowerment and quality of life.

Provider Satisfaction

In order to determine the satisfaction of those who are paid to provide supports to disabled persons in X County, periodic surveys will be conducted.

Patterns of service utilization

Data will be analyzed to determine patterns of service utilization

Number and disposition of person appeals and the Implementation of corrective action based upon these appeals

Appeals, if any, will be tracked and analyzed. If corrective actions are required, these will be noted in the annual report.

Cost effectiveness of the services and supports delivered by individual providers

Payment data and outcomes will be analyzed to determine the cost effectiveness of supports funded.

Quality of Provider Services

Consumer satisfaction

As part of the consumer satisfaction survey we will include questions to determine their satisfaction with the provider of supports.

Achievement of outcomes

Case management ICP's will be evaluated to determine the achievement of goals.

Number and disposition of appeals

This information will be provided through provider quality assurance reports.

Cost effectiveness of services

Costs will be compared across providers of similar services as well as outcome measurements to determine the cost effectiveness of the services provided.

Levels of need of persons served will be taken into account.

Provider adherence to contracts

Provider adherence to contractual obligations will be tracked and reported.

COLLABORATION:

The policies shall describe X county's collaboration with other funders, service providers, consumers and their families or authorized representatives, and advocates to ensure that authorized services and supports are responsive to consumers' needs and desires and are cost-efficient. This manual shall specifically describe the process for collaboration with the court to ensure that the court is aware of the services and supports available through the county management plan as alternatives to commitment and to coordinate funding for services to persons who are under court-ordered commitment pursuant to Iowa Code chapter 222 or 229.

Collaboration with other funders

X County will collaborate with other funders, service providers, consumers and their families or authorized representatives and advocates through their involvement in boards, committees and focus groups.

Service providers

X County will collaborate with other service providers to assure services authorized are responsive to the person needs and desires and the services being provided are meeting the person need and are being provided in the most cost efficient way possible within constraints of the Mental Health Services fund.

X County expects psychiatrists, psychologists, therapists, nurse practitioners as well as other providers of support to be a part of a person's care team. This means that they are expected to provide input to the team as to the care, support and needs of the person. X County will deny funding to any provider that consistently fails to be a part of the team process. It is imperative that these professionals recognize the Targeted Case Manager and or County Social Worker and respond to their requests for information and participation.

Person and their families or authorized representatives or advocates

X County will collaborate with these entities to assure that their desires for the person and system is understood. Services and supports available to people with disabilities and the cost

effectiveness of these services and supports will be explained to these entities. They will be encouraged to participate in the planning process.

Court collaboration

X County will dialog with the court system to encourage coordination and cooperation of the CPC Process. Representatives of the court will be encouraged to take an active role in the development of alternative community services to prevent hospitalization.

Coordination of Court Commitments

X County will collaborate with the court to ensure that the court is aware of the services and supports available through the Managed Care Plan. X County will assist in coordinating funding for persons who are under court ordered commitment pursuant to Iowa Code, Chapters 222, 229, and 232.

1. X County’s CPC Administrator has met with the county attorney, sheriff, local law enforcement, clerk of court, mental health advocate, and the magistrate to explain the managed care plan and emergency procedures.
2. X County may assist the clerk of court at the time commitment papers are being filed and assist family members or interested parties with completion of the CPC Application. Applicants are informed of the managed care plan and the eligibility guidelines. If it appears that the person may be eligible for other programs, the person will be referred to the appropriate agency.
3. X County staff will coordinate with the hospital social worker.
4. X County staff may attend court hearings to provide information on services and funding available.

X County shall coordinate and cooperate with those who represent the interests of the respondent.

COLLABORATION – On Call Process

The X County Clerk of Court will notify the CPC at the time application is being made for commitment. CPC staff will be sent to the Clerk of Court Office to assist with the completion of a CPC application and to assist applicants with the commitment process. This assistance will include explanation of the process, description of possible costs to respondent, an explanation of what the Iowa Code requires as to information in the affidavit, notifying the Magistrate, assisting the Clerk of Court with filing, contacting Sheriff and Attorneys, assist in finding placement and assisting the Magistrate. On weekends, if a commitment is ordered, the CPC must be notified the morning of the next working day and the person or their representative must file a CPC application.

COLLABORATION – Service Coordination

Upon notification of a hospitalization, X County staff will coordinate with the social worker of the facility regarding the person’s service needs.

COLLABORATION – Hearing

X County shall be notified by the Clerk of Court of the date and time of the hearing. Staff may attend the hearing. X County will review the

recommendation of the attending physician and inform the respondent and the court what funding is available.

ONGOING EDUCATION PROCESS:

This plan shall include the process X county will use to provide ongoing education, in various accessible formats, on its planning process and the intake and service authorization process to the community, including consumers, family members, and providers.

X County will develop and maintain information regarding its planning process, intake and service authorization process in formats such as news articles, web sites, public events and brochures.

PLAN ADMINISTRATION

This plan administration section of the policies and procedures manual shall specifically outline procedures for administering the plan at the consumer level.

All providers of services under contract with X County, as well as schools, the local Department of Human Services, - local Division of Vocational Rehabilitation, families and friends, may assist applicants with the application process. Providers who assist applicants with the applications are known as “Access Points” to the X County Central Point of Coordination (CPC). Access Points are required by State rules to forward the application to the CPC on the same day it is completed. Providers located outside X County can use their resident county CPC application. Applications may be faxed.

APPLICATION PROCEDURE

Applications shall be accepted and processed by the applicant’s county of residence. If an applicant applies to the CPC of the county of residence and has legal settlement in another county, the application process shall be performed by the CPC of the applicant’s county of residence in accordance with the county of residence’s management plan, and the applicant’s county of legal settlement is responsible for the cost of the services or other supports authorized at the rates reimbursed by the county of residence.

If the county of legal settlement has implemented a waiting list in accordance with section 331.439, subsection 5 the services and other support for the person shall be authorized by the county of residence in accordance with the county of legal settlement’s waiting list provisions.

If the county of residence has implemented a waiting list the services and other support for the person shall be authorized by the county of residence in accordance with the county of residence’s waiting list provisions.

APPLICATION PROCESS

- 1.** Applicants who have a question about whether or not they might already be enrolled in the X County MH/DD Services Funds system may call our office at 999-9999x999. An application may be required for new services if prior services were terminated.
- 2.** Complete the X County MH/DD Services Funds Application Form (CPC application). Applicants may complete the form themselves, or may ask CPC Staff or any local service provider for assistance in completing the form.
- 3.** Attach any documents that will help confirm eligibility, such as medical reports, income information, and proof of residency.
- 4.** Submit the application to:

X County CPC Administrator
X County Community Services
Address
City, IA Zip
Phone: 999-999-9999 Fax: (999-999-9999)

5. A Notice of Decision will be sent within 30 working days.

ENROLLMENT PROCESS FOR FUNDING

CPC Staff will meet with the applicant or family to determine eligibility for MH/DD dollars. If the individual is unable to read, the process will be orally explained. If he/she is unable to speak English, every effort will be made to have a translator available. Eligibility Screening includes the following: determination of legal settlement, other sources of payment, diagnosis covered by the county plan and level of need. This may require signed releases of information. It may take more than 30 working days to obtain the information needed to make a decision. If this is the case, a notice will be sent to the person and provider stating more information is needed before a determination can be made. Once the CPC or CPC Staff is in receipt of this information, a decision will be determined and notice will be sent to the applicant and access point. A referral may be made to the case manager or county social worker.

Regardless of eligibility for county funding, all X County residents are eligible for free mental health information and referral services through the X County Central Point of Coordination Office irrespective of clinical or financial need. Applicants will be referred to the various agencies that may assist with their need.

Proof of income and resources is required. Health insurance that may pay for services will be verified. X County will not pay health insurance deductibles or co-pays. The County does not supplement Title XIX or Iowa Plan payments. All other payments by other sources will be required prior to the County authorizing funding. Services will be funded based on the need of the individual. If funding is requested by another entity (i.e. includes but not limited to the Department of Human Services, Judiciary System, and Medicaid) payment will be denied, as funding should be made available through that entity. **The County is the funder of last resort.**

In instances where it appears the individual may be eligible for medical programs through the Department of Human Services, the individual is required to apply for and maintain eligibility for those medical programs at DHS. A copy of the notice of decision from the Department of Human Services will be required prior to the county authorizing funding.

If the applicant has residency but not legal settlement

If an applicant who has not previously been enrolled applies to the county of residence or has “state case” status, the application process shall be performed by the X County CPC in accordance with the X County Management Plan. The person’s county of legal settlement is responsible for the cost of the services or other support authorized at the rates reimbursed by the county of residence. The State is responsible for the cost of the services or other support authorized for individuals with “state case” status.

County of residence means the 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, halfway houses for community corrections and/or substance abuse treatment, nursing facility, intermediate care facility for the mentally retarded, 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. The “County of Residence” may be transferred using procedures in Section 153.53(1)a of Chapter 441, IAC.

PROCEDURE IF LEGAL SETTLEMENT IS IN ANOTHER COUNTY

X COUNTY CPC:

X County CPC staff shall accept the application and acquire all needed information to determine eligibility in accordance with the Management Plan. The CPC or designee will complete the notice of decision on the X County notice of decision form. The notice of decision and the CPC application will be faxed to the County of Legal Settlement. The notice of decision shall include a statement that the applicant has legal settlement in another county and that the county of legal settlement will arrange with the service provider to make payments.

COUNTY OF LEGAL SETTLEMENT:

X County shall confirm that the CPC of the county of residence has correctly determined legal settlement. X County shall send a notice of decision to the applicant, the CPC of the county of residence, and to the service provider confirming intent to pay for the requested service. X County shall arrange with the service provider to receive bills and make payments, either by contracting with the provider or “piggy backing” on the county of residence contract with the provider.

ONGOING SERVICES OR ADDITIONAL SERVICES:

Once the applicant has been enrolled with the county of legal settlement, the county of legal settlement may continue to manage re-authorizations of enrollment, such as gathering annual updates of income and resources to confirm continuing eligibility. The county of legal settlement may also work directly with the person and/or service provider to do periodic service re-authorizations.

The person may choose to re-authorize services or apply for additional services with either the CPC of the county of legal settlement or X County.

- a. If the person applies for an additional service with X County, the same procedure shall be followed as for a new applicant.
- b. If the person who is already enrolled applies for an additional service with the county of legal settlement, the CPC of the county of legal settlement must determine eligibility for the service based on X County’s management plan.
- c. The county of legal settlement may continue to authorize services for any person receiving services on or before June 30, 2007, even if the service is not in the management plan of the county of residence. New applicants may only be authorized for services in accordance with the management plan of the county of residence.

“STATE CASE” STATUS (441—153.31):

The state payment program provides 100 percent state funds to pay for local mental health, mental retardation, and developmental disabilities services for eligible adults who have no legal settlement in Iowa. The state payment program is intended to enable all eligible residents to receive services from the county MH/DD services fund through the county central point of coordination, regardless of the resident’s legal settlement status. The state payment program ensures that each of the local MH/DD services provided by an Iowa county to residents who have legal settlement is also available to residents of that county who do not have legal settlement.

An individual, who does not have a county of legal settlement, may be eligible for the state payment program. An applicant for funding must meet all of the following conditions.

1. The applicant shall be an adult as defined in 441-153.51 (331)
2. The applicant shall be a resident of Iowa, present in the state and without legal settlement in an Iowa county. The applicant shall not be in Iowa for purposes of a visit or vacation nor be traveling through the state to another destination at the time of application for services.

The application process for residents of X County applies to all county residents needing funding for mental health and/or developmental disability services. The applicant with “state case” status must meet the eligibility criteria established in the X County Management Plan.

The CPC or the CPC’s designee shall determine whether an applicant is eligible for services based on the eligibility guidelines contained in the county management plan. The county shall apply any policies and procedures regarding waiting lists to state payment program applicants in the same manner as it applies them to persons who have legal settlement in that county.

The applicant shall have no other political entity, organization, or other source responsible for provision of or payment for the needed services nor be eligible to have the service funded or provided at no additional cost to the state by another state-funded or federally funded facility or program. The Department of Human Services may, on a case-by-case basis, attempt collection from a legally responsible entity.

An applicant’s eligibility for state payment program funding shall be effective from the date of application. Services eligible for reimbursement under the state payment program are the services defined in the X County management plan.

ELIGIBILITY DETERMINATION

The application will be reviewed by the X County CPC or CPC designee and a Notice of Decision will be issued as quickly as possible. A Notice of Decision will be sent within 30 working days of the receipt of the application. If more information regarding an individual’s diagnosis or service need is necessary, the CPC Staff will make a referral to a qualified mental health professional for clinical assessment/evaluation.

The Notice of Decision includes an appeal procedure, which applicants may use to appeal decisions.

CHOICE OF PROVIDER

People with disabilities have a choice of providers and can visit providers prior to receiving services. If the person is uncertain about the needed service or seems to be in need of assistance to engage service providers, a referral to a service social worker or case manager will be made.

REFERRAL AND CONSUMER PLAN DEVELOPMENT

Through a team process an individual’s goals are determined and a plan is developed. If the individual’s plan contains goals, which require services that are funded by X County, a funding request shall be completed by the case manager or county social worker and mailed to our office. Diagnostic, Assessment, evaluation material, individual comprehensive plan, treatment and service plans are required to determine level of need for services. If this information has not been made available to the CPC Staff, the CPC Staff will request releases of information be signed to obtain the appropriate documentation. Upon receipt of this information, the CPC staff will review the request and person information and issue a funding decision based on availability of funds. The decision will be mailed to the applicant and provider, as well as the case manager. The right to appeal process is printed on the Notice of Decision.

If other funding sources are available to pay for the services, that funding source must be utilized first. MH/DD dollars are used if no other funding source is available.

SERVICE REVIEWS AND ONGOING FUNDING REQUESTS

At the time of the individual’s annual staffing, a request for funding will be completed and given to the CPC Staff along with the individual’s comprehensive plan.

At any time during the year, the CPC Staff may review the individual’s level of need for service. Generally, a review will be done if the individual is requesting a new service, if the case manager requests a review, or if the CPC is presented with information from a service provider, family member, or other

involved person which indicates a need for a review. A utilization review will be completed annually and a funding request(s) required for continued funding. Lack of progress or lack of continued need will result in discontinuation of funding.

Individuals accessing only outpatient mental health services are screened by the provider of the outpatient service. The provider will mail or fax the funding request to CPC Staff. If the individual is receiving other services covered by the County Management Plan, the individual's team, through the case manager or county social worker is responsible to make the funding request.

Diagnostic material, assessments, evaluation material, and the individual's service plan may be requested. The CPC or CPC designee analyzes whether the service requested meets an identified level of need based on the material provided. Most services requested by the county social worker or case manager are the result of an interdisciplinary team recommendation, and those recommendations are given due consideration. The guidelines are simply a question of whether the proposed service matches the identified level of need. Since the guidelines require a matching of need with service, the process is individualized. The least restrictive environment must be utilized within the constraints of the MH/DD service fund. If possible, services and supports will be provided within X County.

Employees of X County that make funding decisions will have a minimum of bachelors level in a human services related field.

NOTICE OF DECISION

Service/support funding requests will be reviewed by the CPC or CPC's designee to determine if it is individualized, flexible, likely to produce results and is cost effective. If denied the request will be returned to the targeted case manager, social worker, and/or provider with an explanation and request for an alternative proposal. When the person and targeted case manager, social worker and/or provider believe there is no alternative proposal, the CPC or CPC designee may refer the request to a qualified professional of X County's choice for review. A "qualified professional" is a person recognized by peers within the professional community as someone who has education, training, licensure, certification or experience to make the particular decision in question as required by federal or state law.

When the CPC or CPC's designee approves a request, he/she will ensure it is a service/support covered in the plan with available funding. If funds are not available, the applicant will be placed on a waiting list. The CPC or CPC's designee will send a Notice of Decision to the applicant within thirty (30) working days of receiving the funding request explaining the decision and criteria used in making the decision. Applicants have the right to appeal and the appeal process is on the back of the Notice of Decision form.

1. A written notice of decision which explains the action taken on the application and the reasons for that action shall be sent by the county of residence to:
 - a. The applicant or authorized representative or, in the case of minors, the family or the applicant's authorized representative.
 - b. The county of legal settlement
 - c. The listed service providers
2. **The time frame for sending a written notice of decision**
3. The applicant's right to appeal and a description of the appeal process.
4. If the county of legal settlement is different than the county of residence, the county of legal settlement shall sign the NOD accepting legal settlement and return it to:
 - a. The county of residence and
 - b. The listed service provider(s)
5. If the consumer is placed on the county of legal settlement's waiting list for funding, an explanation of waiting list status, issued by the county of legal settlement, shall include
 - a. An estimate of how long he consumer is expected to be on the waiting list
 - b. The process for the consumer or authorized representative to obtain information regarding the consumer's status on the waiting list.

6. If the consumer is placed on the county of residence's waiting list for funding, an explanation of waiting list status, issued by the county of residence, shall include
 - a. An estimate of how long the consumer is expected to be on the waiting list
 - b. The process for the consumer or authorized representative to obtain information regarding the consumer's status on the waiting list.

Following the initial application, and annually thereafter, a Service Funding form and updated CPC application may be completed and mailed or faxed to the CPC office.

Service Funding and Reauthorization Process. For individuals who have a county of residence different from the county of legal settlement, the following procedures shall be used:

1. Once the applicant has been enrolled with the county of legal settlement, the county of legal settlement shall continue to manage reauthorizations of enrollment, such as gathering annual updates of income and resource to confirm continuing eligibility. The county of legal settlement may also work directly with the individual and or service provider to do periodic service reauthorizations. Reauthorization information shall be sent to:
 - a. The consumer
 - b. The county of residence
 - c. The listed service provider(s)
2. The consumer applies for additional services with the CPC of the county of residence.
 - a. If the consumer applies for an additional service with the CPC of the county of residence, the same procedure shall be followed as for a new applicant.
 - b. The county of legal settlement may continue to authorize services for any consumer receiving services on or before June 30, 2007, even if the service is not in the management plan of the county of residence.

SERVICE AND COST TRACKING

X County will utilize data systems that track services and supports and payments made on behalf of all consumers. These systems will provide an unduplicated consumer count and expenditure data. These systems will also record denials of services and supports and indicate the reason why the applications were denied.

SERVICE AND FUNDING MONITORING

Providers must bill X County on a per client per service basis listing the Client, number of units received, the cost per unit, dates of service, and charge to the county. If the county receives a billing for a person that the county does not have a completed application, the billing will be returned, as eligibility for funding has not been determined.

All non third-party billing requests for payment must be made within 60 days of the date of service. All other provider billings will be received in a timely manner or within 90 days of the end of the fiscal year of the service. Billings received after the time limit must be accompanied by a request to the CPC. Providers must send requests for payment to X County Community Services, Attn: CPC Administrator, YOUR ADDRESS HERE. Information must be provided as to why the billing request was not submitted timely.

PROCESS OF REMITTANCE:

The CPC Administrator or designated staff will enter all remittances into a data system that will assist in verifying that the services and units were approved and the charge for the service is accurate. All remittances must be reviewed within 30 days by CPC staff for approval or denial. If a remittance is approved for payment, it will be entered into the data system, a claim will be issued, and a check will be forwarded from the X County Auditor's Office. X County will only fund services and supports that are authorized according to the process described in the plan.

Payment will not be made according to contracts. .

APPEAL PROCEDURE

The State of Iowa, rather than X County, must sometimes pay for MH/DD services provided to you. The Iowa Administrative Procedures Act, Iowa Code Chapter 17(A), governs by administrative agency rules and appeals about these cases and the Department of Human Services program eligibility decisions. The Department of Human Services will provide more information about these appeals to you. The purpose of this section is to describe how X County Community Services decisions can be appealed.

1. If a person disagrees with the decision the person may seek an appeal of that decision. Only appeals initiated by the person or the person's representative will be heard.
2. To appeal, the person must send a written notice of appeal within ten (10) working days of receipt of their Notice of Decision. The person must send their request to the CPC Administrator, X County Community Services, 115 1st St. SE, PO Box 4, Clarion, Iowa 50525.
3. Within five (5) working days of the receipt of the written request for an appeal, the CPC Administrator of X County Community Services, shall deliver to the person, either personally or by certified mail, a written notice informing them of the date, time and place the appeal will be heard by the CPC.
4. A written decision will be issued no later than ten (10) working days after the appeal is heard. A copy of the decision will be sent to the person and the person's representative, if any, by certified mail. The decision will be accompanied by a notice explaining the effect of the Administrator's decision regarding the services provided to the person and the person's rights regarding a subsequent appeal to panel of three CPC's for the seven county region listed in this management plan.
5. If the person elects to appeal the Administrator's decision, they must comply with the procedure outlined in item 2, within ten (10) working days of the Administrator's decision.
6. Within five (5) working days of the receipt of the written request for an appeal, a panel of three CPC's for the seven county region listed in this management plan, shall deliver to the person, either personally or by certified mail, a written notice informing them of the date, time and place the appeal will be heard.
7. The panel of three CPC's for the seven county region listed in this management plan will render its decision within 30 days of the date of the hearing. A copy of the decision will be sent to the person and the person's representative, if any, by certified mail.
8. If you elect to appeal the panel's decision, the person must comply with the procedure outlined in item 2, within ten (10) working days of the panel's decision.
9. Within five (5) working days of the receipt of the written request for an appeal, the CPC Administrator, shall contact X County's advisory board and notify them of the person's request for an appeal.
10. The advisory board will appoint three members to review the appeal and render its decision within 30 days of the date of the hearing. A copy of the decision will be sent to the person and the person's representative, if any, by certified mail.
11. Any appeal hearing before the CPC, CPC Panel or an advisory board panel will be held in private. At an appeal hearing, the person has the right to have an attorney or other advocate accompany and represent them at their own expense. If they cannot afford an attorney, they may contact Legal Services Corporation of Iowa, the Iowa Volunteer Lawyer Project, or Iowa Protection and Advocacy Services, Inc., for assistance. Telephone numbers for these agencies are available from the CPC upon request.

MANAGEMENT PLAN ANNUAL REVIEW

The county shall prepare a management plan annual review for the county stakeholders, the department of human services and the state-county management committee. The management plan annual review shall be submitted to the department for informational purposes by December 1. The management plan annual review shall incorporate an analysis of the data associated with the services managed during the preceding fiscal year by the county or by a managed care entity on behalf of the county. The management plan annual review shall include, but not be limited to:

1. Progress toward goals and objectives.
2. Documentation of stakeholder involvement.

3. Actual provider network.
4. Actual expenditures.
5. Actual scope of services.
6. Number, type, and resolution of appeals.
7. Quality assurance implementation, findings and impact on plan.
8. Waiting list information.

X County reviews all available data including its management information system, surveys and stakeholder meeting minutes. X County then compiles this information into a format for the review and reporting of strategic goal progress.

A copy of X County's annual review is available to the public after December 1st of each year. The Annual Review is available on X County's web site and is reviewed with X County's stakeholder and Board of Supervisors.

THREE-YEAR STRATEGIC PLAN

The strategic plan shall describe the county's vision for its mental health, mental retardation, and developmental disabilities system for the ensuing three fiscal years. The strategic plan development shall follow the process outlined in the policies and procedures manual. The strategic plan shall be submitted, for informational purposes, to the department by April 1, 2000, and by April 1 of every third year thereafter.

The Strategic Plan shall include but not be limited to the following:

1. **Needs assessment**
 - The strategic plan shall include an assessment of current needs. This plan shall describe how information from the annual reports from the previous years was incorporated into the current strategic plan and how the information will be used to develop future plans for the funding and provision of services to eligible groups.
2. **Goals and objective**
 - The strategic plan shall list goals and objectives that are guided by the system principles of choice, empowerment, and community. The goals and objectives shall reflect the system which the county plans to have in place in three years, the action steps which will be taken to develop the future system, and how progress toward implementation will be measured. Projected costs for future projects should be included.
3. **Services and Supports**
 - The strategic plan shall list services and supports that the county will fund, when requested, by eligibility group.
4. **Provider network**
 - The strategic plan shall include a list of providers used to provide the scope of services and supports described in the plan.
5. **Access Points**
 - The strategic plan shall list designated access points and their function in the enrollment process.

X County meets with stakeholders to develop a priority list for the X County MH/DD System. Goals are then developed from this priority list.

A notice of Public hearing is posted two weeks or more prior to the publishing of the three year goals and are approved by X County's Board of Supervisors.