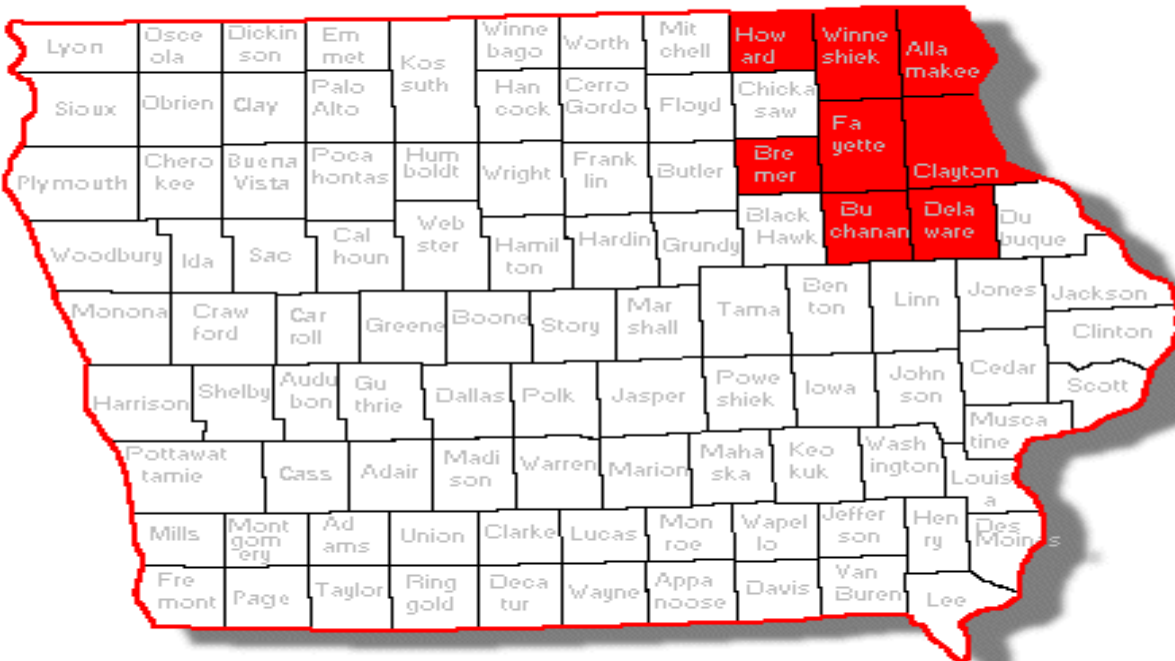


NORTHEAST IOWA

MENTAL HEALTH & DISABILITIES SERVICES

SYSTEMS ADMINISTRATIVE PLAN

Serving Allamakee, Bremer, Buchanan, Delaware, Clayton, Fayette, Howard and Winneshiek Counties



2-17-09

Approved by:
Allamakee County Board of Supervisors—May 24, 2010
Bremer County Board of Supervisors—April 26, 2010
Buchanan County Board of Supervisors—May 17, 2010
Clayton County Board of Supervisors—May 5, 2010
Delaware County Board of Supervisors—June 1, 2010
Fayette County Board of Supervisors—May 17, 2010
Howard County Board of Supervisors—May 24, 2010
Winneshiek County Board of Supervisors—May 24, 2010

Approved by State of Iowa--Effective July 1, 2010

**Systems Administrative Plan
TABLE OF CONTENTS**

A. GENERAL INFORMATION	2
B. ORGANIZATIONAL STRUCTURE	2
C. STAFFING	3
D. INDIVIDUAL APPLICATION PROCESS.....	3
E. SERVICE FUNDING AUTHORIZATION.....	7
F. SERVICES AVAILABLE	9
G. CO-PAYMENT FOR SERVICES	13
H. WAITING LIST	14
I. EXPECTATIONS FROM SERVICES.....	15
J. INDIVIDUAL RIGHTS AND RESPONSIBILITIES	15
K. CONFLICT OF INTEREST	16
L. CONFIDENTIALITY	16
M. APPEAL PROCESS.....	17
N. PROVIDER APPLICATION & CREDENTIALING.....	18
O. PROVIDER ROLE IN APPLICATION PROCESS AND REFERRALS	20
P. FUNDING AUTHORIZATION.....	21
R. PROVIDER REIMBURSEMENT FOR SERVICES.....	22
S. STRATEGIC PLAN DEVELOPMENT	22
T. ANNUAL REPORT.....	23
U. SERVICE UTILIZATION.....	24
V. QUALITY ASSURANCE	24
W. INTERFACES & COLLABORATIONS	24
APPENDIX A: ACCESS POINTS	27
APPENDIX B: CO-PAYMENT SCHEDULE.....	31
APPENDIX C: SERVICE MATRIX.....	32
APPENDIX D: SUBSTANCE ABUSE FUNDING	34
APPENDIX E: PROVIDER DELEGATED FUNCTIONS MATRIX.....	35
APPENDIX F: PREFERRED INPATIENT MEDICAL FACILITIES	37
FORM A: CPC APPLICATION FORM	38
FORM B: NOTICE OF ELIGIBILITY	43
FORM C: SERVICE FUNDING REQUEST/NOTICE OF DECISION.....	44
FORM D: APPEAL PROCESS FORM.....	45
FORM E: CO-PAYMENT FORM	46
FORM F: CONSENT TO OBTAIN RELEASE INFORMATION	47

MISSION STATEMENT

We have a VISION of empowerment, choice & community:

People experiencing disabilities will live in a community, work at a job, and recreate, worship and volunteer in a variety of settings using the needed services of providers of choice.

Therefore, Allamakee, Bremer, Buchanan, Clayton, Delaware, Fayette, Howard, and Winneshiek counties are dedicated to providing funding for appropriate and cost effective community-based mental health and developmental disabilities services for all citizens.

A. GENERAL INFORMATION

This management plan serves the predominately rural area of northeast Iowa including Allamakee, Bremer, Buchanan, Clayton, Delaware, Fayette, Howard, and Winneshiek Counties that has a population of 147,713 (US Census 2006). This represents 4.34% of the State of Iowa's total population of 2,982,085. The number of persons with disabilities over the age of 5 is 22,000 or 4.95% of that total in Iowa.

B. ORGANIZATIONAL STRUCTURE

Each county will directly administer its Mental Health Management Plan and does not intend to contract management responsibility for any aspect of the management plan. The Board of Supervisors in each county, acting through the Central Point of Coordination Administrator, will retain full authority and full risk for the managed system of care and the fixed budget. The Central Point of Coordination Administrator reports directly to their respective County Board of Supervisors.

Central Point of Coordination (CPC) Offices

Allamakee County Central Point of Coordination Office
Courthouse, 110 Allamakee Street
Waukon, Iowa 52172
563-568-6227
563-568-6417 (fax)
<http://www.co.allamakee.ia.us/>

Bremer County Central Point of Coordination Office
203 First Avenue Northeast
Waverly, Iowa 50677
319-352-2993
800-217-2040
319-352-2997 (fax)
<http://www.co.bremer.ia.us/>

Buchanan County Community Services Office
Courthouse, 210 Fifth Avenue Northeast
Independence, Iowa 50644
319-334-7450
866-215-1032
319-334-7495 (fax)
<http://www.co.buchanan.ia.us/>

Clayton County Central Point of Coordination Office
Clayton County Office Building, 100 Sandpit Road, PO Box 456
Elkader, IA 52043
563-245-1865
563-245-2452 (fax)
<http://www.claytoncountyiowa.net/>

Delaware County Community Services Office
601 Grant Street
Manchester, Iowa 52057
563-927-5116
563-927-6844 (fax)
<http://www.co.delaware.ia.us/>

Fayette County Community Services Office
Courthouse, 114 North Vine Street
West Union, Iowa 52175
563-422-5047
563-422-6330 (fax)
<http://www.fayettedelaware.org/>

Howard County Central Point of Coordination Office
205 Second Street East
Cresco, Iowa 52136
563-547-3599
563-547-3117 (fax)
<http://www.co.howard.ia.us/>

Winneshiek County Central Point of Coordination Office
Courthouse, 204 West Broadway Street
Decorah, Iowa 52101
563-387-4144
563-382-0520 (fax)
<http://www.winneshiekcounty.org/>

C. STAFFING

Each county shall employ an adequate number of staff to administer the plan. Staff currently consists of the Central Point of Coordination Administrator who meets the qualifications set forth in Iowa Code and is not an elected official, as well as support staff in each county.

D. INDIVIDUAL APPLICATION PROCESS

All residents are eligible for free *information and referral services* regardless of clinical or financial need. All residents are also eligible for *crisis and commitment services*, although individuals may incur costs if not financially eligible.

To determine if an individual is eligible for other county funded services, an application must be submitted to the Central Point of Coordination (CPC) office in the individual's county of residence. Applications are available at all local access points and the CPC offices. See listing of Access Points by county in Appendix A.

The following process determines if an individual is eligible for funding:

1. Submission of Completed Application

A completed Central Point of Coordination (CPC) Application (see Form A) must be submitted and include all necessary signed release of information forms to obtain verification of covered diagnosis and financial eligibility. *Staff at any access point will accommodate anyone who may have special needs in accessing services and filling out applications.* In the case of emergencies and commitments, a CPC application will be mailed, faxed, or emailed to the individual.

Individuals must apply for and accept all other sources of funding when applicable as the county is the funder of last resort.

2. Determination of Financial Eligibility

Income Criteria:

The applicant's average monthly **gross** income must be at or below 150% of the current Federal Poverty Guidelines. Outpatient psychotherapeutic services are funded for individuals with household incomes between 150-250% according to the co-payment schedule (See Appendix B). The Federal Poverty Guidelines are updated annually and new guidelines become effective April 1st of each year.

Household is defined as the following:

- For applicants age 18 and over: Household is defined as the applicant, the applicant's spouse, the applicant's domestic partner, and any children, stepchildren or wards under the age of 18 residing with the applicant.
- For applicants under the age of 18: Household is defined as the applicant, the applicant's parents (or parent and domestic partner), stepparents or guardians and any children, stepchildren, or wards under the age of 18 of the applicant's parents (or parent and domestic partner), stepparents, or guardians residing with the applicant.

Resource Criteria:

Resources equal to or less than \$2,000 in countable resource value for a single person household and \$3,000 in countable resource value for a multi-person household shall be financially eligible for county funding.

Definitions:

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

Liquid assets: 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, IRA's, CD's and other investments.

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

Countable value: The equity value of that resource. The equity value 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 (see below), the countable value of all resources shall be considered in determination of financial eligibility.

Resource exemptions shall be as follows:

- The homestead: equity in a family home or farm, which is used as the applicant household's principle place of residence. This includes all land that is contiguous to the home and the buildings located on the land.
- One automobile used for transportation
- Tools of an actively pursued trade
- General household furnishing and personal items
- Burial spaces/accounts per DHS guidelines
- Cash surrender value of life insurance with a face value of less than \$1,500 on any one person
- Any resource determined excludable by the Social Security Administration as a result of an approved SSA work incentive
- If a person does not qualify for federal or state funded services and other support but meets all income, resource and functional eligibility requirements of this Section, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:
 - A retirement account that is in the accumulation stage
 - A medical savings account
 - An assistive technology account

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

3. Determination of Diagnostic Eligibility

You must have an established diagnosis of mental illness, chronic mental illness, mental retardation, developmental disability or brain injury.

The specific definitions are as follows:

Mental Illness: This includes people who have a current diagnosis of a mental illness as defined in the Diagnostic & Statistical Manual, Fourth Edition (DSM IV). Diagnoses that fall into this category include, but are not limited to, the following: schizophrenia, major depression, manic-depressive (bipolar) disorder, adjustment disorder, and personality disorder. Also included are organic disorders such as dementias, substance-induced disorders, and "other organic disorders, including physical disorders such as brain tumors. (Excluded are V Code diagnoses, psychoactive substance use disorders, and developmental disorders.)

Chronic Mental Illness (Per Iowa Administrative Code, Chap. 24): This includes people who are 18 and over with persistent mental or emotional disorders that seriously impair their functioning relative to such primary aspects of daily living as personal relations, living arrangement, or employment. People with chronic mental illness will

typically have histories that meet at least one of the treatment history criteria and at least two of the functioning history criteria.

A. *Treatment History Criteria:* People with chronic mental illness will typically meet **at least one of the following criteria:**

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

B. *Functioning History Criteria:* People with chronic mental illness will typically meet **at least two of the following criteria on a continuous or intermittent basis for at least two years:**

1. Are unemployed, employed in a sheltered setting, or have markedly limited skills and a poor work history.
2. Require financial assistance or out-of-hospital maintenance and may not be able to procure such assistance without help.
3. Show severe inability to establish or maintain a personal support system.
4. Require help in basic living skills.
5. Exhibit inappropriate social behavior that results in demand for intervention by the mental health and/or judicial system.

Mental Retardation (Per Iowa Administrative Code, Chap. 22): People with mental retardation have significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior, manifested during the developmental period. **All of the following criteria must be met:**

- A. A score of approximately 70 intelligence quotient (IQ) or below, as obtained by assessment with one or more of the individually administered general intelligence tests developed for the purpose of assessing intellectual functioning.
- B. Deficits in adaptive behavior, defined as the effectiveness or degree with which individuals meet the standards of personal independence and social responsibility expected for age and cultural group.
- C. Sub-average intellectual functioning and deficits in adaptive behavior manifested during the developmental period, the time period between conception and the eighteenth birthday.

Other Developmental Disabilities (Per Iowa Administrative Code, Chap. 22): People with developmental disabilities have severe, chronic disabilities that **meet all of the following criteria:**

- A. Is attributable to mental or physical impairment or a combination of mental and physical impairments.
- B. Is manifested before the person attains the age of 22.
- C. Is likely to continue indefinitely.
- D. Results in substantial functional limitation in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
- E. Reflects the individual's need for a combination and sequence of services which are of lifelong or extended duration and are individually planned and coordinated; unless this term is applied to infants and young children from birth to the age of five inclusive, who have substantial developmental delay or specific congenital or

acquired conditions with high probability of resulting in developmental disabilities if services are not provided.

Brain Injury (Per Iowa Administrative Code, Chap. 22): Persons with clinically evident damage to the brain resulting directly or indirectly from trauma, infection, anoxia, vascular lesions or tumor of the brain, not primarily related to the degenerative or aging processes, which temporarily or permanently impairs a person's physical, cognitive, or behavioral functions.

4. Determination of Legal Settlement and County of Residence

Legal settlement refers to a legal concept that determines which county is legally responsible for the cost of an individual's service. Individuals may reside in a county but not have legal settlement in that county. To establish legal settlement an individual must live in an Iowa county for one year without receiving any mental health or substance abuse treatment. If someone moves to a county for less than one year, he or she will not have established legal settlement in that county. If someone moves from out of state and has not lived in a county for one year without services, he or she will have legal settlement with the State of Iowa.

Eligibility for services is determined according to the county of residence plan. "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 persons with mental retardation, or residential care facility, nor for the purpose of attending a college or university. The "county of residence" for persons receiving residential services, as described in the preceding sentence, is the county where the person lived at the time of the residential placement. For persons who are Iowa residents but who fall within an exclusion for county of residence as described in this definition, the county where the person is physically present shall be the county of residence. The county of residence of an adult who is a homeless person is the county where the adult usually sleeps.

5. Notice of Eligibility

A Notice of Eligibility (Form B) will be mailed to the applicant and providers within 10 working days of receipt of the completed CPC application. The notice will state whether the application has been approved or denied for funding, or if the decision is pending and more information is needed. Failure to return a completed CPC application or requested information within 30 days from the date of the Notice of Eligibility may result in denial of service funding.

E. SERVICE FUNDING AUTHORIZATION

Once an individual is determined eligible for county funded services, a service coordinator will be assigned. Service coordinators will be assigned based on the following premises:

1. If the applicant has a Medicaid Targeted Case Manager or a county social worker, that person is the service coordinator.
2. If not, then a worker from a residential provider.

3. If not, then a worker from a vocational provider.
4. If not, then a worker from the outpatient mental health provider.

The service coordinator will work with the applicant through the following process to determine how much and what kinds of services are appropriate.

1. Assessment

The service coordinator will do an assessment. An assessment is information collected through interviews with the applicant, and other interested people or providers to give the best picture of the applicant's needs. Other assessments may be used instead of, or in addition to, the service coordinator's assessment.

2. Development of an Individual Comprehensive Plan

After the assessment, the service coordinator will work with the applicant and others identified by the applicant as being part of the treatment team to develop a plan to meet the needs and accomplish goals.

3. Service Funding Request (Form C)

After the service coordinator verifies that county funded services are the least restrictive and most cost effective services appropriate for the individual's needs, and that alternative funding and supports were considered first, a service funding request is submitted to the Central Point of Coordination (CPC) Administrator in the individual's county of residence.

The CPC Administrator will then decide if the treatment, rehabilitative or supportive services are as follows:

1. Appropriate and necessary to the symptoms, diagnoses or treatment
2. Within standards of good practice for the type of service requested
3. Not primarily for the convenience of the individual or that of the service provider
4. The most appropriate level of service which can safely be provided
5. Of benefit to the individual and not available from alternative sources
6. For a service available to the individual's covered diagnosis
7. When deemed appropriate, the CPC Administrator may contract with a qualified professional to review the plan for requested services

The funding request decision will not supersede approval of services mandated by federal or state statute, code, or rule and be within current service utilization guidelines of 24 individual therapy session per year (including the initial evaluation) and 12 psychiatric visits per year.

4. Service Funding Notice of Decision (Form C)

A Notice of Decision will be mailed to the applicant and providers of the services requested within 10 working days after receiving the service funding request. This may be completed at the same time as the Eligibility Notice of Decision is sent. If approved, funding is for the time frame requested on the request form (not to exceed one year) unless otherwise stated. Only services with prior approval by the CPC Administrator will be reimbursed.

If funding is reduced or denied, the reason will be stated along with the individual's right to appeal and the procedure to do so.

If an individual is approved but funding is not available, the individual will be placed on a waiting list. If the individual has legal settlement in another county and there is a waiting list, the individual will be also placed on that waiting list. The individual will be informed of the approximate time to expect to be on the waiting list.

5. Ongoing Approval of Service Funding

Updated demographic and financial eligibility must be submitted annually. The service coordinator is responsible for completing this requirement. A new service funding request shall be submitted each time an individual needs a change in services.

F. SERVICES AVAILABLE

The following services funded in part or in whole by the county are available to individuals with an established diagnosis. Criteria for each service may vary. Specific details may be found in the “Service Matrix” in the Appendix C.

Information and Education Services (do not require CPC Application)

Information and Referrals are activities designed to provide facts about resources that are available and help to access those resources.

Public Education Services are activities provided to increase awareness and understanding of the causes and nature of conditions or situations, which affect a person’s functioning in society. Services focus on prevention and public awareness activities. This service is available to all residents regardless of financial or diagnostic eligibility.

Coordination Services

Case Management-Medicaid Match is an interdisciplinary process to assist individuals in obtaining appropriate services and living arrangements and is coordinated by a case manager. Individual must be Medicaid eligible.

Case Management-100% County Funded is the same service as above except that the funding comes totally from the county. Service requires CPC approval on a case-by-case basis.

Services Management is designed to help individuals and families identify service needs and coordinate service delivery but to a lesser degree than case management. A service coordinator/county social worker provides this service.

Personal and Environmental Support Services

Transportation services enable individuals to go to and from work activity centers and day programs or as specified in individual’s service plan.

Homemaker/Home Health Aides are supports provided to assist with personal cares and household chores to allow an individual to function in the least restrictive environment. This service is provided only to individuals eligible for Medicaid Home and Community Based Waivers.

Home Management Services provides for personal emergency response systems covered under Home and Community Based Waivers.

Respite provides temporary care to an individual normally provided by the usual caregiver under Home and Community Based Waivers.

Guardianship is a person legally appointed to make decisions about the ward's needs or affairs other than financial matters. These may include decisions about things like medical treatment, where the ward lives, and arrangements for services such as meals, personal care, training and education, to mention just a few. This is available only in Buchanan County with a limited number of slots.

Home/Vehicle Modification is for physical modifications to the individual's home environment and/or vehicle which are necessary to provide for the health, welfare, and safety of the individual, and which enable the individual to function with greater independence in the home or vehicle. This service is available under Home and Community Based Waivers.

Supported Community Living provides services and supports necessary for individuals to live and work in a community setting.

Other Supports includes home-based habilitation, Consumer Directed Attendant Care (CDAC), Consumer Choices Option (CCO) and Money Follows the Person (MFP) through Medicaid.

Rent Subsidy is ongoing rent support for an individual who has applied for Social Security and signed an Interim Assistance Reimbursement agreement with the CPC office. Rent subsidy is available only to individuals moving to a less restrictive, more cost effective community setting or preventing institutional placement. Individuals must first apply for all other housing and utility assistance programs.

Treatment Services -Physiological

Prescription Medication provides funding for psychiatric medications up to two months until coverage can be obtained from other prescription assistance programs for individuals who are at risk of a more restrictive placement without this funding. Only psychiatric medications prescribed by a psychiatrist will be covered.

In-Home Nursing provides nursing services in the individual's home through the Home and Community Based Waivers.

Treatment Services -Psychotherapeutic

Outpatient Therapy is a planned process in which a therapist uses professional skills, knowledge and training to enable individuals to realize and use their strengths and abilities; take charge of their lives; and resolve their issues and problems. This service can be provided by any licensed mental health professional in individual or group settings. All residents are eligible for outpatient services if individuals meet financial criteria. Outpatient psychotherapeutic service funding is also available to individuals with household incomes between 150-250% on a co-payment schedule. Counties will fund up to 24 sessions per year per individual for individual therapy, including the initial assessment. Counties will also fund up to 12 psychiatric visits per year including the diagnostic interview. Group therapy utilization limits are based on individual need.

Partial Hospitalization is an active treatment program providing intensive group and clinical services within a structured therapeutic environment for those individuals who

are exhibiting psychiatric symptoms of sufficient severity to cause significant impairment in day-to-day functioning. Individuals must be Medicaid eligible.

24-hour Crisis includes phone access to a trained crisis counselor.

Evaluation is the process of screening, diagnosing and assessing individual and family functioning, needs, abilities, and disabilities, and determining current status and functioning, recommendations for services, and need for further evaluation.

Rehabilitative

Day Treatment Services provide for individualized services emphasizing mental health treatment and intensive psychiatric rehabilitation activities designed to increase the individual's ability to function independently or facilitate transition from a residential placement. Individuals must be Medicaid eligible.

Community Support Programs are comprehensive programs to meet individual treatment and support needs of individuals to live and work in a community setting. Individuals must need this service in order to remain in the community.

Psychiatric Rehabilitation Programs are individualized services designed to increase the individual's ability to function independently to prevent or reduce the need for services in a hospital or residential setting, and to promote the individual's recovery of the ability to perform a valued role in society.

Vocational and Day Services

The following services are funded by counties after Iowa Vocational Rehabilitation Services benefits have been exhausted. Any individual under 21 must establish that services are not available through the responsible school district and Area Education Agency.

Vocational Services are services designed to increase individual's skills to obtain competitive employment, or for those individuals whose impairment severely reduces their productive capacity to productive lives.

Adult Day Care is a service provided during the day in a protective environment where the program is therapeutic to meet the physical and psycho-social needs of the individual.

Supported Employment (including job placement and enclave) is support provided by a job coach to help an individual to obtain and/or maintain a job. Individual must be considered at risk of losing job without services.

Other Services are day services provided under Medicaid waiver and habilitation services.

Licensed/Certified Living Arrangements

Residential Care Facility services consist of room, board, supervision, care and personal assistance, including basic, social, and independent living skills training, health screening, leisure-time, recreational, behavior therapy, support, transportation, and transition services. Individuals must need supervision, assistance or care on a daily basis in order to be reasonably safe and must not require ongoing care from a nurse.

Residential Care Facility for Persons with Persistent Mental Illness (RCF/PMI) services consist of room, board, supervision, care and personal assistance, including basic, social, and independent living skills training, health screening, leisure-time, recreational, behavior therapy, support, transportation, and transition services. Individuals must need supervision, assistance or care on a daily basis in order to be reasonably safe and must not require ongoing care from a nurse. Programming and services directed to the special needs of persons with persistent mental illness.

Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) services consist of institutional care providing active treatment and psychological, medical, pharmaceutical, dental, ophthalmology, audiology, speech, occupational therapy, physical therapy, dietary, behavioral, vocational, educational, residential, community, and recreational services and supports. Iowa Foundation for Medical Care (IFMC) must approve individuals.

Supported Community Living services are programs for those individuals living alone or with other individuals in a house or apartment receiving services and supports determined necessary to enable individuals to live in a community setting.

Institutional/Hospital and Commitment Services

Inpatient/State Mental Health Institutes: treatment at Independence Mental Health Institute for individuals with an acute psychiatric illness who meet the criteria for medical necessity as defined in the Iowa Mental Health Access Plan. All admissions must be prescreened by Northeast Iowa Behavioral Health Center, Abbe Center for Community Mental Health, or Covenant Clinic Psychiatry staff or have prior CPC Administrator approval.

State Hospital School for Persons with Mental Retardation: institutional care providing active treatment and psychological, medical, pharmacy, dental, ophthalmology, audiology, speech, occupational therapy, physical therapy, dietary, behavioral, vocational, educational, residential, community, and recreational services and supports. Iowa Foundation for Medical Care (IFMC) must approve consumers. Individual must require a level of care not available from community-based providers.

Inpatient/Community Hospital: inpatient services received at a public community-based hospital for treatment of an acute psychiatric illness for individuals who meet the criteria for medical necessity and under court committal. Counties may subsidize third party insurance including an individual's co-payments and deductibles. Insurance payments plus county subsidy may not exceed the host county contracted rate. Individuals over the 150% poverty guideline will be responsible for the cost of this service.

Commitments (under Iowa Code Section 229)

Diagnostic Evaluations Related to Commitment provides for an evaluation performed as part of the commitment process. This includes inpatient hospitalization. Counties may subsidize third party insurance including an individual's co-payments and deductibles. Insurance payments plus county subsidy may not exceed the host county contracted rate. Individuals over the 150% poverty guideline will be responsible for the cost of this service.

Sheriff Transportation provides for transportation costs as part of the commitment process. Individuals over the 150% poverty guideline will be responsible for the cost of this service.

Legal Representation provides for legal services as part of the commitment process. Individuals over the 150% poverty guideline will be responsible for the cost of this service.

Advocacy Services provide for an advocate for the individual while under commitment. If a person is over the 150% poverty guideline, the individual will be responsible for the cost (IC229.19(3)).

Substance Abuse services are not eligible under the mental health and disabilities plan but commitment services under Code section 125 are funded on a limited basis by counties. See Appendix D for description of these services.

Other Services Not Listed

Counties are committed to funding cost-effective services which assist individuals to live independently. At times individuals may have special needs that are not included on this list. Individuals, in collaboration with their service coordinator/case manager/county social worker, are encouraged to make service-funding requests for services that meet these special needs. Decisions to fund these services will be made by the CPC Administrator and viewed as “exceptions to policy”. An exception to policy will be considered in cases where an individual will be significantly adversely affected by a county eligibility policy. To request an exception to policy, the individual’s service coordinator/case manager/social worker must submit the following information:

1. Individual’s name
2. Current services the individual is receiving
3. The policy for which the exception is being asked
4. Reasons why the exception should be granted
5. Budget impact

The CPC Administrator will review the exception and a response will be given to the service coordinator/case manager/social worker within 10 working days. Decisions on requests for exceptions may not be appealed. Data will be collected on all exceptions for use in the annual report to identify future changes in policy. See Form E.

G. CO-PAYMENT FOR SERVICES

Depending on the service and the guidelines, individuals may be required to repay or make a co-payment. Any co-payments or other client participation required by any federal, state, county or municipal program in which the individual participates shall be required. Such co-payments include, but are not limited to the following:

Outpatient Psychotherapeutic Services

The amount of the individual’s co-payment is determined by the amount of the household’s gross income. There is no co-payment for individuals with incomes below 150% of poverty. A co-payment is required for those individuals with incomes between 150-250%. County co-payments may be applied to any third-party insurance copayment, deductible or spend down requirement. This amount is collected by the service agency. See the current (updated annually on April 1st) co-payment schedule in the Appendix B.

Residential Care Facility & Intermediate Care Facility for Persons with Mental Retardation

- Individuals are responsible for the client participation fee for maintenance through the state supplemental assistance (SSA) program.
- Individuals must apply for and accept SSA, if applicable. Persons who are approved for SSA and meet the client participation as determined through the SSA program would be considered eligible for twenty-four hour service with no additional client participation.

Individuals who require a residential placement due to their disability but have not yet been determined eligible for Social Security Disability or Supplemental Security Income will be requested to sign an “Interim Assistance Reimbursement” agreement. Counties will pay the maintenance portion (State Supplemental) until such time the individual is determined eligible for Social Security Disability. Counties will also fund the costs for prescriptions not available from other prescription assistance programs until such time the individual has been determined eligible for disability. Those individuals authorized to receive funding for residential services will be responsible to reimburse counties for the maintenance cost of the residential service and for the costs of their non-psychotropic prescriptions, once they have been determined eligible for Social Security Disability. The total amount requested for reimbursement will depend on the amount of the individuals’ “back payment” for Social Security. An Interim Reimbursement Agreement will be kept on file.

H. WAITING LIST

Counties will make every attempt to maintain eligibility guidelines and service availability as outlined in this plan; however our ability to do so is contingent on sufficient funds being available. If sufficient funding is not approved, each county will implement a waiting list on an individual basis in accordance with this section.

Counties require the following strategies be utilized on an ongoing basis to prevent the need to implement a waiting list or shorten the length of time on a waiting list:

- A. Service Coordinators will continuously and actively seek ways to move individuals to the least restrictive environments. Individuals will utilize or learn to utilize natural supports whenever possible. Any service that is cost neutral or of lesser cost and in the best interest of the individual will be approved.
- B. Each individual’s IDT (Inter-Disciplinary Team) will meet to determine that services reflect the individual’s needs and not wants.
- C. All individuals applying for 100% County Funding must first be denied for all federally funded services, unless this is not cost effective.
- D. Counties will only implement a waiting list if the property tax levy is at the maximum amount and all dollars available to the county have been fully encumbered.
- E. Data from any implemented waiting list will be compiled and used in any future planning.

In the event of the creation of a waiting list for funding, individuals placed on a 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. Individuals on the waiting list will be

contacted at least quarterly and advised of their current status and any adjustment to the expected time on the list. When funding becomes available, counties will determine which individuals will enter the system in accordance with the date placed on the waiting list. The waiting lists of both the county of legal settlement and the county of residence shall be honored.

A waiting list may not be utilized for the following services:

- Mental Health Commitment services
- Medicaid Targeted Case Management
- ICF/MR
- Medicaid HCBS/ID Waiver services (up to the number of waiver slots)
- Medicaid Habilitation Services
- Medicaid Partial Hospitalization and Day Treatment
- Outpatient mental health counseling
- Crisis services
- Voluntary Hospitalization at MHI

I. EXPECTATIONS FROM SERVICES

We believe individuals receiving services have the right to the following expectations:

- Services available when needed.
- Individualized services.
- Choice of service providers.
- Choice of where and with whom to live.
- Choice of where or if to work.
- Satisfaction with the quality of life and services.
- Greater independence.

We will strive to meet expectations of individuals by involving the individual, family members and all interested people in the program planning, operations and evaluation of the mental health/developmental disabilities system.

J. INDIVIDUAL RIGHTS AND RESPONSIBILITIES

Individuals with mental illness, mental retardation, and other developmental disabilities have the same fundamental rights as all persons. Rights can be limited only with the informed consent of the individual's guardian or legal authorities with the following guidelines: limit is based on an identified individual need; skill training is in place to meet the identified need; periodic evaluation of the limits is conducted to determine the continuing need for limitation.

1. Rights

In addition to constitutional rights, individuals have the following specific rights:

1. The right to privacy, including the right to private conversation, and to confidentiality.
2. The right to be treated with respect and to be addressed in a manner that is appropriate to chronological age.
3. The right to appeal any staff or provider action.
4. The right to enter into contracts.

5. The right to due process.
6. The right to receive a written Notice of Decision that specifies the type of service, the amount of service, and the cost of service approved to be funded by the county.
7. The right to legal representation at individual's own expense.

2. Responsibilities

Individuals have a responsibility to get the most from the services provided:

1. Treat those giving the service with the same respect and kindness people expect to receive.
2. Ask questions about the service so there is an understanding of what is expected.
3. Seek help before a crisis situation arises.
4. Keep appointments and be on time. Call ahead if you must cancel.
5. Follow the procedures for complaints, care review and appeals if unhappy with service.
6. Work towards the goals identified in the service plan.

In the event an individual feels any rights have been infringed upon, individuals may request advocacy assistance from their service coordinator or other advocates. At any point, individuals may refuse all or part of services which are being offered.

If individuals are not responsible, services may be reduced or terminated.

K. CONFLICT OF INTEREST

The CPC Administrator of each county will make all funding decisions for each respective county. The CPC Administrator will ensure that he or she has no financial or personal interest in the services or supports to be provided. If in the event such an interest occurs the case will be referred to another CPC within the Northeast Iowa Management Plan to make the decisions. If a county provides, as well as purchases services, there is a potential for a conflict of interest. If this situation occurs, the counties are committed to making payment decisions solely on the basis of applicant eligibility, service needs, and cost analysis without favoring county-provided services.

L. CONFIDENTIALITY

A copy of the county HIPAA Policies and Procedures is posted and is available to anyone completing a CPC application and available on each county website.

Confidentiality Safeguards:

- Counties are committed to respecting individual privacy and keeping confidential the information, records, and files compiled. Written consent will be obtained before information is released to others. During medical or other emergencies when individuals are not able to give consent, information will be released only as required by law to address and resolve the crisis.
- Information and records will only be released to others when the information is required to accomplish a specific task. For example, persons hearing appeals on a limited issue do not need to review, or enter into evidence, a person's entire clinical or medical history or file.

- Conversations will be conducted in private settings where the public cannot overhear any of the discussions.
- Files will be kept locked during non-business hours. Access to confidential computer files is limited to persons with a password. Passwords are changed as required.
- Personal information, such as your name, address and social security number, is removed from general documents created. This includes invoices submitted to the auditor and quality assurance reports.
- Fax machine transmissions are received in a secure setting and sent to the proper recipient.
- County staff is trained about our practices and the laws and safeguards relating to personal health information during the annual HIPAA training.

Consent to Obtain/Release Information Form (Form F):

When applying for services, individuals or guardians will be asked to read, review, date and sign a release of information form. This consent to release information may be revoked at any time either in writing or verbally. Services will not be automatically denied if the individual refuses to sign the release when applying for services. However, without supporting information, eligibility for services may be denied.

The Right to Review Records:

Individuals or designee may review mental health and developmental disability files and records during office hours and for any reason with a scheduled appointment. Staff will attempt to accommodate your request within 72 hours. A representative of our office may be present while files are reviewed. There is no charge for reviewing records but individuals will be responsible for copying costs.

M. APPEAL PROCESS

If the county makes a decision adverse to the individual, that person may appeal that decision. Adverse decisions may include decisions involving eligibility determinations, funding and/or service levels.

The CPC Administrator makes initial decisions regarding eligibility for services. These Notices of Decision shall be in writing and shall explain the reasons for the decision. If a decision is appealable, the Notice of Decision will explain the right to appeal, and how to file the appeal.

Step One: Filing the Appeal

Applicants or their representatives (with consent of the applicant) may appeal an adverse decision by the CPC Administrator. The appeal must be in writing and must be filed with the CPC Administrator within fifteen (15) business days of the date of the decision. If the appeal is filed late, it cannot be considered. The appeal shall state the following: (1) the reasons why the CPC Administrator's decision should be reversed; (2) the resolution requested; (3) applicant's name, address, and telephone number and the name, address, and telephone number of applicant's representative if applicable.

Step Two: Discussing the Problem

After the appeal is filed, the CPC Administrator will contact the individual to schedule a meeting to discuss the appeal. This meeting must be held within 10 business days, unless the parties agree to extend the time to meet. Individuals may bring someone along to the meeting to help explain the individual's position. The individual and the

CPC may ask another person to serve as a mediator. At the meeting, the CPC Administrator will explain his or her reason for the decision. The applicant may ask questions or give the CPC Administrator other information that is important. The individual must tell the CPC Administrator what type of outcome is desired (a proposed resolution). If the individual and the CPC Administrator reach an agreement, the CPC Administrator will issue a revised Notice of Decision within 10 business days. At the end of the meeting a revised Notice of Decision will be issued explaining the decision reached and whether the appeal will continue.

Step Three: The Appeal

If the parties are unable to resolve the problem at the meeting, within 10 business days of the date of the meeting, the CPC Administrator will contact a neutral decision-maker, an Administrative Law Judge at the Department of Inspections and Appeals, Iowa Code 10A.801 (Judge). The county shall pay the cost of the Judge. The Judge will set a prehearing conference to discuss hearing procedures and set a time for the hearing. The Judge will provide written notice of the prehearing conference and the hearing. The applicant will have the right to present evidence and argument at the hearing. The Judge will consider the evidence and will issue a written ruling. The decision of the Judge is final.

Applicants may contact another person to assist with the appeal. This could be an attorney, an organizational representative, or a friend. The county will not provide legal assistance. Two places that may provide legal assistance include the following:

Legal Aid: 1-800-532-1275

Iowa Protection and Advocacy: 1-800-779-2502

N. PROVIDER APPLICATION & CREDENTIALING

1. Selection of Providers

Service providers will be chosen on the basis of quality of services, responsiveness to individuals' needs and desires, responsiveness to the county needs, rates for service, and accessibility. All providers who are required to be certified, licensed, or accredited, shall be and must continue to meet established standards in order to receive payment for services.

Providers meeting one or more of the following criteria and demonstrating a willingness to work with contracting county in enhancing and improving existing services will be included in the service network:

- Currently certified, licensed or accredited as a service provider with the state of Iowa
- Currently under contract with a county in Iowa
- Currently enrolled as a Medicaid provider, and/or certified contracted member of the Magellan Behavioral Care of Iowa (MBC) provider network
- Currently accredited by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO), the Council for Accreditation of Rehabilitation Facilities (CARF), or other national accrediting body

In addition providers must provide proof of adequate liability insurance, documentation of service and staff expertise as requested by the CPC Administrator.

The contracting county will make efforts to recruit and approve non-traditional providers as part of the service provider network. The following is the criteria and process for selecting and approving providers not currently subject to license, certification, or other state approval standards:

- The service outcomes achieved by the non-traditional provider, as identified by the individual, must be comparable to services provided by traditional licensed providers
- All applicants will have to provide:
 - A check of the criminal registry
 - A check of the sex offender registry
 - A check of the child abuse/dependent adult registry
- The applicant shall provide evidence of applicable insurance (including liability insurance) and the mental/physical abilities or other qualifications needed to perform the service (i.e. driver's license, ability to lift, ability to read label, etc.)

2. Network Membership Criteria

Providers that are part of the county network are required to submit the following to the Central Point of Coordination office:

- Documentation of appropriate corporate structure and governance as evidenced by a copy of agency by-laws
- Current license, certification, and/or accreditation
- Current accreditation survey from Inspections and Appeals and/or similar accrediting body along with any corrective action recommendations and plan for corrective action by agency
- Independent financial audit.
- Cost reports as required by the County Rate Information System (CRIS) or other method negotiated with host CPC Administrator.
- Documentation of appropriate credentialing of program staff.
- Summary of previous year's appeals and outcomes (due Sept. 1st).
- Copy of the agency's Quality Assurance management plan and report.
- List of current board of directors.
- Organizational chart.

The above criteria may be waived for those providers located outside of the contracting county, which have needed documentation on file with the host county.

3. Contracts

Provider contracts will be negotiated by each CPC Administrator and must be signed by the Chair of the Board of Supervisors or designee. Only services negotiated in the contract will be purchased and no rate increases will be recognized without a signed contract or addendum. Termination of services will occur as outlined in the contract.

Each county may honor contracts developed between providers and other counties. Providers must submit a rate sheet and a signature page signed by the authorized entity in the host county. Counties support individual consumer choice and will place no geographic restriction on service providers other than they must provide services in Iowa. Counties are interested in obtaining the best service value for individuals served based on individual needs.

Providers wishing to terminate services will provide a 30-day notice of intent to terminate to the individual/guardian, the service coordinator, and the CPC Administrator,

and will cooperate with discharge planning efforts to insure the individual's health and safety.

O. PROVIDER ROLE IN APPLICATION PROCESS AND REFERRALS

Counties hold the philosophy that the role of the CPC Administrator is to manage the service system, not individual cases. Therefore, the following CPC functions may be delegated to local service providers:

- Intake
- Referral for case management (if needed)
- Referral for clinical assessment (if needed)
- Development of an individualized service plan
- Assistance with navigating the service system on an individual basis

1. Access Points

Each county delegates specific tasks to individual Access Points (See Appendix A for a list of each access point and the corresponding delegated functions in Appendix E).

All access Points have the following responsibilities for new applicants:

- Make the CPC Application form (Form A) available for any county resident that requests services through the provider and who also requests whole or partial funding by the county.
- Advise the county resident of his/her right to refuse to complete the application and of the funding implications of such refusal.
- Assist the county resident in completing the application form when requested to do so and forward CPC Application and appropriate Releases of Information (Form F) to the CPC office of the individual's county of residence by the end of the working day in which the application was received. The county of residence is defined by 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 house for community corrections and/or substance abuse treatment, nursing facility, intermediate care facility for persons with mental retardation, 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 where the adult usually sleeps.
- *For Outpatient Mental Health services only:* In addition to the CPC Application and release, submit a completed and signed (by therapist and individual) Service Funding Request Form (Form C) based on services identified as needed in the individual's treatment plan.
- In unusual cases, agency staff should contact the CPC Administrator for further direction.
- Agency staff, individuals receiving services, members, and other stakeholders will receive ongoing training on the CPC planning process, intake, and service authorization process as deemed appropriate by local stakeholder groups, agency directors, and the CPC Administrator.

2. Service Coordinator

The service coordinator will perform the following functions:

1. Assist individuals in completion of the CPC Application and collection of the supporting data if needed.
2. Complete initial assessment and service request based on assessment.
3. Serve as liaison between CPC office and individual.
4. Make referrals and coordinate services between all service providers.
5. Completion of Recertification on an annual basis.

Service Coordinators will be assigned based on the following premises:

1. If the applicant has a Medicaid Targeted Case Manager or a county social worker, that person is the service coordinator.
2. If not, then a worker from the residential unit.
3. If not, then a worker from a vocational provider.
4. If not, then a worker from the outpatient therapy provider.

P. FUNDING AUTHORIZATION

Counties shall be responsible for funding only those services in the Northeast Iowa Mental Health & Disabilities Services Management Plan. Individuals, in conjunction with the service coordinator, may request additional services. The decision to approve or deny the request will be made by the CPC administrator based on outlined service guidelines and available funds. Counties shall not authorize funding for new services provided out of state.

All services funded in whole or in part by Counties must be pre-approved by the CPC Administrator in order to receive reimbursement. Pre-approval of funding, in and of itself, does not guarantee payment.

Q. EMERGENCY SERVICES

The Mental Health Institute in Independence is the designated provider for voluntary and court-ordered hospitalization for individuals with mental illness. The staff from contracted outpatient service providers must prescreen all individuals. Staff from Northeast Iowa Behavioral Health Center, Abbe Center for Community Mental Health, and Covenant Clinic Psychiatry are available by phone 24 hours and will conduct a face-to-face assessment, if possible.

In the case of involuntary commitments an individual is determined by order of the court to be in crisis (IC 229.1(14)) and requires immediate hospitalization. The court shall order inpatient treatment in the most appropriate facility in the State of Iowa recommended by involved medical professionals. Counties will reimburse medical facilities at the rate contracted by the host county. For a list of preferred hospitals, see Appendix F.

Hospital staff must notify the CPC Administrator of admissions by the end of the next working day. Messages may be left on the CPC Office voice mail. A completed CPC application and releases of information must be forwarded within 3 working days.

R. PROVIDER REIMBURSEMENT FOR SERVICES

Counties will only reimburse for those services that are authorized and at the rate approved in the contract. The following billing protocol should be followed:

1. Invoices must provide the following information:
 - a) Name of each individual served during the reporting period.
 - b) Number of units of service, unit rate and total cost of units provided to each individual.
 - c) Reimbursement billed to other sources (including client participation or co-pay), and therefore deducted from the county costs, for each individual.
 - d) Summary of total costs to county by service.
2. Invoices shall be submitted to the county of legal settlement CPC Office.
3. Counties will reimburse out-of-county providers according to the terms and rates outlined in the host county contract.
4. Providers must submit invoices within 60 days of the service unless the provider is waiting for third party payment. No bill will be paid that is over one year old from the date of service rendered without specific approval from the Board of Supervisors with the exception of bills from the Iowa Department of Human Services. Invoices are paid twice per month. Please consult individual counties as to specific guidelines.

S. STRATEGIC PLAN DEVELOPMENT

Each county will hold meetings of their CPC Advisory Board/Stakeholders Group, including at least one public hearing when required to develop future plans, including the Strategic Plans and amendments. Input is received on an individual and group basis. The CPC Advisory Board/Stakeholders Group from each county consists of family members, individuals receiving services, funders and other interested individuals. The CPC Administrators from each county will gather information from their respective Advisory Board/Stakeholders Group and will collaborate with the other CPCs within the Northeast Iowa Plan counties to develop at least one shared goal for the subsequent years' strategic plans. The CPC Administrators included in the Northeast Iowa Management Plan will meet at least quarterly to review and discuss the progress of the Northeast Iowa Systems Administrative Plan and continue to develop the plan based on input from the corresponding Advisory Board/Stakeholders Group.

The Northeast Iowa Systems Administrative Plan will be available online at each of the county's websites (for those counties that have websites), as well as the Department of Human Services' website. Brochures are available at each county's CPC office describing what services are available through the MH/DD fund. CPC Administrators are available to speak at various engagements to explain the CPC process to interested groups.

The CPC Administrator from each county will track exceptions to policy, trends in services, and needs for amendments to this plan. If amendments are found to be needed, the CPC Administrators will discuss the issues surrounding the need for an

amendment at the regularly scheduled meetings. The amendments will be developed in corroboration with all the counties involved in this plan. Amendments will be taken before each individual Advisory Board/Stakeholders Group, Boards of Supervisors and then approved by the Department of Human Services. These measures will reflect our commitment to improving the overall mental health service delivery system in Northeast Iowa.

The Strategic Plan shall be developed to describe the actual services and service providers funded by counties. This plan shall include the following:

1. Needs assessment
2. Goals and objectives
3. Services and supports
4. Provider network
5. Access points

This plan shall be developed with the cooperation and input from stakeholders in the counties, including, but not limited to individuals, family members, providers, county officials, and advocates. The CPC Administrator of each county will schedule CPC Advisory Board/Stakeholders meetings. These public meetings will be used to evaluate the MH/DD System. Three-year goals will be established from the input that is gathered at these meetings. The process used to involve the stakeholders shall be documented in the strategic plan, including how the stakeholder input was considered in the development of the final plan. The CPC Administrators will then convene and discuss advisory board/stakeholder input and use that information to develop at least one group strategic plan goal. Each County will develop an individual county Strategic Plan.

Every three years a public hearing will be held no later than the 3rd Monday in March for approval of the MH/DD Strategic Plan. This plan must be sent to the state no later than April 1, 2009 and every third year thereafter.

T. ANNUAL REPORT

Each CPC Administrator will complete an annual report each year and submit the report to the Department of Human Services by December 1st.

The annual report will include the following information:

- A review of the progress on the past year's goals and objectives.
- Documentation of stakeholder involvement over the past year.
- Documentation of actual provider network.
- Actual scope of services.
- Actual expenditures.
- Report of appeals (number, type, and resolution).
- Quality assurance implementation, findings and impact on plan.
- Annual statistical report documenting unduplicated individuals served by:
 - Category of diagnosis served
 - Age of individuals
 - Category of service
 - Service dollars allocated per service type
- Waiting list information and unmet service needs.

The annual report will be presented to the Board of Supervisors and the stakeholder groups for review and use in the development of future Strategic Plans.

U. SERVICE UTILIZATION

Counties are currently converting to the utilization of the management information system County CSN (Community Services Network) to track individual usage and dollars spent, and to provide more comprehensive state-wide reports. An annual utilization and cost report will be generated and will include the following information:

- Unduplicated consumer count and expenditure data
- Service denials and reasons for denials
- Identification of high cost individuals to receive special attention from service coordinator and the CPC Administrator

V. QUALITY ASSURANCE

1. System Evaluation

The system evaluation shall include, but not be limited to the following:

- an evaluation of individual satisfaction, including empowerment and quality of life
- provider satisfaction
- pattern of service utilization
- responsiveness to individual needs and desires
- the number and disposition of individual appeals and the implementation of corrective action plans based on the appeals
- cost-effectiveness

2. Service and Supports Evaluation

The services and supports evaluation shall include, but not be limited to, the following:

- an evaluation of the quality of provider services and supports based on individual satisfaction and achievement of desired individual outcomes
- the number and disposition of appeals of provider actions and the implementation of corrective action plans based on these appeals (Contracted providers will be asked to document their internal appeal process including the number and disposition of appeals and implementation of corrective action plans based on those appeals. Yearly documentation will be due Sept. 1st.)
- the cost effectiveness of the services and supports developed and provided by the individual providers
- services and supports are provided in accordance with provider contracts

Individuals and their families are involved in the development and implementation of a quality assurance process through stakeholder meeting (individuals, providers, family members, and advocates) and any work groups that may be formed to assist in this manner. Individuals will be involved through the Case Management system and their Quality Improvement program.

W. INTERFACES & COLLABORATIONS

Individuals routinely access a variety of services that are not funded by or under control of the county. These include the following:

- Income assistance such as SSI, FIP, Food Stamps, Social Security, etc.
- Housing assistance such as rental subsidies, public housing, etc.
- Employment assistance such as vocational rehabilitation and job training
- Primary medical care
- Education through local school districts, Area Education Agencies, Adult Basic Education and local colleges

- Court services
- Substance abuse services
- Medicaid Mental Health Access Plan

CPC Administrators will continue to build and develop relationships with these agencies and identify ways to better coordinate services for individuals with mental illness, mental retardation, or developmental disabilities by the following:

- Identifying the roles and responsibilities of each agency in terms of service delivery,
- Defining referral and communication mechanisms, including points of contact, types of information shared, and reports generated,
- Defining a process for dispute mediation and resolution.

These interfaces are further discussed in the following section:

Vocational Rehabilitation

Counties will continue to work closely with Iowa Vocational Rehabilitation Services in securing medical / psychological assessments, vocational evaluations, counseling / guidance, physical and / or mental restoration services, special adaptive equipment / devices, training, occupational tools, equipment or licenses, and job placements designed to assist individuals with disabilities in preparation for employment. IVRS at times acts a service coordinator as defined in earlier sections.

School System

Counties will continue to work with the school system, including the Area Education Agencies, to identify individuals coming into the adult service system so that adequate services and resources may be identified.

Judicial System

The CPC Administrator will work with the clerk of courts, judicial referee, judges, sheriff, hospital behavioral health units, emergency rooms, mental health centers, magistrate, and mental health advocates so that they are aware of services available other than involuntary hospitalizations with the intention of reducing the number of involuntary committals. The CPC Administrator will coordinate funding of involuntary committals under Iowa Code Chapter 222 and 229.

Department of Human Services-State of Iowa

CPC Administrators will work collaboratively with DHS income maintenance workers and service managers to assist individuals with obtaining access to programs such as Medicaid, FIP, food stamps, MEPD, and HCBS waiver and habilitation services.

Medical Community

Community hospitals and local physicians are sometimes involved in psychiatric hospitalizations. Training regarding the CPC process is beneficial. Home health nurses and aides provide many services to the MI/MR/DD population.

Area Agency on Aging

The CPC Administrator will work closely with area agency on aging staff to see that the aging MI/MR/DD population has all needs met and is able to remain in the community.

Community at Large

CPC staff continue to inform the public and provide information about the services available in the area and provide information regarding funding of these services. Other community agencies often refer individuals who “fall through the cracks” of the traditional service system. The CPC Administrator maintains membership and/or contact with advocacy organizations to keep abreast of issues from a consumer/family perspective.

Magellan Behavioral Health of Iowa

The counties will be involved in the ongoing communication process with Magellan, and or any other management company contracted with the State of Iowa for the following purposes:

- To assure that Magellan pays of all qualified behavioral health care services for Medicaid (Title 19) enrollees, and does not attempt to use county-paid services as a method of managing risk.
- To work with Magellan in the possible development and funding to create new community based services that are cost effective for both entities and effective for the consumers.

APPENDIX A: ACCESS POINTS

Allamakee County Access Points

Allamakee County CPC Office
Courthouse, 1st Floor 563-568-6227
110 Allamakee St. 563-568-6417 (fax)
Waukon, IA 52172

Allamakee County Case Management
Courthouse, 1st Floor 563-568-6227
110 Allamakee St. 563-568-6417 (fax)
Waukon, IA 52172

Alternative Treatment Associates
PO Box 308 563-864-7122
Postville, IA 52162

Makee Manor
877 Highway 9 563-568-4266
Waukon, IA 52172

Mosaic
12 E. Main St. 563-568-3992
Waukon, IA 52172

Northeast Iowa Behavioral Health Center
905 Montgomery St. 563-382-3649
Decorah, IA 52101 800-400-8923

TASC, Inc.
2213 Mt. Olivet Road NW 563-568-4060
Waukon, IA 52172

Iowa Vocational Rehabilitation Services
PO Box 89 563-382-9634
Decorah, IA 52101

Bremer County Access Points

Bremer County CPC Office
203 First Avenue NE 319-352-2993
Waverly, IA 50677 319-352-2997 (fax)

Buchanan County Access Points

Buchanan County Community Services Office
210 Fifth Avenue NE 319-334-7450
Independence, IA 50644 866-215-1032

Abbe Center for Community Mental Health
211 2nd Ave NE, Ste 8, PO Box 489
Independence, IA 50644 319-334-4010

B & D Services
212 1st St E 319-334-6997
Independence, IA 50644

Full Circle Services
2349 Jamestown Ave, Suite 1 319-334-4341
Independence, IA 50644

Goodwill Industries
105 2nd Ave NE 319-334-2015
Independence, IA 50644

Iowa Vocational Rehabilitation Services
2277 Iowa Ave. 319-334-6318
Independence, IA 50644

Clayton County Access Points

Clayton County CPC Office
100 Sandpit Road 563-245-1865
PO Box 456 563-245-2452 (fax)
Elkader, IA 52043

Northeast Iowa Behavioral Health Center
905 Montgomery St. 563-382-3649
Decorah, IA 52101 800-400-8923

RISE, Ltd.
106 Rainbow Drive
Elkader, IA 52043

Scenic Acres
23105 Granite Avenue 563-245-2640
St. Olaf, IA 52072

Hillcrest MHC
200 Mercy Drive, Suite 200 563-582-0145
Dubuque, IA 52001 563-582-0722 (fax)

DHS Targeted Case Management
100 Sandpit Road 563-245-1333
Elkader, IA 52043

Delaware County Access Points

Delaware County Community Services Office
601 Grant Street 563-927-5116
Manchester, IA 52057 563-927-6844 (fax)
Website: www.co.delaware.ia.us

Abbe Center for Community Mental Health
909 W. Main St. Suite 2 563-927-6700
Manchester, IA 52057 563-927-6703 (fax)

Fayette County Access Points

Fayette County Community Services Office
114 North Vine 563-422-5047
West Union, IA 52175

Abbe Center for Community Mental Health
129 S. Vine 563-422-5344
West Union, IA 52175 563-422-5368 (fax)

Northeast Iowa Behavioral Health Center
36 South Frederick Avenue
Box 113 319-283-5775
Oelwein, IA 50662

Goodwill Industries
120 W. Charles St. 319-283-1023
Oelwein, IA 50662

Alternative Living Corp.
205 N. Frederick Ave. 319-283-5406
Oelwein, IA 50662

Full Circle, Inc.
201 First St. NE 319-283-1177
Oelwein, IA 50662

Quality Choices
112 W. Charles St. 319-283-1474
Oelwein, IA 50662

Howard County Access Points

Howard County CPC Office
Howard County Public Services Building
205 2nd Street East 563-547-3599
Cresco, IA 52136 563-547-3117 (fax)

Howard County Case Management
Howard County Public Services Building
205 2nd Street East 563-547-3966
Cresco, IA 52136 877-288-7142

Northeast Iowa Behavioral Health
905 Montgomery Street 563-382-3649
Decorah, IA 52101 800-400-8923

Howard Residential Care Facility
21668 80th Street 563-547-2398
Cresco, IA 52136

Opportunity Homes, Inc
606 Iowa Avenue 563-382-8140
Decorah, IA 52101

The Spectrum Network
607 Washington Street 563-382-8401
Decorah, IA 52101

Iowa Vocational Rehabilitation Services
PO Box 89 563-382-9634
Decorah, IA 52101

Gilbert A. Alber, PC
PO Box 195 563-547-1779
Cresco, IA 52136

Winneshiek County Access Points

Winneshiek County CPC Office
Courthouse Annex 563-387-4144
204 W. Broadway St. 563-382-0520 (fax)
Decorah, IA 52101

DHS Targeted Case Management
Courthouse Annex 563-382-2867
Decorah, IA 52101 563-382-0520 (fax)

Northeast Iowa Behavioral Health
905 Montgomery Street 563-382-3649
Decorah, IA 52101 800-400-8923

Gundersen Clinic
1830 State Highway 9 563-382-3140
Decorah, IA 52101

Opportunity Homes, Inc
606 Iowa Avenue 563-382-8140
Decorah, IA 52101

The Spectrum Network
607 Washington Street 563-382-8401
Decorah, IA 52101

Wellington Place
2479 River Road 563-382-9691
Decorah, IA 52101

Iowa Vocational Rehabilitation Services
PO Box 89 563-382-9634
Decorah, IA 52101

Lighthouse Professional Counseling Services, LLC
1111 Paine St. 563-382-1900
Decorah, IA 52101

APPENDIX B: CO-PAYMENT SCHEDULE

Effective April 1, 2009

Family of 1				Family of 2				Family of 3			
<u>Gross</u>		<u>Monthly-</u>	<u>Fee</u>	<u>Gross</u>		<u>Monthly-</u>	<u>Fee</u>	<u>Gross</u>		<u>Monthly-</u>	<u>Fee</u>
<u>Income</u>		<u>To</u>		<u>Income</u>		<u>To</u>		<u>Income</u>		<u>To</u>	
\$16,245	150%	\$1,354	\$0	\$21,855	150%	\$1,821	\$0	\$27,465	150%	\$2,289	\$0
\$17,328	160%	\$1,444	\$5	\$23,312	160%	\$1,943	\$6	\$29,296	160%	\$2,441	\$8
\$18,411	170%	\$1,534	\$9	\$24,769	170%	\$2,064	\$12	\$31,127	170%	\$2,594	\$15
\$19,494	180%	\$1,625	\$14	\$26,226	180%	\$2,186	\$18	\$32,958	180%	\$2,747	\$23
\$20,577	190%	\$1,715	\$18	\$27,683	190%	\$2,307	\$24	\$34,789	190%	\$2,899	\$31
\$21,660	200%	\$1,805	\$23	\$29,140	200%	\$2,428	\$30	\$36,620	200%	\$3,052	\$38
\$22,743	210%	\$1,895	\$27	\$30,597	210%	\$2,550	\$36	\$38,451	210%	\$3,204	\$46
\$23,826	220%	\$1,986	\$32	\$32,054	220%	\$2,671	\$42	\$40,282	220%	\$3,357	\$53
\$24,909	230%	\$2,076	\$36	\$33,511	230%	\$2,793	\$49	\$42,113	230%	\$3,509	\$61
\$25,992	240%	\$2,166	\$41	\$34,968	240%	\$2,914	\$55	\$43,944	240%	\$3,662	\$69
\$27,075	250%	\$2,256	\$45	\$36,425	250%	\$3,035	\$61	\$45,775	250%	\$3,815	\$76
Family of 4				Family of 5				Family of 6			
<u>Gross</u>		<u>Monthly-</u>	<u>Fee</u>	<u>Gross</u>		<u>Monthly-</u>	<u>Fee</u>	<u>Gross</u>		<u>Monthly-</u>	<u>Fee</u>
<u>Income</u>		<u>To</u>		<u>Income</u>		<u>To</u>		<u>Income</u>		<u>To</u>	
\$33,075	150%	\$2,756	\$0	\$38,685	150%	\$3,224	\$0	\$44,295	150%	\$3,691	\$0
\$35,280	160%	\$2,940	\$9	\$41,264	160%	\$3,439	\$11	\$47,248	160%	\$3,937	\$12
\$37,485	170%	\$3,124	\$18	\$43,843	170%	\$3,654	\$21	\$50,201	170%	\$4,183	\$25
\$39,690	180%	\$3,308	\$28	\$46,422	180%	\$3,869	\$32	\$53,154	180%	\$4,430	\$37
\$41,895	190%	\$3,491	\$37	\$49,001	190%	\$4,083	\$43	\$56,107	190%	\$4,676	\$49
\$44,100	200%	\$3,675	\$46	\$51,580	200%	\$4,298	\$54	\$59,060	200%	\$4,922	\$62
\$46,305	210%	\$3,859	\$55	\$54,159	210%	\$4,513	\$64	\$62,013	210%	\$5,168	\$74
\$48,510	220%	\$4,043	\$64	\$56,738	220%	\$4,728	\$75	\$64,966	220%	\$5,414	\$86
\$50,715	230%	\$4,226	\$74	\$59,317	230%	\$4,943	\$86	\$67,919	230%	\$5,660	\$98
\$52,920	240%	\$4,410	\$83	\$61,896	240%	\$5,158	\$97	\$70,872	240%	\$5,906	\$111
\$55,125	250%	\$4,594	\$92	\$64,475	250%	\$5,373	\$107	\$73,825	250%	\$6,152	\$123
Family of 7				Family of 8							
<u>Gross</u>		<u>Monthly-</u>	<u>Fee</u>	<u>Gross</u>		<u>Monthly-</u>	<u>Fee</u>				
<u>Income</u>		<u>To</u>		<u>Income</u>		<u>To</u>					
\$49,905	150%	\$4,159	\$0	\$55,515	150%	\$4,626	\$0				
\$53,232	160%	\$4,436	\$14	\$59,216	160%	\$4,935	\$15				
\$56,559	170%	\$4,713	\$28	\$62,917	170%	\$5,243	\$31				
\$59,886	180%	\$4,991	\$42	\$66,618	180%	\$5,552	\$46				
\$63,213	190%	\$5,268	\$55	\$70,319	190%	\$5,860	\$62				
\$66,540	200%	\$5,545	\$69	\$74,020	200%	\$6,168	\$77				
\$69,867	210%	\$5,822	\$83	\$77,721	210%	\$6,477	\$93				
\$73,194	220%	\$6,100	\$97	\$81,422	220%	\$6,785	\$108				
\$76,521	230%	\$6,377	\$111	\$85,123	230%	\$7,094	\$123				
\$79,848	240%	\$6,654	\$125	\$88,824	240%	\$7,402	\$139				
\$83,175	250%	\$6,931	\$139	\$92,525	250%	\$7,710	\$154				

Source: *Federal Register*, Vol. 74, No. 14, January 23, 2009, pp. 4199-4201

APPENDIX C: SERVICE MATRIX

	MI	CMI	MR	DD	BI
4x03 Information and Referral	X	X	X	X	X
4x04 Consultation		X			
4x05 Public Education Services	X	X	X	X	X
4x06 Academic Services					
4x11 Direct Administrative	M	M	M	M	M
4x12 Purchased Administrative (CRIS/ETC)	X	X	X	X	
4x21- 374 Case Management- Medicaid Match		M	M	M	
4x21- 375 Case Management -100% County Funded		X	X	X	*
4x21- 399 Other					
4x22 Services Management	X	X	X	X	X
4x31 Transportation (Non-Sheriff)		X	M	X	*
4x32- 320 Homemaker/Home Health Aides			M		*
4x32- 321 Chore Services					
4x32- 322 Home Management Services			M		
4x32- 325 Respite			M		*
4x32- 326 Guardian/Conservator		**	**	**	**
4x32- 327 Representative Payee					
4x32- 328 Home/Vehicle Modification			M		
4x32- 329 Supported Community Living (100% County SCL) (HCBS Hrly SCL) (Habilitation Home-Based Hab Hourly)		M X	M X	X	*
4x32- 399 Other (CMI-HABILITATION/HOME-BASED HAB Daily) (MR-HCBS/CDAC/CCO)		M	M		
4x33- 345 Ongoing Rent Subsidy (Only as part of Interim Assistance Program)		X	X	X	X
4x33- 399 Other					
4x41- 305 Physiological Outpatient					
4x41- 306 Prescription Medication	X	X			
4x41- 307 In-Home Nursing			M		
4x41- 399 Other					
4x42- 305 Psychotherapeutic Outpatient	X	X			
4x42- 309 Partial Hospitalization		M			
4x42- 399 Other—Crisis Line	X	X			
4x43- Evaluation	X	X			
4x44- 363 Day Treatment Services		M			
4x44- 396 Community Support Programs		X			
4x44- 397 Psychiatric Rehabilitation		X			
4x44- 399 Other					
4x50- 360 Sheltered Workshop Services		X	X	X	*
4x50- 362 Work Activity Services (MATCH PRE-VOC, HAB EMP RELATED)		M X	M X	X	*
4x50- 364 Job Placement Services			M		
4x50- 367 Adult Day Care		M	M	X	*
4x50- 368 Supported Employment Services		M	M	X	*
4x50- 369 Enclave		M	M	X	*
4x50- 399 Other (HCBS Day Habilitation)		X	M		
4x63- 310 Community Supervised Apartment Living Arrangement (CSALA) 1-5 Beds					
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					
4x63- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 1-5 Beds		X			
4x63- 317 Nursing Facility (ICF/PMI License) 1-5 Beds					
4x63- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 1-5 Beds			M	M	
4x63- 329 Supported Community Living (HCBS-SCL Daily)		M	M		*
4x63- 399 Other 1-5 Beds					
4x64- 310 Community Supervised Apartment Living Arrangement (CSALA) 6 & over Beds					
4x64- 314 Residential Care Facility (RCF License) 6 & over Beds		X	X	X	*
4x64- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 6 & over Beds			X		
4x64- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 6 & over Beds		X			
4x64- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 6 & over Beds					
4x64- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 6 & over Beds			M	M	
4x64- 399 Other 6 & over Beds					
4x71- 319 Inpatient/State Mental Health Institutes	M	M			
4x71- 399 Other					
4x72- 319 Inpatient/State Hospital Schools			M	M	
4x72- 399 Other					
4x73- 319 Inpatient/Community Hospital	M	M			
4x73- 399 Other					
4x74- 300 Diagnostic Evaluations Related To Commitment	M	M	M	M	
4x74- 353 Sheriff Transportation	M	M	M	M	
4x74- 393 Legal Representation for Commitment	M	M	M	M	
4x74- 395 Mental Health Advocates	M	M	M	M	
4x74- 399 Other					

M=Medicaid Mandated Services

Buchanan County and Delaware County provide some 100% county funded services to individuals with a brain injury diagnosis while those individuals are waiting to qualify for the Brain Injury (BI) Waiver. They are marked with an asterisk ().

**Buchanan County provides a limited number of 100% county funded guardianship slots.

APPENDIX D: SUBSTANCE ABUSE FUNDING

While counties in Iowa recognize the relationship between mental health and substance abuse issues, counties are not mandated to pay for substance abuse treatment services with the exception of those services which are provided at a mental health institute or county hospital. However, the counties will not be liable for these costs if the single entry point process is not followed. The county of venue (or the county in which the commitment takes place) and not the county of legal settlement is responsible for attorney fees and sheriff costs associated with Chapter 125 of Iowa Code.

In the interest of public safety, the counties of Allamakee, Bremer, Buchanan, Clayton, Delaware, Fayette, Howard, and Winneshiek provide funding for detoxification services under the Iowa Code 125 committal process. Follow-up substance abuse treatment is funded through the Department of Public Health and individuals. Any exceptions to policy for substance abuse treatment services, including treatment at an MHI, must have prior approval from the individual county CPC Administrator, and will be granted on an individual county basis.

In cases where the individual is under both mental health (229) and substance abuse (125) commitments, the costs of related services shall be divided equally between the two funding sources. This may involve payment from two counties as the county of legal settlement is responsible for mental health commitment costs, and the county of venue is responsible for substance abuse commitment costs.

APPENDIX E: PROVIDER DELEGATED FUNCTIONS MATRIX

Allamakee County Access Points					
	INTAKE	REFERRAL FOR CASE MANAGEMENT (if needed)	REFERRAL FOR CLINICAL ASSESSMENT (if needed)	DEVELOPMENT OF AN INDIVIDUALIZED SERVICE PLAN	HELP THE INDIVIDUAL NAVIGATE THE SERVICE SYSTEM
Allamakee County CPC Office	X	X	X		X
Allamakee County Case Management	X	X	X	X	X
Alternative Treatment Associates	X	X	X	X	X
Makee Manor	X	X		X	X
Mosaic	X	X		X	X
Northeast Iowa Behavioral Health Center	X	X	X	X	X
TASC, Inc	X	X		X	X
Iowa Vocational Rehabilitation Services	X	X	X	X	X
Bremer County Access Points					
	INTAKE	REFERRAL FOR CASE MANAGEMENT (if needed)	REFERRAL FOR CLINICAL ASSESSMENT (if needed)	DEVELOPMENT OF AN INDIVIDUALIZED SERVICE PLAN	HELP THE INDIVIDUAL NAVIGATE THE SERVICE SYSTEM
Bremer County CPC Office	X	X	X	X	X
Buchanan County Access Points					
	INTAKE	REFERRAL FOR CASE MANAGEMENT (if needed)	REFERRAL FOR CLINICAL ASSESSMENT (if needed)	DEVELOPMENT OF AN INDIVIDUALIZED SERVICE PLAN	HELP THE INDIVIDUAL NAVIGATE THE SERVICE SYSTEM
Buchanan County Community Services Office	X	X	X	X	X
Abbe Center for Community Mental Health	X	X	X	X	X
B & D Services	X	X		X	X
Full Circle Services	X	X		X	X
Goodwill Industries	X	X		X	X
Iowa Vocational Rehabilitation Services	X	X	X	X	X
Clayton County Access Points					
	INTAKE	REFERRAL FOR CASE MANAGEMENT (if needed)	REFERRAL FOR CLINICAL ASSESSMENT (if needed)	DEVELOPMENT OF AN INDIVIDUALIZED SERVICE PLAN	HELP THE INDIVIDUAL NAVIGATE THE SERVICE SYSTEM
Clayton County CPC	X	X	X	X	X
DHS Case Management	X		X	X	X
Northeast Iowa Behavioral Health Center	X			X	X
Hillcrest Mental Health Center	X			X	X
RISE, Ltd	X			X	X
Scenic Acres	X			X	X

Delaware County Access Points					
	INTAKE	REFERRAL FOR CASE MANAGEMENT (if needed)	REFERRAL FOR CLINICAL ASSESSMENT (if needed)	DEVELOPMENT OF AN INDIVIDUALIZED SERVICE PLAN	HELP THE INDIVIDUAL NAVIGATE THE SERVICE SYSTEM
Delaware County Community Services	X	X	X	X	X
Abbe Center for Community Mental Health	X	X	X	X	X
Fayette County Access Points					
	INTAKE	REFERRAL FOR CASE MANAGEMENT (if needed)	REFERRAL FOR CLINICAL ASSESSMENT (if needed)	DEVELOPMENT OF AN INDIVIDUALIZED SERVICE PLAN	HELP THE INDIVIDUAL NAVIGATE THE SERVICE SYSTEM
Fayette County CPC Office	X	X	X		X
Abbe Center for Community Mental Health	X	X	X	X	X
Northeast Iowa Behavioral Health Center	X	X	X	X	X
Goodwill Industries	X	X		X	X
Alternative Living Corp.	X	X		X	X
Full Circle, Inc	X	X		X	X
Quality Choices	X	X		X	X
Howard County Access Points					
	INTAKE	REFERRAL FOR CASE MANAGEMENT (if needed)	REFERRAL FOR CLINICAL ASSESSMENT (if needed)	DEVELOPMENT OF AN INDIVIDUALIZED SERVICE PLAN	HELP THE INDIVIDUAL NAVIGATE THE SERVICE SYSTEM
Howard County CPC Office	X	X	X		X
Howard County Case Management	X	X	X	X	X
Northeast Iowa Behavioral Health Center	X	X	X	X	X
Howard Residential Care Facility	X	X		X	X
Opportunity Homes, Inc	X	X		X	X
The Spectrum Network	X	X		X	X
Mental Health Institute-Independence	X	X	X	X	X
Iowa Vocational Rehabilitation Services	X	X	X	X	X
Gilbert A. Alber, PC	X	X	X	X	X
Winneshiek County Access Points					
	INTAKE	REFERRAL FOR CASE MANAGEMENT (if needed)	REFERRAL FOR CLINICAL ASSESSMENT (if needed)	DEVELOPMENT OF AN INDIVIDUALIZED SERVICE PLAN	HELP THE INDIVIDUAL NAVIGATE THE SERVICE SYSTEM
Winneshiek County CPC Office	X	X	X		X
DHS Targeted Case Management	X	X	X	X	X
Northeast Iowa Behavioral Health Center	X	X	X	X	X
Gundersen Clinic	X	X	X	X	X
Opportunity Homes, Inc	X	X		X	X
The Spectrum Network	X	X		X	X
Wellington Place	X	X		X	X
Iowa Vocational Rehabilitation Services	X	X	X	X	X
Lighthouse Professional Counseling Services, LLC	X	X	X	X	X
Iowa Vocational Rehabilitation Services	X	X	X	X	X

APPENDIX F: PREFERRED INPATIENT MEDICAL FACILITIES

Covenant Medical Center (including Sartori)
Waterloo, Iowa

Allen Hospital
Waterloo, Iowa

St. Luke's Hospital
Cedar Rapids, Iowa

Mercy Medical Center
Cedar Rapids, Iowa

Mercy Medical Center North Iowa
Mason City, Iowa

University of Iowa Hospitals and Clinics
Iowa City, Iowa

Mental Health Institute
Independence, Iowa

Form A: CPC APPLICATION FORM

NORTHEAST IOWA COUNTIES CPC/COMMUNITY SERVICES COUNTY CPC Application Form

Application Date: _____ Date Received by CPC Office: _____

Last Name: _____ First Name: _____ MI: _____

Maiden Name: _____ Nickname: _____ Suffix: _____

Phone #: _____ Birth Date: _____ SSN# _____ State ID# _____

Current Address: _____
Street City State Zip County

Mailing Address: _____
Street City State Zip County

Gender: Male Female Ethnic Background: White African American Native American Asian Hispanic Other _____

U.S. Citizen: Yes No Primary Language: _____

Marital Status: Never married Married Divorced Separated Widowed

Legal Status: Voluntary Involuntary-Civil Involuntary-Criminal Probation Parole Jail/Prison

Veteran Status: Yes No Branch & Type of Discharge: _____ Dates of Service: _____

Guardian/Conservator appointed by the Court? Yes No

Protective Payee Appointed by Social Security? Yes No

<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Protective Payee (Please check those that apply & write in name, address etc.) Name: _____ Address: _____ Phone: _____
--

<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Protective Payee <input type="checkbox"/> Conservator (Please check that apply & write in name, address etc.) Name: _____ Address: _____ Phone: _____
--

Living Arrangement: Alone With relatives With unrelated persons

Current Residential Arrangement: (Check applicable arrangement)

<input type="checkbox"/> Private Residence	<input type="checkbox"/> State Resource Center	<input type="checkbox"/> Supported Comm. Living	<input type="checkbox"/> State MHI
<input type="checkbox"/> Foster Care/Family Life Home	<input type="checkbox"/> RCF/MR	<input type="checkbox"/> RCF/PMI	<input type="checkbox"/> RCF
<input type="checkbox"/> ICF	<input type="checkbox"/> ICF/PMI	<input type="checkbox"/> Correctional Facility	
<input type="checkbox"/> Homeless/Shelter/Street	<input type="checkbox"/> ICF/MR	<input type="checkbox"/> Other _____	

Disability Group/Primary Diagnosis:

Mental Illness Chronic Mental Illness Mental Retardation Developmental Disability Substance Abuse Brain Injury

Specific Diagnosis determined by: _____ Date: _____

Axis I: _____ Dx Code: _____

Axis II: _____ Dx Code: _____

If agency referral, name of agency/contact person and contact information: _____

Referral Source:

<input type="checkbox"/> Self	<input type="checkbox"/> Community Corrections
<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Social Service Agency
<input type="checkbox"/> Targeted Case Management	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other Case Management	

Education:

Years of Education: _____
GED: <input type="checkbox"/> Yes <input type="checkbox"/> No
H.S. Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No
College Degree: _____

Why are you here today? What services do you **NEED**? (this section **must** be completed as part of this application!)

Current Employment: (Check applicable employment)

<input type="checkbox"/> Unemployed, available for work	<input type="checkbox"/> Unemployed, unavailable for work	<input type="checkbox"/> Employed, Full time
<input type="checkbox"/> Employed, Part time	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
<input type="checkbox"/> Work Activity	<input type="checkbox"/> Sheltered Work Employment	<input type="checkbox"/> Supported Employment
<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> Seasonally Employed	<input type="checkbox"/> Armed Forces
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other _____

Current Employer: _____ **Position:** _____

Dates of employment: _____ **Hourly Wage:** _____ **Hours worked weekly:** _____

Employment History: (list starting with most recent to all previous. Use another sheet if more space is needed)

Employer	City, State	Job Title	Duties	To/From
1.				
2.				
3.				
4.				
5.				

Have you applied for any of the public programs listed below?

(Please check those you have applied for and the status of your referral) Please advise if your application has been Approved or Denied. If you appealed the denial, please advise of the date of appeal: _____ Please advise if you have applied for reconsideration. Please advise if you have had a hearing with an Administrative Law Judge and the date of the scheduled hearing: _____

<input type="checkbox"/> Social Security _____	<input type="checkbox"/> SSDI _____	<input type="checkbox"/> Medicare _____
<input type="checkbox"/> SSI _____	<input type="checkbox"/> Medicaid _____	<input type="checkbox"/> DHS Food Assistance: _____
<input type="checkbox"/> Veterans _____	<input type="checkbox"/> Unemployment _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> FIP _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Health Insurance Information: (Check all that apply)

Primary Carrier (pays 1st)

Secondary Carrier (pays 2nd)

<input type="checkbox"/> Applicant Pays	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Family Planning only
<input type="checkbox"/> Medicare A,B D	<input type="checkbox"/> Medically Needy	<input type="checkbox"/> MEPD
<input type="checkbox"/> No Insurance	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> HAWK-I
Company Name _____		
Address _____		
Policy Number: _____		
(or Medicaid/Title 19 or Medicare Claim Number)		

<input type="checkbox"/> Applicant Pays	<input type="checkbox"/> Medicaid-	<input type="checkbox"/> Family Planning only
<input type="checkbox"/> Medicare A,B, D	<input type="checkbox"/> Medically Needy	<input type="checkbox"/> MEPD
<input type="checkbox"/> No Insurance	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> HAWK-I
Company Name _____		
Address _____		
Policy Number _____		
(or Medicaid/Title 19 or Medicare Claim Number)		

What is the name and location of your current general physician: _____

What is the name and location of your current Pharmacy? _____

Others in Household:

	Name	Date of Birth	Relationship
1.			
2.			
3.			
4.			
5.			

NOTICE: Proof of income may be required with this application including but not limited to pay-stubs, tax-returns, etc. If you have reported no income above, how do you pay your bills? (Do not leave blank if no income is reported!)

Gross Monthly Income (before taxes):
(Check Type & fill in amount)

- Social Security
- SSDI
- SSI
- Veteran's Benefits
- Employment Wages
- FIP
- Child Support
- Rental Income
- Dividends, Interest, Etc
- Pension
- Other

Applicant Amount:

Others in Household Amount:

Total Monthly Income:

Household Resources: (Check and fill in amount and location):

- Type**
- Cash
 - Checking Account
 - Savings Account
 - Certificates of Deposit
 - Trust Funds
 - Stocks and Bonds (cash value?)
 - Burial Fund/Life Ins (cash value?).
 - Retirement Funds (cash value?)
 - Other _____
 - Other _____

Amount

Bank, Trustee, or Company

Total Resources:

Motor Vehicles: Yes No
(include car, truck, motorcycle, boat, Recreational vehicle, etc.)

Make & Year: _____
 Make & Year: _____
 Make & Year: _____
 Make & Year: _____

Estimated value: _____
 Estimated value: _____
 Estimated value: _____
 Estimated value: _____

Do you, your spouse or dependent children own or have interest in the following:

- House including the one you live in Any other real-estate or land Other _____

If yes to any of the above, please explain: _____

Have you sold or given away any property in the last five (5) years? Yes No **If yes, what did you sell or give away?**

*Are you considered legally blind? Yes No If yes, when was this determined? _____

Legal Settlement: Legal Settlement is the term used to determine what county will provide funding for requested services. This is determined by a person residing twelve consecutive months (six months for persons considered legally blind) within a county without receiving treatment and/or other support type services, including prescription medications, for Mental Health, Mental Retardation, Developmental Disabilities, Brain Injury, Substance Abuse and/or Jail or imprisonment. Please complete the following information in its entirety as much as possible to assist us in determining your county of legal settlement. If you need more space, you may copy the following sheet and/or use another sheet of paper to provide this information.

*

Current Address _____ **City** _____ **State** _____ **County** _____
Dates of Residency at this address: _____ to _____
Services (MH/MR/DD/SA) while at this address:
Type of Service: _____
Agency/Location of Service: _____
Dates of Service: _____ to _____
Type of Service: _____
Agency/Location of Service: _____
Dates of Service: _____ to _____

*

Previous Address _____ **City** _____ **State** _____ **County** _____
Dates of Residency at this address: _____ to _____
Services (MH/MR/DD/SA) while at this address:
Type of Service: _____
Agency/Location of Service: _____
Dates of Service: _____ to _____
Type of Service: _____
Agency/Location of Service: _____
Dates of Service: _____ to _____

*

Previous Address _____ **City** _____ **State** _____ **County** _____
Dates of Residency at this address: _____ to _____
Services (MH/MR/DD/SA) while at this address:
Type of Service: _____
Agency/Location of Service: _____
Dates of Service: _____ to _____

Type of Service: _____
Agency/Location of Service: _____
Dates of Service: _____ to _____

*

Previous Address _____ **City** _____ **State** _____ **County** _____
Dates of Residency at this address: _____ to _____
Services (MH/MR/DD/SA) while at this address:
Type of Service: _____
Agency/Location of Service: _____
Dates of Service: _____ to _____
Type of Service: _____
Agency/Location of Service: _____
Dates of Service: _____ to _____

Previous Address _____ **City** _____ **State** _____ **County** _____
Dates of Residency at this address: _____ to _____
Services (MH/MR/DD/SA) while at this address:
Type of Service: _____
Agency/Location of Service: _____
Dates of Service: _____ to _____
Type of Service: _____
Agency/Location of Service: _____
Dates of Service: _____ to _____

Contact Person: (including Case Manager, Social Worker, Case Worker, DHS IMW, Agency Staff, Etc.):

Name: _____ Relationship: _____

Address: _____ Phone: _____

Other Interested person(s):

Name: _____ Relationship: _____

Address: _____ Phone: _____

As a signatory of this document, I certify that the above information is true and complete to the best of my knowledge, and I authorize the County CPC staff to check for verification of the information provided including verification with Iowa county government and the state Iowa Dept. of Human Services (DHS) staff.

I understand that the information gathered in this document is for the use of an Iowa County in establishing my ability to pay for services requested, in assuring the appropriateness of services requested, and in confirming legal settlement. I understand that information in this document will remain confidential.

Applicant's Signature (or Legal Guardian) _____ Date _____

Signature of other completing form if not Applicant or legal Guardian _____ Date _____

NOTE: DO NOT WRITE IN THE SPACE BELOW-FOR CPC USE ONLY

Unique ID#: _____ Date Contacted: _____

Disability Group-DX Type: MI CMI MR DD SA OTHER

Legal Settlement: _____ (Attach Legal Settlement Checklist if needed)

Determination: Accepted Denied (see comments below) Pending (see comments below)

Funding Secured: YES NO Arranged: _____

Date of Decision: _____ Date NOD sent: _____

If denied, check applicable reason:

- Over income guidelines
- Does not meet diagnostic criteria
- Does Not meet service plan criteria
- Does not meet plan criteria
- Other county of legal settlement _____
- Applicant desires to stop process
- Other _____

Other referrals given (DHS, TCM, etc.): _____

County Co-payment amount/terms (if applicable): _____

Comments: _____

CPC staff making determination & Date: _____

Form B: NOTICE OF ELIGIBILITY

**NORTHEAST IOWA COUNTIES CPC/COMMUNITY SERVICES
NOTICE OF ELIGIBILITY**

Application Date: _____ **Date Received by CPC Office:** _____

Last Name: _____ **First Name:** _____ **MI:** _____

Unique ID#: _____ **Date Contacted:** _____

Disability Group-DX Type: MI CMI MR DD SA OTHER

Legal Settlement: _____ (Attach Legal Settlement Checklist if needed)

Determination: Accepted Denied (see comments below) Pending (see comments below)

Funding Secured: YES NO **Arranged:** _____

Date of Decision: _____ **Date NOD sent:** _____

If denied, check applicable reason:

- | | |
|--|---|
| <input type="checkbox"/> Over income guidelines | <input type="checkbox"/> Other county of legal settlement _____ |
| <input type="checkbox"/> Does not meet diagnostic criteria | <input type="checkbox"/> Applicant desires to stop process |
| <input type="checkbox"/> Does Not meet service plan criteria | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Does not meet plan criteria | |

Other referrals given (DHS, TCM, etc.): _____

County Co-payment amount/terms (if applicable): _____

Comments: _____

CPC staff making determination & Date: _____

Form D: APPEAL PROCESS FORM

If the county makes a decision adverse to the individual, that person may appeal that decision. Adverse decisions may include decisions involving eligibility determinations, funding and/or service levels.

The CPC Administrator makes initial decisions regarding eligibility for services. These Notices of Decision shall be in writing and shall explain the reasons for the decision. If a decision is appealable, the Notice of Decision will explain the right to appeal, and how to file the appeal.

Step One: Filing the Appeal

Applicants or their representatives (with consent of the applicant) may appeal an adverse decision by the CPC Administrator. The appeal must be in writing and must be filed with the CPC Administrator within fifteen (15) business days of the date of the decision. If the appeal is filed late, it cannot be considered. The appeal shall state the following: (1) the reasons why the CPC Administrator's decision should be reversed; (2) the resolution requested; (3) applicant's name, address, and telephone number and the name, address, and telephone number of applicant's representative if applicable.

Step Two: Discussing the Problem

After the appeal is filed, the CPC Administrator will contact the individual to schedule a meeting to discuss the appeal. This meeting must be held within 10 business days, unless the parties agree to extend the time to meet. Individuals may bring someone along to the meeting to help explain the individual's position. The individual and the CPC may ask another person to serve as a mediator. At the meeting, the CPC Administrator will explain his or her reason for the decision. The applicant may ask questions or give the CPC Administrator other information that is important. The individual must tell the CPC Administrator what type of outcome is desired (a proposed resolution). If the individual and the CPC Administrator reach an agreement, the CPC Administrator will issue a revised Notice of Decision within 10 business days. At the end of the meeting a revised Notice of Decision will be issued explaining the decision reached and whether the appeal will continue.

Step Three: The Appeal

If the parties are unable to resolve the problem at the meeting, within 10 business days of the date of the meeting, the CPC Administrator will contact a neutral decision-maker, an Administrative Law Judge at the Department of Inspections and Appeals, Iowa Code 10A.801 (Judge). The county shall pay the cost of the Judge. The Judge will set a prehearing conference to discuss hearing procedures and set a time for the hearing. The Judge will provide written notice of the prehearing conference and the hearing. The applicant will have the right to present evidence and argument at the hearing. The Judge will consider the evidence and will issue a written ruling. The decision of the Judge is final.

Applicants may contact another person to assist with the appeal. This could be an attorney, an organizational representative, or a friend. The county will not provide legal assistance. Two places that may provide legal assistance include:

Legal Aid: 1-800-532-1275

Iowa Protection and Advocacy: 1-800-779-2502

Form E:

**NORTHEAST IOWA COUNTIES CPC / COMMUNITY SERVICES
COUNTY
EXCEPTION TO POLICY REQUEST / NOTICE OF DECISION**

TO:

Applicant's Name: _____

Client SS#: ###-##-____

Address: _____

State ID: _____

DOB: _____

Please complete this form to request an Exception to Policy. Once the Exception to Policy request has been reviewed, the decision will be sent out to you and your service provider.

Current Services Received:

Agency Name	Service Receiving	Number of Units	Unit Cost	Start Date	Expected End Date	Date Approved

Exception Being Requested:

CPC USE ONLY

Agency Name	Service Requested	Number of Units	Unit Cost	Expected Start Date	Expected End Date	CPC USE ONLY		
						Approved	Approved pending available funds	Denied (Exceptions to Policy Requests are not appealable)

Policy to which the exception is being requested: _____

Reason why the exception should be granted: _____

Budget Impact: _____

Exception Requested By: _____ **Agency:** _____

<p>If approved, Authorization start date: _____ Authorization end date: _____</p> <p>Conditions of approval /other comment: _____</p> <p>_____</p> <p>_____</p> <p>This service decision is an exception to policy.</p> <p>Central Point of Coordination Administrator Signature: _____ Date: _____</p>

Form F: CONSENT TO OBTAIN RELEASE INFORMATION

NORTHEAST IOWA COUNTIES COMMUNITY SERVICES/CPC

Authorization to Obtain and/or Disclose Information

Individual Name:	SSN:	DOB:
------------------	------	------

"I hereby authorize county staff to obtain and/or disclose oral and/or written information that has been indicated below with the following individual(s) and/or agency(s):"

Address of agency/individual listed above:	Phone & Fax #'s of agency/individual listed above:
--	--

THIS INFORMATION WILL BE OBTAINED AND/OR DISCLOSED FOR THE FOLLOWING PURPOSE:

<input type="checkbox"/> Coordination of Services	<input type="checkbox"/> Service Planning	<input type="checkbox"/> Determining Eligibility for Services
<input type="checkbox"/> Monitoring of Services	<input type="checkbox"/> Funding Purposes	<input type="checkbox"/> Other _____

INFORMATION TO BE OBTAINED AND/OR DISCLOSED:

Funding and/or Eligibility _____

Evaluation/Assessment _____

Educational and/or Vocational Assessment

Family and/or Social Data

Physical/Mental Status _____

Agency(s) and/or Individual(s) participation, annual plans & reviews, social history, progress reporting, discharge summaries, service planning (if applicable)

Financial Information _____

Other _____

Other _____

SPECIFIC AUTHORIZATION TO OBTAIN AND/OR DISCLOSE INFORMATION PROTECTED BY STATE OR FEDERAL LAW:

"I specifically authorize county staff to obtain and/or disclose data or information relating to the following:"
(Please check and initial appropriate boxes)

Mental Health (initial)
 Substance Abuse (initial)
 HIV-AIDS (initial)

Authorizing Signature	Date	Relationship to Client (if applicable):
-----------------------	------	---

AFFIRMATION OF AUTHORIZATION: "I give county staff permission to obtain and/or disclose the information that I have selected on this form with the individual(s) and/or agency(s) that have been listed and only for the purpose selected. This authorization is valid up to one year unless specified below. I understand that I may revoke this authorization at any time. The revocation will take effect on the date it is received in writing. I understand that I may also refuse to sign this authorization and that revocation or refusal will not affect my ability to obtain treatment, payment, or eligibility for benefits. As a client, I have the right to access my treatment or other records during treatment and after discharge. Copies of the records may be obtained with reasonable notice and payment of copying cost (see staff for details). I further understand that if the person or entity that receives the above specified information is not a health care provider, health plan, or health care clearinghouse covered by the federal privacy regulation or a business associate of these entities, the information described may be re-disclosed and no longer protected by the regulations."

This authorization is valid up to one year unless otherwise specified or noted: _____

Authorizing Signature	Date	Relationship to Client (if applicable)
-----------------------	------	--

Witness signature (if applicable)	Date
-----------------------------------	------

Please send requested information or direct questions to:

Please indicate below if you would like a copy of this Authorization. If you **do not** indicate either, you will not be given a copy unless you request one verbally.

I request a copy of this Authorization:

I decline a copy of this Authorization: