

Cherokee County MH/MR/DD Services Management Plan

POLICIES AND PROCEDURES

Cherokee County Community Services

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Purpose and Legal Authorization: It is the intent of Cherokee County's MH/MR/DD Services Management Plan to fulfill statutory obligations according to Chapter 331.440 and 1995 Iowa Acts, Senate File 69 section 15 of the Code of Iowa and Administrative Rules Chapter 25, Division II.

This amended plan was adopted by the Cherokee County Board of Supervisors following Public Hearing on March 17, 2009.

Jeff Simonsen, Chairman
Cherokee County Board of Supervisors

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~MISSION STATEMENT~

To make available comprehensive services to all eligible individuals in order that they have the opportunity to make choices to enable them to reach their highest potential level of mental and physical health and personal integration.

This is accomplished through the use of community-based supports and services, which are cost effective and uniquely coordinated.

SECTION I - POLICIES AND PROCEDURES MANUAL – 441-25.13(331)

25.13-(1) System Management –

a. Plan Development

Cherokee County shall utilize the Self-Determination Project Team to develop the policies and procedures manual, the strategic plan, and amendments to those documents. The Project Team involves stakeholders who include consumers and/or family members, county officials, advocates, and providers. The process for including stakeholders in the strategic plan process and the development of the final plan will be described in the strategic plan document. The process for the development of the policy and procedure manual amendments and three-year strategic plan will include at least one public hearing.

Amendments:

The County reserves the right to file an amendment to this plan at any time. The procedure for amendment will follow the process as outlined in subrule 25.15 of the administrative rules. The involvement by stakeholders will be determined in each situation as appropriate. Any time that an amendment to the Management Plan is necessary, the final amendment will be proposed during a regularly scheduled Board of Supervisor's meeting at which time, final community input will be received prior to the Board's approval and submission to the Iowa Department of Human Services.

b. Plan Administration

Cherokee County is located in Northwest Iowa and has a population of 12,470 people. There are eight cities located in Cherokee County. Cherokee, Iowa is the county seat.

Cherokee County will directly administer the management plan. Cherokee County does not intend to contract management responsibility for any aspect of the managed system of care to any agency or entity. The Board of Supervisors, acting through the Community Services Department and the CPC Administrator, will continue to retain full authority for the managed system of care.

c. Financial Accountability

The Cherokee County Community Services Director shall develop an annual budget based on historical costs, the use of waiting lists in the current year, and funds available. The Board of Supervisors will oversee this budget.

Fund Disbursement:

In accordance with Iowa Law, Cherokee County will not fund any services that are not listed in this plan. The county will, however, fund all statutorily mandated services. Should the need and justification for additional services arise, this plan will be amended. At any time that Cherokee County's MH/DD Budget exceeds the MH/DD fund, Cherokee County will access the state Risk Pool provided that the county is eligible according to criteria.

Rate Setting:

Cherokee County, along with regional Northwest Iowa counties, is a member of a 28E agreement formed to establish the Northwest Iowa Contracting Consortium (NICC), which jointly provides support services funding for clients with diagnosis of MI, CMI, MR and/or DD.

Cherokee County joined County Rate Information System (CRIS) in FY2007. The purpose of CRIS is to establish rate setting based on actual cost, standardized service definitions, standardized units of service, uniform classification of cost and consistent reporting to enable participating counties to negotiate appropriate reimbursement rates with covered MH/DD providers. CRIS also helps facilitate effective and efficient communication among participating counties and covered MH/DD providers through technical support and training. Cherokee County will make every effort to provide fair and reasonable rates to the providers in the county network.

- a) Reimbursement: Cherokee County reserves the right to enforce its Collection/Recoupment Program and will universally administer it to all applicable parties.
- b) Budget: The Cherokee County Community Services Director shall develop an annual budget based on historical costs, the use of waiting lists in the current year, and funds available. The Board of Supervisors will oversee this budget.

Payments to Providers:

Each service provider will submit monthly invoices to the CPC. The monthly invoice will include the following information:

- ❖ Name of each consumer served during the reporting period.
- ❖ Number of units of service delivered to each consumer during the reporting period.
- ❖ Unit rate and total cost of the units provided to each individual consumer.
- ❖ Reimbursement billed to other sources and therefore deducted from the county costs for each individual consumer.
- ❖ Actual amount to be charged to the county for each consumer for the reporting period.

Upon receipt of this information, the CPC will check the bill and additional information against prior issued service authorizations. Services delivered without service funding authorization will be checked against county service protocols to assure delivery was permitted (i.e. crisis services). Any service units delivered and charged to the county not meeting these criteria will be deducted from the bill and not included for payment. Payment to contractors will be initiated as soon as this review process is completed.

d. Risk Bearing Managed Care Contracts

Cherokee County does not intend to enter into a risk-bearing contract with an outside management organization.

e. Service Funding Policy

Cherokee County will be responsible for funding only those services and supports that are required by law and those that have been authorized in accordance with the process described in the county management plan. County funding will be utilized in the most efficient manner that ensures individuals are being moved toward the most independent living arrangement or setting that is appropriate to their needs and level of functioning. All individuals receiving county funding will be assessed and re-assessed as needed to ensure that their services remain appropriate.

Every possible resource available to meet the needs of the applicant will be pursued, with county funding being considered the resource of last resort. Other resources will include, but not be limited to, Medicaid, Medicare, MBC of Iowa, Social Security, Vocational Rehabilitation, State funding, private resources, private insurance, etc. If an individual qualifies for any of these funding

streams, they must maximize these benefits prior to accessing county funding. Proof of income and resources may be required. Health insurance that may pay for services may be verified. Cherokee County will not pay health insurance deductibles and coinsurances nor does the county supplement Medicaid, Iowa plan (MBC of Iowa) or Medicare payments.

Nothing in this plan shall supersede the county's responsibilities to pay for services under State and Federal Code.

f. Conflict of Interest

The Central Point of Coordination (CPC) Administrator shall make Service funding authorization decisions. It is the intent of the county that service funding authorization decisions will not be made by an individual or organization, which has a financial interest in the services or supports to be provided. The CPC Administrator will approve or deny services according to assessments and funding availability. The Board of Supervisors has ultimate authority over the managed care plan and the funding for services for persons with mental illness, mental retardation and developmental disabilities within Cherokee County.

In the event a conflict of interest arises which is not already identified above, the consumer, counties (if applicable) and stakeholders will be notified in writing.

g. Provider Network Selection

a. Criteria and Process for Provider Designation

Providers meeting one or more of the following criteria, and willing to accept Cherokee County performance and requirements, will be included in the Cherokee County service network:

- 1). Currently licensed or certified as a service provider by the State of Iowa.
- 2). Currently enrolled as a Medicaid provider and/or certified as a member of the MBCI provider panel.
- 3). Currently accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), The Rehabilitation Accreditation Commission (CARF), or other recognized national accrediting body.
- 4). Currently under contract to the county through the current Cherokee County Services Agreement which specifies rates, units and services to be provided.

b. Criteria and process for selecting and approving providers not currently subject to license, certification, or other state approved standards:

When a non-traditional provider, (or an accredited provider), offers a cost effective, alternative service and support, which is least intrusive for a consumer, but such service is not currently certified, the CPC shall investigate the service as follows:

- 1). Request a detailed description of the offered service.
- 2). Request references from prior clients, mental health professionals or other health professionals.
- 3). Make a physical inspection of the site where services would be provided to ensure safety, sanitation, access to emergency assistance, etc.

If, after these steps have been taken, the service offered is found to meet the needs of the individual, and references and qualifications are deemed appropriate, funding for such services may be approved. Non-Traditional providers will have appropriate licensure and insurance and will ensure that backgrounds checks have been performed for their direct care staff (when applicable). At the end of a six month probationary period, the CPC Administrator will review

the performance of the provider and the effectiveness of the services provided. If acceptable, the Administrator will approve the provider as a member of the Cherokee County service network.

Cherokee County will honor the host county contracts for out of county providers.

Plan for provision of case management services:

Beginning July 1, 1996 Cherokee County began its own case management services. The County Board of Supervisors and the Cherokee County Community Services Director has concluded that the benefits of county focused case management include:

- More local control of authorized services
- Better coordination of services since the case manager directly works with the CPC Administrator
- Better cost effectiveness as the county is managing the funds used for case management

h. Delegated Functions

All providers that have been designated as access points for Cherokee County who have individuals presenting at their agencies for services will complete the standard intake application. This application will then be forwarded to the CPC, which will complete the intake process. If the individual meets eligibility criteria, the ICP planning and authorization process will be initiated by the CPC.

Agency	Intake	Enrollment	Service Planning	Service Authorization	Utilization Management	Wait List Management
CPC Administrator	YES	YES	YES	YES	YES	YES
Access Point: PAMHC	YES	NO	YES Out-patient services only	YES Out-patient services only	NO	YES Out-patient services only
Access Point: Case Management	YES	YES	YES	NO	NO	NO
All other Access Points:	YES	NO	NO	NO	NO	NO

i. Designation of Access Points

All service providers in Cherokee County are designated access points for the managed care system. In addition, any inpatient setting who serves an individual who is a resident of Cherokee County may complete a CPC application to be forwarded to the CPC if further services are needed. Access points will be trained regarding use of the CPC application form and confidentiality as needed.

Service funding is authorized by the Cherokee County CPC Administrator. Cherokee County Case Management is assigned to individuals with Chronic Mental Illness, Mental Retardation, and Developmental Disabilities, who desire case management services and are Medicaid eligible, to assess their needs and to monitor their ability to progress to a less restrictive, more cost-effective setting if appropriate. Referrals are made through the Cherokee County Community Services Department. During FY10, Cherokee County will accept referrals for County Social Work. County Social Work will be available to those who do not meet criteria for case management services or who do not wish to have case management services.

If a person presents at any of the access points, a standard CPC application (See Appendix 1) will be completed and forwarded to the applicant's county of residence by the end of the working day.

j. Staffing Plan

Cherokee County will employ an adequate number of staff to administer the plan. Cherokee County will directly employ a Central Point of Coordination (CPC) Administrator who, at a minimum, meets the qualifications required by State Law. The CPC Administrator will possess a baccalaureate degree from an accredited school and has demonstrated competency in human services program administration and planning and has two years experience working with people with disabilities. Elected county or state officials shall not be hired or appointed as the CPC Administrator. All Community Services staff report to and are directly supervised by the CPC Administrator. The CPC Administrator reports directly to the County Board of Supervisors.

The CPC Administrator also acts as Case Management Supervisor, and the county employs a full time case manager, a part-time case manager/part-time county social worker and a part-time clerical support staff.

k. Application Form

A Standard CPC Application will be utilized for all individuals wishing to access county funded services (See Appendix 1). You may also find the application form on-line at: www.cherokeecountyiowa.com or www.iacsn.org.

The CPC will make every effort to be fully responsive to all individuals, including those with cultural and/or linguistic diversity.

l. Consumer Access

Access points will be open during normal working hours. Crisis services through Plains Area Mental Health Center (1-800-546-0730) will be available after hours and weekends.

Cherokee County will provide access to appropriate, cost-effective services and supports based on an assessment of the consumer's needs, level of functioning and desires. The Community Services staff will ensure that the least restrictive environment is always presented to the consumer as an alternative to facility based services. Services that promote the principles of choice, community and empowerment will be offered to the consumer in accordance with this plan. Service funding will be authorized according to the county of residence management plan. Investigation of legal settlement will not delay access to services. Once established, Cherokee County will coordinate payment with the county of legal settlement.

m. Consumer Eligibility

Cherokee County believes that any person shall not be denied the right to quality care regardless of sex, race, creed, socioeconomic status, mental or physical disability or impairment. In order to be eligible for funding through Cherokee County, the applicant must meet the criteria of having a mental or physical disability as defined in the General Eligibility section below in addition to meeting financial guidelines and need for the service as outlined in the Plan Administration section of this plan.

1) General Eligibility Criteria:

a. Mental Illness - People who have a current diagnosis of a mental illness as defined in the Diagnostic and Statistical Manual, Fourth Edition (DSM IV). Diagnoses which fall into this category includes, but is not limited to the following: schizophrenia, major depression, manic depressive (bipolar) disorder, adjustment disorder, and personality disorder. Included are organic disorders such as dementias, substance-induced disorders, and "other" organic

disorders, including physical disorders such as brain tumors and V Code diagnoses, psychoactive substance use disorders, and developmental disorders.)

b. Chronic Mental Illness- People 18 and over with persistent mental or emotional disorders that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. People with chronic mental illness typically have histories that meet at least one of the treatment history criteria and at least two of the functioning history criteria.

Treatment History Criteria:

People with chronic mental illness typically meet at least one of the following criteria:

- Have undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (ex. emergency services, alternative home care, partial hospitalization or inpatient hospitalization;

OR

- Have experienced at least one episode of continuous, structured, supportive residential care other than hospitalization.

AND

- Functioning History Criteria: People with chronic mental illness 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, which results in demand for intervention by the mental health and/or judicial system.

In atypical instance, a person who varies from the above criteria could still be considered to be a person with chronic mental illness. IAC Chapter 24

c. Mental Retardation:

Persons 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:

- 1) A score of approximately 70 intelligence quotients (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. (For Case Management Services, significantly sub-average intellectual functioning is defined as an IQ of 70 to 75 or below – approximately two standard deviations below the mean.)
- 2) 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.
- 3) Sub-average intellectual functioning and deficits in adaptive behavior are manifested during the developmental period, the time period between conception and the eighteenth birthday.

d. Developmental Disabilities:

Persons with developmental disabilities have severe, chronic conditions that:

- 1) Are attributable to a mental or physical impairment or combination of mental and physical impairments;
- 2) are manifested before the person attains age 22;
- 3) result in substantial functional limitations in three or more of the following areas of major life activities:
 - self care
 - receptive and expressive language
 - learning
 - mobility
 - self-direction
 - capacity for independent living
 - economic self-sufficiency

and reflect the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

e. Brain Injury:

- 1) Clinically evident brain damage or spinal cord injury resulting directly or indirectly from trauma, infection, anoxia, or vascular lesions not primarily related to degenerative or aging processes;
 - The injury temporarily or permanently impairs a person's physical or cognitive functions;
 - The injury must have been manifested after age 22.

Cherokee County has capped 100% county funded services for individuals diagnosed with Brain Injury at \$10,000 per year.

- 2) Applicant must be a citizen of the United States of America or a qualified alien, have residence in Cherokee County, or legal settlement in Cherokee County. Cherokee County will adhere to the Federal Code that prohibits spending public funds on aliens who are not qualified.
- 3) Meet the income, resource and contribution guidelines pursuant to IAC 441-25.20(331).

These individuals **may** be eligible for the following services depending on the funding source and entitlement:

Service Type	Person with Mental Illness	Person with Chronic Mental Illness	Person with Mental Retardation	Person with Developmental Disability
<i>Crisis Services</i>	Yes	Yes	No	No
<i>Adult Day Care</i>	No	No	Yes	Yes
<i>Home/Community Waiver</i>	No	No	Yes	No
<i>Homemaker Services</i>	No	Yes	Yes	Yes
<i>ICF-MR</i>	No	No	Yes	Yes
<i>Inpatient/Public Hospitals</i>	Yes	Yes	No	No
<i>Intervention Care (Respite)</i>	Yes	Yes	Yes	No
<i>MHI</i>	Yes	Yes	No	No
<i>Outpatient Services</i>	Yes	Yes	No	No
<i>Habilitation Services</i>	No	Yes	No	No
<i>Partial Hospitalization</i>	Yes	Yes	No	No
<i>RCF</i>	<i>No (approval only occurring on a case-by-case basis)</i>	Yes	No	No
<i>Sheltered Work</i>	No	Yes	Yes	Yes
<i>Supported Community Living</i>	<i>No (approval only occurring on a case-by-case basis)</i>	Yes	Yes	Yes
<i>Supported Employment</i>	No	Yes	Yes	Yes
<i>Targeted Case Management</i>	No	Yes	Yes	Yes
<i>Transportation Services(SRTS)</i>	No	Yes	Yes	Yes
<i>Work Activity</i>	No	Yes	Yes	Yes

The CPC Administrator reserves the right to make exceptions to the service eligibility requirements listed above depending on the needs and circumstances set forth in the written request.

441 – 25.20(331) – Consumer financial eligibility and payment responsibility

25.20-(1) General Requirements –

A consumer who meets clinical and financial eligibility standards of the county management plan shall be eligible for county disability services to be paid with public funding. Any exceptions to the basic financial eligibility standards set forth in this plan will be made on a case-by-case basis by the CPC Administrator and only if it will result in a less restrictive outcome for the consumer.

There are no co-payment requirements for an eligible individual whose income is equal to or below 150% of the federal poverty level. The income and resource guidelines in this plan shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program, including general assistance guidelines adopted by the board of supervisors. Applicants who are subject to a Social Security interim assistance agreement shall not be relieved of their financial obligation to the county for any assistance paid on a provisional basis.

Applicants must agree to seek any assistance, which may be available, including, but not limited to, the Department of Human Services programs, Vocational Rehabilitation, Social Security, SSI, Medicaid, Family, Church and Neighbors. All income from any source shall be considered in determining eligibility.

25.20(2) Basic Eligibility Standards -

❖ All funding authorizations shall be determined based on gross income.

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

Funding for services will be provided to persons who meet the following income guidelines:

- ❖ Have a **gross income** of 150% or less of the current federal poverty level or less for the household size in question. The federal poverty level guideline is published by the United States Department of Health and Human Services annually and will be updated accordingly.
- ❖ The **resource limit** for eligibility for funding of services shall be \$2,000 for a single person household and \$3000 for a multi-person household on available liquid resources or resources which can be converted to cash within a reasonable period of time. If resources exceed that amount, the applicant will be private pay for necessary services until resources are reduced to below the applicable level. “Household” is defined as follows:
 - For consumers 18 years of age or over, household means the consumer, the consumer’s spouse or domestic partner, and any children, stepchildren, or wards under the age of 18 who reside with the consumer.
 - For consumers under the age of 18, household means the consumer, the consumer’s parents (or parent and domestic partner), stepparents or guardians, and any children, stepchildren, or wards under the age of 18 of the consumer’s parents (or parent and domestic partner), stepparents, or guardians who reside with the consumer.

Persons receiving services at the community mental health center who have no other third-party resource for payment will be funded by the county if deemed eligible.

The CPC Administrator retains the right to request supporting documentation of income from the applicant such as; pay stubs, employer statements, social security checks, bankbooks, or income tax papers to determine accuracy of the applicant’s report.

Funding may also be provided in extenuating circumstances and will be based on the CPC Administrator's judgment. Examples of extenuating circumstance would be an individual who is over the income guidelines but lives in his/her own home and needs services in order to prevent placement in a more restrictive setting.

25.20(3) – Resource Standards –

Any transfer of property made within five years prior to application for the purpose of qualifying for assistance renders the person ineligible for mental health assistance.

The countable value of all applicable resources including bank accounts, certificates of deposits, time certificates, IRA's, 401K, pension plans, saving bonds, both liquid and nonliquid, shall be included in the eligibility determination with the exception of the following exemptions:

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

Additional exemptions: If a person does not qualify for federally funded or state-funded services or other support, but meets all income, resource, and functional eligibility requirements of IAC Chapter 25 or this policy and procedures manual, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:

- h) Retirement account in the accumulation stage.
- i) Medical savings account.
- j) Assistive Technology account.

Assets of a trust shall be counted to the extent that, under the terms of the trust, the assets 1) must be paid or distributed to or for the benefit of the applicant without restriction as to purpose or for any purpose for which county funds are sought; 2) in the discretion of the trustee of the trust, may be paid or distributed to or for the benefit of the applicant without restriction as to purpose or for any purpose for which county funds are sought; or 3) in the discretion of the trustee of the trust, could be paid or distributed to or for the benefit of the applicant without restriction as to purpose or for any purpose for which county funds are sought, if county funds or benefits were not available to use for such purpose.

25.20(4) – Basic Co-payment Standards –

There are no co-payment requirements for an eligible individual whose income is equal to or below 150% of the federal poverty level. However, any co-payments or other client participation required by any federal, state, county, or municipal program in which the consumer participates shall be required. Such co-payments include, but are not limited to:

1. The financial liability for institutional services paid by counties as provided in Iowa Code sections 222.31 and 230.15 as well as the financial liability for attorney fees related to commitment per Iowa

Code section 229.19.

All persons entering a state institution for treatment and/or evaluation shall be notified of possible liability as per Iowa code 230. A CPC Application will be required and a re-payment plan will be determined by the CPC Administrator to reimburse the county for costs paid. Costs at the MHI for persons with Medicare, Medicaid, HMO or private health insurance will not be billed to Cherokee County until payment has been received from all sources.

2. A copayment, deductible, or spend down required by the Medicare or Medicaid programs or any other third-party insurance coverage.
3. Client participation for an intermediate care facility or an intermediate care facility for persons with mental retardation.
4. A portion of rent in conjunction with a rental assistance program consistent with guidelines of the United States Department of Housing and Urban Development.

25.20(5) – Co-payment for services provided by a facility participating in the state supplementary assistance program –

A county may require a co-payment for a disability service provided to a consumer by a licensed residential care facility that participates in the state supplementary assistance program as follows:

- a. A Consumer who is approved for state supplementary assistance and pays client participation as determined through the state supplementary assistance program shall be considered eligible for disability services with no additional co-payment.
- b. A consumer who is ineligible for state supplementary assistance due to income or resources may be eligible for financial assistance under the county management plan through determination and payment of client participation as follows:
 - (1) Client participation in the service payment shall be determined by allowing the following deductions from available income and resources:
 1. Any income earned by the consumer in a supported employment, sheltered workshop, day habilitation or adult day care program.
 2. A personal allowance equivalent to the personal allowance provided under the state supplementary assistance program.
 3. Room and board payment made by the consumer to the facility at the state supplementary assistance rate
 4. Payment for any medical expenses for which the consumer is financially responsible.
 - (2) Any income remaining after deduction of the expenses listed above and any resources in excess of \$2000 shall be considered the required client participation toward the service in the facility. Cherokee County will fund costs up to 100 % of the service cost after the client participation is applied.

COLLECTION PROGRAM/RECOUPMENT PROGRAM

Chapter 230 of the Code of Iowa, "Support of the Mentally Ill" has established policies and limitations under which recoveries shall be made by the county from Applicants receiving Mental Health Treatment in the State Mental Health Institutions, or placements that may be needed other than the institutional care and treatment when payment for such treatment has been made by the county of Legal Settlement. Chapter 230.15 establishes the limits for which an applicant or responsible persons shall be held liable for payments. Chapter 230.25 states, "a financial investigation shall be made by the Board of Supervisors" to determine whether the Applicant or responsible persons are able to pay the cost of care. In accordance with, and in compliance

with the law, Cherokee County has set up a recovery program, and has designated the Cherokee County CPC Administrator to be responsible for implementation and administration of such program. The CPC Administrator and the Cherokee County Auditor's office work in collaboration to enforce this program.

GENERAL PROVISIONS OF COLLECTION PROGRAM

Notice of Admission: When information is received showing an admission to the Mental Health Institute, public or private hospital, or any other service ordered by the District Judge/Magistrate this information shall be given to the Cherokee County CPC Administrator. A letter of information shall be sent to the Applicant or responsible person informing them of the possible liability and that insurance, Title XIX and Medicare information must be provided to the service provider and submitted for payment. Along with this letter, a CPC application will be mailed to the Applicant or responsible party, for the CPC to review to determine liability. If the applicant or responsible party does not respond to the letter and CPC application, the person will automatically be considered able to pay the account.

- A. A record of the admission shall be made. If there is already an account for the Applicant, this admission shall be added to the record.
- B. Collection efforts shall be initiated as soon as possible, but no later than five (5) years after the date of the last charge paid by the county.
- C. Reimbursements shall not be requested from any applicant found eligible for Title XIX payment for care in a public or private hospital except for non-covered costs when those can be identified. At all times recover procedures will comply with current law.
- D. Long Term Placement ordered by the District Judge/Magistrate: The County CPC Administrator shall also monitor all placements of county residents and assess client participation according to the limits of current law for all individuals with income. Applicants receiving service who have income in excess of county guidelines shall have a co-payment computed as per method established by the county.

APPLICANT'S ABILITY TO PAY

A. Able to Pay:

When an Applicant or responsible person is found able to pay by the County CPC Administrator, they shall attempt to collect the account as detailed below. The CPC Administrator will use his/her discretion in settling on a compromise offer with the county expecting to collect at least 50% in a compromise. If the compromise offer is accepted, payment or agreed amount shall be made after which the account shall be considered paid in full.

The County CPC Administrator shall make every effort to cooperate with the applicant or responsible person in setting reasonable payment plans, and to avoid legal action.

Decisions of ability to pay may be appealed using the appeals process outlined later in this manual.

B. Unable to Pay:

When an applicant or responsible person is found unable to pay by the CPC, their account shall remain on the Books until their death or settlement of the account. No further bill will be sent but the account is open. If at anytime there is a probate in which the person is named as an heir, claims will be filed accordingly.

25.20(6) Extended Eligibility and Co-payment Standards

Cherokee County does not intend to apply less restrictive financial eligibility standards than those previously outlined in this plan.

n. Confidentiality

The purpose of this section is to define a process which guarantees consumers, and, if applicable, the consumer's family members or guardian, the right to privacy. Cherokee County will make every effort to adhere to the confidentiality laws as set forth by the State of Iowa as defined in the Iowa Code Chapter 228 "Disclosure of Mental Health & Psychological Information" and in the IAC Chapter 441. Personally identifiable information shall be released or disclosed only in accordance with applicable State and Federal regulations.

Personally identifying information is defined as the following:

- Name of a consumer or family member/guardian.
- Address or phone number.
- Personal identifier such as social security number, Medicaid number, driver's license, etc.
- Any distinguishing mark which could reasonably be expected to identify a specific individual.

Consumer record or file is defined as a system of information regarding the consumer, which is formally maintained in a specific manner whether that system is a hard physical file or information stored in a computer system.

Personnel authorized to have access to consumer files are limited to the following:

- The person receiving services or their legal representative. Legal representative shall include, but not be limited to, the parent of a minor or a court appointed guardian.
- Staff of the CPC office.
- Staff from County Case Management Services (CCMS) so as to carry out their duties as identified in the CCMS 28E agreement.
- Administrative Law Judge (ALJ) in cases of appeal
- Employees of authorized external agencies whose responsibility under the law is to license, accredit, and monitor the program.
- Physicians, psychologists, and other professional persons treating a consumer in an emergency situation.
- Other persons or agencies for which the person receiving services has given consent.
- Independent audit staff (these would be limited documents for purpose of appeal, disputed, etc)

As needed, release of information shall be required before any identifying information shall be released or disclosed (see Appendix 3). Releases shall meet the following:

- 1) One release per agency or individual.
- 2) Release shall specify to whom information is to be released, with address.
- 3) Specific purpose of the release shall be stated.
- 4) Specific information needed shall be listed.
- 5) The CPC shall not release third party information protected by State or federal law, such as substance abuse, mental health or HIV information.
- 6) A copy of the release shall be given to the consumer/guardian.
- 7) The release shall specify the date of expiration.
- 8) If there is a guardian, guardian shall sign.
- 9) Release shall state the consumer has the right to revoke at any time, and how this can be done, and that the consumer has the right to inspect information to be disclosed.

Upon receipt of a release of information form, the following procedure shall be observed.

- 1) Copy of the authorization shall be placed in consumer's file.
- 2) Information requested shall be released.
- 3) Pertinent notes shall be made in consumer's file.

Office Standards for Confidentiality

- a. All employees have received education and training in confidentiality.
- b. CPC Applications are maintained in a locked file. Also when no one is in the office, the office door is locked as well as an outside door.

- c. Computer retaining CPC information can only be accessed through a password. If the computer is not in use for five minutes, the system switches over to a screen saver, which requires reentering a password.

- o. **Emergency Services**

It is the desire of Cherokee County to make crisis intervention services available on a twenty-four (24) hour basis to help stabilize a consumer's crisis situation. To provide for such emergency needs the following procedure shall be observed:

Cherokee County contracts with Plains Area Mental Health Center for emergency services for weekends and after hour crisis situations.

- a. After hours, Plains Area Mental Health Center licensed therapists are on-call to handle any emergency/crisis situation. You may reach Plains Area Mental Health Center staff after hours at 1-888-546-0730.
- b. If the consumer in crisis is already enrolled in the service system and has been approved for services by the CPC Administrator for Cherokee County, Plains Area Mental Health Center staff may proceed to recommend stabilization services and, if inpatient services are needed, may place the individual either in one of the four Mental Health Institutes or a private hospital if they have private health insurance, Medicaid or Medicare. Cherokee County will not reimburse for inpatient treatment in a private hospital unless all of the Mental Health Institutes are at full capacity and the service is prior authorized by the Cherokee County CPC Administrator. The four Mental Health Institutes will be accessed in order of this priority: Cherokee Mental Health Institute, Clarinda Mental Health Institute, Independence Mental Health Institute, Mt. Pleasant Mental Health Institute.

If a clients private health insurance payment ends for an inpatient hospitalization commitment in a private hospital and if further inpatient treatment is indicated with county funding, a process to transfer the patient to the Mental Health Institute will be initiated.

- c. If the person in crisis is new to the county service system and legal settlement is not known, the mental health professional will obtain from that person, information regarding medical benefits and legal settlement if possible. This information will be provided to the Cherokee County CPC Administrator as it becomes available or at the request of the CPC Administrator.
- d. Approval is given for emergency services until the first working day following crisis. By this time, the CPC must be consulted and an application initiated on behalf of the individual. The CPC shall make every effort to determine eligibility and approve ongoing funding as needed within five days from date of receipt of application.
- e. If services are approved in a crisis and the applicant is found to have legal settlement in a county other than the county of residence, or if the county of residence is other than the county where the crisis services are provided, the county of residence shall be contacted immediately and assessment for services will be a cooperative effort between the two counties. Services shall be billed directly to the county of legal settlement. The emergency situation described above shall be the only circumstance when services may be authorized by mental health professionals prior to CPC authorization.
- f. If an individual is court committed to inpatient treatment in a private hospital out of another county due to no available beds at the Mental Health Institutes and legal settlement is found to be in Cherokee County, services will be reimbursed based on the host county contract.

Note: In making decisions regarding immediate services for crisis situations, the mental health center staff will consider third party resources available to the applicant in determining appropriate services and shall not approve services not included in the county's plan.

- g. A block grant will be provided to Plains Area Mental Health Center to secure the following: Emergency Services, Consultation/Public Education, and Elderly Peer.

For a person residing in their own home, 911 will be utilized for emergencies of a physical nature. If residing in the home of a relative, the responsibility for seeking emergency services will be the responsibility of the relative. If a person is residing in a residential setting, they will use the residential services protocol for emergency situations.

p. **Waiting Lists**

If needed, a waiting list will be maintained by Cherokee County for eligible applicants if it is impossible to fund services within the fiscal year due to budget constraints. People requesting new services may be placed on waiting lists for non-mandated services and will be notified monthly of their status on the waiting list or if alternative funding sources become available. Those requesting mandated services such as ICF/MR, HCBS/MR Waiver, Habilitation Services, and Medicaid Case Management/Partial Hospitalization/Day Treatment shall not be subject to a waiting list. If Cherokee County's maximum MH/DD levy is at 100% and all of the current year expenditures are encumbered, Cherokee County will consider reducing services and/or creating waiting lists for the following non-mandated, 100% county funded services:

- ▶ Work Activity
- ▶ Supported Employment
- ▶ Adult Day Services
- ▶ Consumer Support Programs (for non-mandated programs only)
- ▶ RCF

Cherokee County will make every effort to maintain an individual's living situation with their residential services being the last to be considered for reductions in order to sustain basic needs. Service reductions and/or a waiting list will be utilized with respect to the least impact and quality of life towards the individuals being served. No person will be placed on a waiting list if danger appears imminent to the person or another. Decisions will be the result of collaboration with the consumer, families/guardians and service providers.

Plains Area Mental Health Center will be responsible for developing and maintaining a waiting list for outpatient services. All other waiting lists will be maintained by the CPC Administrator. Each year, waiting list data will be evaluated and included in the annual report for future planning.

Here is the process that will be used for waiting lists:

- a. Cherokee County MH/MR/DD funds must be fully encumbered before starting a waiting list.
- b. The Cherokee County Board of Supervisors and Self-Determination Project Team will be informed that the budget is fully encumbered.
- c. The Cherokee County Board of Supervisors must sign a Declaration Statement that there is an official waiting list for Cherokee County.
- d. This declaration must be submitted to the Department of Human Services.
- e. The declaration is good through the current fiscal year.
- f. Waiting list criteria will include what services are being wait listed, what services are not being wait listed.

The following criteria will be used:

- a. No person may be placed on a waiting list if services requested are necessary to resolve a situation in which the applicant may be a danger to self or others.
- b. No person shall be placed on a waiting list if the alternative to community based services is the Mental Health Institute, a state institution or hospitalization.
- c. Waiting lists shall be reviewed every thirty days to determine if a change may allow services for the new applicant.
- d. When funding is available for the specific service applied for, the applicant shall be notified and to determine if the service is still desired and needed. If so, the services shall be approved and Notice of Decision sent to the consumer and/or their legal representative.
- e. The Notice of Decision, which places an applicant on a waiting list, shall be sent within thirty (30) days of the application and shall include an estimate of how long the applicant may expect to be on the waiting list. The applicant shall be informed of the time frames for contacting the CPC to determine his/her status on the waiting list, who to contact and the telephone number. Appeal rights shall be explained and given to the applicant in writing.

For future planning, the waiting list data will be annually evaluated and utilized at the time of budget preparation for the next year as well as development of the next mental health plan.

q. Quality Assurance

(1) System Evaluation:

Cherokee County plans to include consumers and families in all aspects of program planning, operations and evaluations. Through the Cherokee County Self-Determination Project Team, which also serves as the Targeted Case Management Advisory Board, and the Cherokee County Coaches Team, which involves direct care staff, we will encourage active participation in the following:

- a. Development of consumer/family/provider surveys to measure consumer/provider satisfaction.
- b. Review of provider QA reports and action plans.
- c. Review of provider and system performance.
- d. Review of complaints and grievances, including dispositions and corrective action plans.

The CPC Administrator will be responsible for maintaining records, which will allow measurement of the following:

- ❖ *Consumer, family and provider satisfaction*
- ❖ *Consumer choice, empowerment and quality of life*
- ❖ *Service Access/Utilization*
- ❖ *Service Responsiveness*
- ❖ *Applications Processed as Per Plan Time Frames*
- ❖ *Utilization Review Completed as Per Individual Plans*
- ❖ *Waiting List Reviewed Every 30 Days*
- ❖ *Costs Maintained within Budget*
- ❖ *Number and Disposition of Consumer Appeals and Implementation of Corrective Action Plans*

Yearly surveys will be sent to obtain information regarding satisfaction and compliance. The CPC Administrator shall compile an annual report for the Board of Supervisors, and the Self-Determination Project Team, which will be submitted to the Department of Human Services documenting compliance in the above areas.

(2) Quality of Provider Services:

The yearly survey will include an evaluation of the quality of provider services in order to provide Cherokee County with information regarding the services and supports being utilized. Providers will also be required to submit their yearly quality assurance reports to the CPC for review. The following information will be evaluated in addition to the dimensions listed above:

- ❖ *Consumer outcomes*
- ❖ *Number and Disposition of Appeals of Provider Actions and Implementation of Corrective Action Plans*
- ❖ *Cost-Effectiveness*
- ❖ *Services provided according to contract*

r. Collaboration

Cherokee County has the Self-Determination Project Team comprised of at least a consumer, service providers, one board of supervisor member, family members and case managers that meets every other month to review and ensure the continued quality of services provided in the county. The Self-Determination Project Team also acts as the Case Management Advisory Board meeting at the same time to discuss continued improvements and needs in the case management program.

Cherokee County consumers routinely access (or need to access) a variety of services, which are not funded by or not under the control of the Cherokee County Community Services Department. These include consideration of:

- a. Income assistance, such as SSI, FIP, Food Stamps, Social Security, etc.
- b. Housing assistance, such as for rental subsidies, access to federal public housing, etc.
- c. Employment Assistance, such as access to vocational rehabilitation, and job training services.
- d. Primary medical care and medical assistance programs.
- e. Transportation
- f. Education, including special education and adult education.
- g. Court services (i.e., probate court services for guardianship, conservatorship, criminal defense, advocacy, etc.).
- h. Substance abuse services.
- i. Public Health Nurse, Home-Health Aide
- j. General Assistance
- k. Veteran's Affairs
- l. Financial Planning assistance

The CPC Administrator, in conjunction, with Plains Area Mental Health Center staff will also arrange informational gatherings to enhance public awareness of offered services.

The CPC Administrator will work closely with the Cherokee County Self-Determination Project Team and Cherokee County Coaches Team to plan events or public information opportunities as needed. Providers are encouraged to meet with the public through presentations, open houses, newspaper articles, etc. to provide information regarding the services they offer. The CPC Administrator will work collaboratively as needed.

A county resource flyer has also been developed, which provides a description of the services available in the county. This flyer is made available to providers, the medical community, AEA, guidance counselors in the schools, etc. The manual is updated on a regular basis. Every effort is made by providers of human services to work together toward a common goal - that is to seek and provide the most appropriate services, which are in the best interest of the consumer.

ASSURANCE OF CULTURAL/LINGUISTIC COMPETENCE

Less than 5% of Cherokee County's population is minorities. In addition, English is the primary language for virtually all of Cherokee County's citizens. However, Cherokee County plans to be responsive to the needs of any person with special cultural or linguistic diversities. Should the situation arise in which a person needs special cultural or linguistic services, Cherokee County will provide a translator if necessary.

Coordination with the Iowa Plan:

The State of Iowa has contracted with MBC of Iowa for a Medicaid Managed Care Plan. The Cherokee County CPC will strive to work cooperatively with the MBC of Iowa care managers, consulting with them as necessary to assess the needs of an applicant and to determine the least restrictive alternative treatment available. It is anticipated that MBC of Iowa care managers may provide valuable input during the assessment process.

Coordination of Chemical Dependency Services:

Persons with mental illness occasionally require services for co-existing substance abuse problems. Since there are alternatives to county funding available across the State where persons with mental illness may be treated for substance abuse problems, treatment will be sought through such facilities whenever possible. Currently Cherokee County has a multi-county funded chemical dependency treatment center, Synergy Center. Cherokee County participates in Synergy Center's board meetings and works closely with its staff to ensure that clients who have a dual-diagnosis receive appropriate care for their needs.

It is Cherokee County's policy to not fund any substance abuse treatment unless it is court ordered. This policy is due to the fact that because Synergy Center is located in Cherokee County, ineligible persons were admitting themselves into the center for treatment, and Cherokee County was being charged for their care. Staff at the Synergy Center fully cooperates with the county in efforts to enforce this policy. While Cherokee County funds substance abuse treatment, Cherokee County will fund treatment one time for each individual ordered to treatment by the courts as funding is available. Cherokee County also reserves the right to ask for recoupment from individuals if they choose to not complete the course of treatment or if they are found to be able to fund their treatment privately.

A 28E Agreement has been signed with the Northwest Iowa Contracting Consortium to provide treatment services to individuals in Cherokee County.

Coordination with the Judicial and Criminal Justice System

Cherokee County has familiarized the court with the managed care plan implemented July 1, 1996 for persons with mental illness, and made them aware of the services and supports available and approved for funding as alternatives to commitment and/or hospital treatment. The CPC Administrator will be available to the courts to coordinate necessary treatments. The CPC will continue to work with the Court system on IC Chapters 129 and 222 committals.

Coordination with the Educational System

Coordination with the educational system is a priority of Cherokee County. Transition planning for individuals with a mental illness/mental retardation or developmental disabilities is important in terms of who will be graduating from the school system, as well as engaging educational resources and others as key elements of natural supports for consumers. These natural supports could include:

- a. Outpatient services through the Community Mental Health Center.
- b. Education and Consultation services through Plains Area Mental Health Center
- c. Vocational services through the local vocational rehabilitation counselor.

Agreements with vocational services providers will focus on assuring fair and equitable access of consumers with mental illness, mental retardation, and developmental disabilities to all federal and state vocational and job training programs.

Cherokee will not fund work activity services for students still in the educational system with an active Individual Education Plan (IEP) that includes credits earned towards graduation for these services.

Coordination with Other Resources (boards, councils, regional teams, etc.)

The CPC Administrator also serves on the Cherokee County Decategorization Advisory Board and the Northwest Iowa Community Empowerment Board in an effort to develop and ensure a system that is accessible and understandable for students and their parents as they enter the adult service system. The CPC Administrator also serves as a member of the Iowa Vocational Rehabilitation Services (IVRS) Regional Team out of Sioux City. The Sioux City Region is comprised of nine counties in Northwest Iowa. This allows for a collaborative dialogue with other case management, AEA personnel, families and IVRS staff. Cherokee County's CPC Administrator also works with the Transition group preparing foster children to move out of children's services and into adult services.

Beginning in 2006, the Cherokee County Coaches Team was formed. The purpose of the Coaches Team was to bring together direct care staff from all providers in Cherokee County to receive training they can use to mentor their co-workers. In order to be on the Coaches Team, staff must be training in Person-Centered Thinking by a certified trainer. The Coaches Team makes every effort to work with other staff as well as families and community members to assist in understanding the services for individual in Cherokee County who have disabilities and to also help deal with the stigma in services and populations served.

Cherokee County will refer and play an active role in services provided by Iowa Vocational Rehabilitation Services. Cherokee County commits to supporting individuals, if they meet eligibility criteria, and their jobs in the community following IVRS discharge.

s. Ongoing Education Process

Cherokee County recognizes the benefit to people with disabilities of educational opportunities and networking with others. Educational opportunities may also focus on families, providers and the communities in which individuals live. Educational opportunities will be available based on the needs outlined in the Strategic Plan and as needs arise throughout the year. Cherokee County will fund educational opportunities for people with disabilities on an individual basis as funds are available.

Cherokee County also provides funds through the community services block grant to Plains Area Mental Health Center to provide Consultation and Education opportunities. These funds will go towards community projects to educate and promote understanding in the mental health field. Consultation Services provide professional assistance and information about mental health and mental illness to individuals, groups, or organizations to increase the recipient's effectiveness in carrying out their service responsibilities.

Educational Services include information and training concerning mental health, mental illness, and the availability of services, the promotion of mental health and the prevention of mental illness to community leaders and organizations in the general public. Educational services shall be provided by an employee or consultant who has sufficient education and experience in the particular subject matter. Educational presentations are available to community groups, businesses, the media as well as others. Educational groups may consist of parenting groups and support groups. Community Planning involves joint program planning with an individual, agencies, or groups. Public relations involves personal contacts to promote programs, improve relationships, participation in service clubs, boards as well as others.

Consultation Services provide professional assistance and information about mental health and mental illness to individuals, groups or organizations to increase the recipient's effectiveness in carrying out their service responsibilities. Every attempt shall be made to satisfy requests for consultation services and priority will be given to those agencies which service individuals with emotional and psychological problems. This service is designed to improve service delivery to a specific consumer or potential consumer.

The Cherokee County CPC Administrator and/or a designee from the office will engage in public speaking opportunities as requested in an effort to provide ongoing education for various groups regarding the services available in Cherokee County.

25.13-(2) Plan Administration Section –

a. Application (Intake) Procedure:

Individuals or their legal representatives may apply for service funding at any one of the designated intake points. Intake staff at any of the designated access points may also independently identify individuals potentially eligible for county services, and may offer them an intake and referral. If a person presents at any of the access points, a standard CPC application (See Appendix 1) will be completed and forwarded to the applicant's county of residence.

If an applicant wishes to apply directly with the CPC, an appointment shall be scheduled as soon as possible. If the application is mailed to an applicant, it should be returned within ten (10) days. If assistance is needed, the CPC shall be notified and shall provide all assistance necessary. If the applicant fails to keep a scheduled appointment and does not call or notify the CPC by mail of inability to keep the appointment, no service funding shall be authorized. The CPC Administrator may refer to the County Case Manager or Targeted Case Manager if further assessment and service planning are necessary.

The application will be reviewed by the CPC Administrator who meets the qualifications of a CPC Administrator as defined in Iowa Code section 441—25.11(331).

The CPC will maintain the central enrollment file. Access points will submit completed intake/enrollment forms to the CPC on a daily basis for entry into the computerized enrollment file.

When a person making application to the CPC has legal settlement in a county other than Cherokee County, the CPC shall coordinate the authorization of payment for any services with the county of legal settlement, or with the State for those with State Case status.

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

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

When seeking admission to Woodward Resource Center or Glenwood Resource Center School for an individual with mental retardation, the procedure as outlined in the Code of Iowa, Section 222,.

Applications may also be found at the following websites:

www.cherokeecountyiowa.com

www.csn.org

b. Eligibility Determination

The following criteria will be considered when authorizing services:

- a. Diagnosis
- b. Severity of Illness/Crisis
- c. Result of Denial of Services
- d. Recommendations of Mental Health Professionals, Targeted Case Manager, and County Case Manager
- e. Who else is affected if services are denied?
- f. Are there other Resources Available/county funding payer of last resort?
- g. What is the Least Restrictive Service?
- h. Why is the Applicant Requesting this Service?
- i. Will Approving this Service Result in Greater Independence?
- j. Is there a more Cost Effective Alternative?
- k. Will Part-Time Services Meet the Need?
- l. Is the Applicant Financially Eligible?
- m. Is the Applicant able to Assist with the Cost?
- n. Is Funding Available?

*Re-authorization/Utilization Management Process:

The CPC Administrator is responsible for all utilization reviews and service funding authorizations. All services will be re-authorized annually through the case management program. Outpatient mental health services will be re-authorized within one year of the date of application. Services may be authorized for a lesser duration if so deemed by the CPC.

Redetermination of eligibility and completion of another CPC application will be completed annually. Re-determination of eligibility will also be made when an applicant's financial, mental or living situation changes. The applicant will be expected to notify the Cherokee County CPC Administrator and/or service provider when one or all of the above situations change. The re-submitted application will be subjected to the same criteria as the original application.

Responsiveness Standards:

a. Intake/Enrollment

The elapsed time from initial request for services to either enrollment or referral to other resources will not exceed five **business** days (except if circumstances occur as noted in the Notice of Decision section of the Managed Care Plan).

b. Initial Service Authorization

The elapsed time from enrollment to service funding authorization will not exceed 10 **business** days (except if circumstances occur as stated in the Notice of Decision section of the Managed Care Plan). The elapsed time from service funding authorization to service initiation will not exceed five business days, unless further delay is included in the ICP and approved by the consumer. (Emergency services necessary to address immediate needs for stabilization and support will be initiated as soon as possible.)

c. Crisis Response and Resolution

Individual presenting in crisis at the MHC or any other access point, will receive face-to-face assessment and crisis resolution planning. If hospitalization is needed, the decision to admit will

be completed within four (4) hours of initial contact. The local police or other community resources may be involved in the initial response to the crisis.

An initial assessment and plan for crisis resolution will be completed within four (4) hours of the first face-to-face intervention and assessment. As a part of the resolution process and accountability necessary, the CPC will be notified (during the business hours) within a 24 hour period or sooner, depending upon the time of day. If the individual has not been hospitalized, the staff would make a recommendation to the CPC about medically necessary appropriate services to be provided and a decision made to proceed from that point. In all cases, the crisis service will attempt to fully resolve the crisis.

c. Notice of Decision

Notice of Decision (see Appendix 2) will be issued within 15 business days of receipt of completed application, or within 45 days if an evaluation is needed or information is needed to determine whether the applicant is eligible. (This may be extended if reports are needed from medical personnel or facilities (see Release of Information form, Appendix 3). Service funding will be authorized back to the date that the applicant signed the application if they are deemed eligible. Services not involving county funding may be authorized by the County Case Manager or Targeted Case Manager. When county funding is needed, the CPC Administrator authorizes the services. The Notice of Decision will be sent to the applicant or authorized representative and to the provider(s) of service, county of legal settlement and service providers. If the county of legal settlement is different from the county of residence, the county of legal settlement will sign the Notice of Decision, accepting legal settlement and return to the service providers and the county of residence. If the client is placed on a waiting list by the county of legal settlement or residence the NOD shall provide:

1. An estimate of how long the client can expect to be on the waiting list;
2. The process for a client or authorized representative to obtain information regarding the clients status on the waiting list.

The Notice of Decision outlines the applicant's right to appeal and a description of the appeal process.

d. Referral Process

Plains Area Mental Health Center will refer all people who are in need of services outside the realm of the Mental Health Center services, such as RCF or vocational services. In such cases the CPC may directly refer to the appropriate services or may initiate contact with Cherokee County Case Management or the DHS for additional assessment and treatment planning.

Other referrals will be received from Cherokee County Case Management or other Access Points. For those eligible for services, a determination will be made as to what funding sources are appropriate. For people who are eligible for the Iowa Plan, a referral will be made to MBC of Iowa for further assessment and treatment planning. If county funding appears to be necessary, a process will begin in which assessments, treatment planning and referrals to the appropriate providers will be done. Cherokee County CPC Administrator will have the responsibility for funding authorization. Consumers, their families, and other authorized representatives will be informed of the appeal process, which is delineated later in this section.

The Cherokee County Community Services Department receives referrals from all sources and provides intake, information and referral services for all applicants. For those eligible for services, the CPC Administrator determines appropriate payment source. The CPC Administrator may then refer the applicant to Cherokee County Case Management or County Social Work for further assessment.

If CPC Administrator approves, Cherokee County Case Managers will proceed to complete assessment and treatment planning and will initiate referral to appropriate provider(s). Once a service

plan is in place, the Cherokee County Case Manager will present the plan to the CPC Administrator for funding approval.

Cherokee County plans to continue to maintain the current County Case Management operation. Cherokee County Community Services will continue to work closely with the Northwest Area Education Agency in transition planning for graduating students from school to appropriate community based services (meeting the MI/CMI diagnosis and the MR/DD diagnosis).

The Cherokee County Case Managers and County Social Worker will continue efforts in developing natural community supports on behalf of priority consumers.

e. Consumer Plan Development

Cherokee County currently encourages consumers and families to participate freely in needs assessment, treatment planning, choice of services, and choice of provider. If review of any service request is deemed necessary, a case manager or other qualified professional shall do the review.

Through the Cherokee County Community Services Department and Cherokee County Case Management, Cherokee County encourages all consumers and families, to participate in an Assessment - as defined in IAC 441-24.1(225C) - of their strengths to include in future planning and to make decisions regarding where they want to live, work and recreate. The consumer is viewed as the director of the helping process. All consumers choose where, when, and who they wish to have attend their ICP staffings in which their goals are established. The case manager assists the consumer with reviewing the assessment during the staffing to ensure that their goals and desires are addressed. The case manager is also responsible for completion of the service plan and coordinating funding requests with the CPC Administrator.

In all cases, the primary consumer will be asked to give informed consent and approval to the service plan. If the consumer is an adult and has no guardian or conservator, s/he may elect to involve family members in the service planning process, and to approve the final service plan. If the individual is a minor, has a guardian or conservator, or is otherwise unable to give informed consent, the designated guardian, parent, or other representative will approve the service plan. In all cases, consumers may be represented by advocates, other consumer representatives, or friends or family during the ICP planning process.

f. Request for Funding

Funding may be requested for mental health services at a mental health center through a completed CPC application and diagnostic sheet, which are forwarded to the CPC. For all other access points, a CPC application will be completed and forwarded to the CPC for processing. Cherokee County will authorize county funding for services that meet the needs of the applicant and/or at the recommendation of the mental health professional. Outpatient services will be funded as funding is available for these non-mandated services.

g. Service Planning/
Funding Authorization

Any service or treatment plan that includes county funded services must be approved by the CPC Administrator who meets the qualifications of a CPC Administrator as defined in Iowa Code section 441—25.11(331).

Once an individual is determined eligible for Cherokee County funding, county case management, DHS Case Worker, the service provider, or the CPC (whichever is appropriate for the situation) will initiate service planning. For all treatment plans, which require county funding for implementation, the CPC Administrator will have final funding approval. Cherokee County reserves the right to have a qualified professional review service funding requests.

- 1) Individual Action Plan development and Service Authorization at Cherokee County Case Management:
 - ▶ In an effort to provide a seamless system of care, the providers in Cherokee County have agreed to implement the use of a Single Plan (the Individual Action Plan). This plan replaces previous Individual Comprehensive and Individual Program plans that were written by each agency. With the use of the Single Plan, one document is written from which all of the service providers work. This process allows all supports to work on the same goals/objectives for the person as a comprehensive team.
 - ▶ If a person requests case management and meets the eligibility criteria for that program; the case manager may independently prepare the IAP and submit it to the CPC Administrator for funding approval.
- 2) Treatment Planning and Service Authorization at Plains Area Mental Health Center:
 - ▶ The mental health center may prepare and carry out individual treatment plans. The CPC Administrator will be responsible for determining eligibility for county funding for those individuals who request it.
- 3) ICP Planning and Service Authorization at Primary Access Points:
 - ▶ For individuals presenting at primary access points, the attending staff may have them complete the CPC Application and then forward it to the CPC Administrator. No funding authorization will be done at these points. Providers will complete and utilize their treatment plans as their programs dictate.
- 4) For individuals presenting at non-access points, the attending staff may refer them on to any of Cherokee County's designated access points. Other providers, who are not part of the access point network, may be asked to participate in the planning process.

Every possible resource available to meet the needs of the applicant will be pursued, with county funding being considered the resource of last resort. Other resources will include, but not be limited to, Medicaid, Medicare, MBC/HMO, Social Security PASS Program, Vocational Rehabilitation, JTPA, State funding, private resources, private insurance, etc.

Process and Standards for Approving Out-of Plan Services, including Out-of-County Placements:

Cherokee County will fund services according to the county of residence management plan. If an individual with residence in Cherokee County needs and desires services that are not currently covered in the county management plan, or services from an out-of-county provider, the service plan must be presented to the CPC Administrator for funding approval. The service plan will be developed by the Targeted Case Manager or CPC Administrator. For all such services, CPC re-authorization will be necessary at least every six months. Cherokee County fully believes in the services offered in Cherokee County. It has been Cherokee County's policy not to fund any services for persons with legal settlement in Cherokee County outside the county if those services are available in the county and the provider has openings. However, should a person desire services that are out of the county or not covered in this plan, the person may submit a reconsideration according to the guidelines listed later in this section. At which time, the CPC Administrator, the subsequently, an Administrative Law Judge (ALJ) will review and may approve or deny such services. One of the factors that will take into consideration will be if the services being requested are in the county of residence's management plan. It will be county policy to not fund any out-of-state placements. Cherokee County will seek all possible in-state services before accessing anything out of state. Individuals who were in out-of-county placements when this managed system of care was initiated on July 1, 1996 will be allowed to remain in these placements if they so choose.

If an individual with residence, but not legal settlement, needs and desires services not included in the county management plan, or from an out-of-county provider, the CPC Administrator will negotiate with the CPC in the county of legal settlement. Approval of any service plan or authorization for payment of services must be made by the county of legal settlement before any services may be initiated except as stated in the Consumer Access section of this plan. If the county of legal settlement agrees to pay for any service, which is included in the plan of the county of residence, then the process for service approval will be the same as for individuals with legal settlement in Cherokee County.

For individuals with state case status, the county will authorize services according to the county of residence's management plan.

As noted in other sections of this plan, county of legal settlement or state case status will not be a factor in initiating crisis stabilization/hospital diversion services for persons with mental illness. Further, Cherokee County will make every effort to initiate appropriate services while determining the county of legal settlement and receiving the cooperation of the CPC in the county of legal settlement. Cherokee County does not intend to deny access to necessary services for any current resident of the county, and will work to assure that counties of legal settlement and Department of Human Services cooperate in funding appropriate access to services.

h. Service and Cost Tracking

Cherokee County utilizes a web-based County Community Services Network (County CSN) computerized Management Information System which tracks services, supports and payments made on behalf of approved consumers. All approvals, denials, client numbers and client specific expenditure data is recorded into this system. Service denials and explanations are also tracked by this system.

i. Service Monitoring

The Cherokee County CPC Administrator will be responsible for utilization reviews and monitoring of funding. The services will be monitored by the Case Manager for appropriateness and continued need and will in turn make recommendations to the CPC.

j. Appeal Process

If Cherokee County makes a decision adverse to an applicant, the applicant 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 and funding of the 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 tell the applicant that he/she has a right to appeal, and how to file the appeal.

Step One: Filing Your Appeal

Applicants and/or legal representatives (with consent of the consumer) 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) calendar days of the date of the decision. If the appeal is filed late, it cannot be considered. The appeal shall state: (1) the reasons why the CPC Administrator's decision should be reversed; (2) the relief requested; (3) the applicant's name, address, and telephone number and the name, address, and telephone number of the applicant's legal representative if appropriate.

Step Two: Discussing the Problem

After the appeal is filed, the CPC Administrator will contact the applicant to schedule a meeting to discuss the appeal. This meeting must be held within 15 calendar days, unless the parties agree to extend the time to meet. The applicant may bring a representative to the meeting to assist in explaining why the decision should be reconsidered. At the meeting, the CPC Administrator will explain his or her reason for the decision. The applicant may ask questions or provide additional information they feel may be important. The applicant must provide a proposed resolution. If you and the CPC Administrator reach an agreement, the CPC will issue a revised Notice of Decision within 10 calendar days. At the end of the meeting, you and the CPC Administrator will sign a status form, indicating whether there is a resolution and a revised Notice of Decision will issue or whether the appeal will continue.

Step Three: The Appeal

If the parties are unable to resolve the problem at the meeting, within 10 calendar days of the date of the meeting, the CPC Administrator will contact a neutral decision-maker, such as 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 has 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.

The applicant may contact another person to assist with the appeal. This could be an attorney, and organizational representative, or a friend/family member. The County will not provide you with legal assistance. Two places that may provide legal assistance include:

- Legal Aid: 1-800-532-1275
- Iowa Protection and Advocacy: 1-800-779-2502

SECTION II - ANNUAL REVIEW

The CPC Administrator shall prepare an annual review for the Advisory Board, Department of Human Services and the State County Management Committee. This review will be submitted to the Department by December 1 of every year. It shall include, but not be limited to information in the following areas:

1. Progress toward goals and objectives
2. Documentation of stakeholder involvement
3. Actual provider network
4. Actual expenditures
5. Actual scope of services
6. Number, type and resolution of appeals
7. Quality assurance implementation, findings and impact on plan.
8. Waiting list information
9. Outreach/collaboration activities

Copies of the Annual Reports for Cherokee may be found on-line at www.cherokeecountyiowa.com.

SECTION III – STRATEGIC PLAN

Cherokee County will submit a strategic plan to the department on April 1, 2000 and every third year thereafter. This strategic plan will be developed along with the managed care plan based on the recommendations of the Advisory Board. It will be approved by the Board of Supervisors and a public hearing will be held prior to submission to the Department. It shall include, but not be limited to the following:

1. Needs Assessment
2. Goals and Objectives
3. Services and Supports
4. Provider Network
5. Access Points

3-Year Strategic Plans may be found on-line at www.cherokeecountyiowa.com.

CHEROKEE COUNTY COMMUNITY SERVICES

Application Form

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

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

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

Current Address: _____
Street City State Zip County

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

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: _____
--

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

Marital Status: Never married Married Divorced Separated Widowed

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

Are you here in the U.S. legally? Yes No **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)

<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)		

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)		

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 _____

Others in Household Amount:

Total Monthly Income: _____

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

- | Type | Amount |
|--|--------|
| <input type="checkbox"/> Cash | _____ |
| <input type="checkbox"/> Checking Account | _____ |
| <input type="checkbox"/> Savings Account | _____ |
| <input type="checkbox"/> Certificates of Deposit | _____ |
| <input type="checkbox"/> Trust Funds | _____ |
| <input type="checkbox"/> Stocks and Bonds (cash value?) | _____ |
| <input type="checkbox"/> Burial Fund/Life Ins (cash value?). | _____ |
| <input type="checkbox"/> Retirement Funds (cash value?) | _____ |
| <input type="checkbox"/> Other _____ | _____ |
| <input type="checkbox"/> Other _____ | _____ |

Bank, Trustee, or Company

Total Resources: _____

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

Make & Year: _____	Estimated value: _____
Make & Year: _____	Estimated value: _____
Make & Year: _____	Estimated value: _____
Make & Year: _____	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?**

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.

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

*

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 Other county of legal settlement _____

Does not meet diagnostic criteria Applicant desires to stop process

Does Not meet service plan criteria Other _____

Does not meet plan criteria

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

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

Comments: _____

CPC staff making determination & Date: _____

CHEROKEE COUNTY COMMUNITY SERVICES

CPC Application Update Form

Date: _____ Date Received by CPC Office: _____

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

Last Name: _____ First Name: _____ MI: _____

SSN#: _____ Birth Date: _____ Sex: Male Female

Current Address: _____
Street City State Zip County

Phone #: _____ Legal Settlement County: _____

Has any Guardian/Payee/Conservator information changed since initial application or last update form: Yes No

If yes, please provide new information including names, addresses, and phone contact information: _____

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

Marital Status: Single Married Divorced Separated Widowed

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

Living Arrangement: Alone With relatives With unrelated persons **Note:** Please explain if living arrangement has changed since last application or update form: _____

Others in Household:

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

Disability Group/Primary Diagnosis:

40-Mental Illness 41-Chronic Mental Illness 42-Mental Retardation 43-Developmental Disability 44-Other

Specific Diagnosis determined by: _____ Date: _____

Axis I: _____ Dx Code: _____

Axis II: _____ Dx Code: _____

Axis III: _____ Dx Code: _____

Axis IV: _____ Dx Code: _____

Axis V: (GAF Score & date given): _____

Health Insurance Information: (Check all that apply)

Primary Carrier (pays 1st)

- Applicant Pays Medicaid
 Medicare Private Insurance
 No Insurance Medically Needy

Company Name _____

Address _____

Policy Number: _____

(or Medicaid/Title 19 or Medicare Claim Number)

Secondary Carrier (pays 2nd)

- Applicant Pays Medicaid
 Medicare Private Insurance
 No Insurance Medically Needy

Company Name _____

Address _____

Policy Number _____

(or Medicaid/Title 19 or Medicare Claim Number)

Current Employer: _____

Position: _____

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

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

- Food stamps
- FIP
- Social Security
- SSI
- Veterans Benefits
- Employment Wages
- Child Support
- SSDI
- Dividends, Interest, Etc
- Railroad Pension
- Other

**Applicant
Amount:**

**Others in Household
Amount:**

Total Monthly Income: _____

NOTICE: Proof of income may be required with this update 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!)

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

Type	Amount	Bank, Trustee, or Company
<input type="checkbox"/> Cash	_____	_____
<input type="checkbox"/> Checking Account	_____	_____
<input type="checkbox"/> Savings Account	_____	_____
<input type="checkbox"/> Certificates of Deposit	_____	_____
<input type="checkbox"/> Trust Funds	_____	_____
<input type="checkbox"/> Stocks and Bonds (cash value?)	_____	_____
<input type="checkbox"/> Burial Fund/Life Ins (cash value?).	_____	_____
<input type="checkbox"/> Retirement Funds (cash value?)	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Other _____	_____	_____

Total Resources: _____

Motor Vehicles: Yes No Make & Year: _____ Monthly Payment: _____
(include car, truck, motorcycle, etc.) Make & Year: _____ Monthly Payment: _____

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: _____

If known, what specific services including provider of those services are requested: (if applicable)

Service Requested	Provider (if known)	Rate/Unit	Effective Date
_____	_____	_____	_____
Service Requested	Provider (if known)	Rate/Unit	Effective Date
_____	_____	_____	_____
Service Requested	Provider (if known)	Rate/Unit	Effective Date
_____	_____	_____	_____

The above listed services have been discussed with me and are requested with my knowledge and consent. 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 local and/or state Iowa Dept. of Human Services (DHS) staff. I understand that the information gathered in this document is for the use of the 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

Appendix 2: Notice of Decision

**CHEROKEE COUNTY MHDD SERVICES
FUNDING REQUEST/NOTICE OF DECISION**

TO:

Applicant's Name:
Address:

Date:

Client SS#:
State ID:
DOB:

Please identify the services being requested in the boxes below, and we will return this form to you with our decision in the boxes on the right hand side. We will also send copies of this form with our decision to the providers you identified.

SERVICES BEING REQUESTED:

Agency Name	Service Requested	Number Monthly Units	Unit Cost	Expected Start Date	Expected End Date	CPC USE ONLY		
						Approved	Approved pending availability of funds	Denied (Appeal process on back)
(1)								
(2)								
(3)								
(4)								
(5)								

Name of the person completing the form _____ Agency _____ Phone _____ Fax _____

Applicant's Signature: _____ Date: _____

If your services were denied, the process to appeal this decision is on the back of this page.

If approved, Authorization start date: _____ Authorization end date: _____
Conditions for approval/Other comment:

**This notice of decision is only valid for the authorization period listed above. If you need continued services past the authorization end date, you must fill out an application update. Services provided after the authorization end date will not be paid by Cherokee County without the services being requested through an application update.*

Central Point of Coordination Administrator Signature: _____ Date _____

203 East Bow Drive
PO Box 342
Cherokee, IA 51012

Ph: 712-225-6700
Fax: 712-225-5839

Cc:

Appendix 3: Release of Information

CHEROKEE COUNTY COMMUNITY SERVICES
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:

- Coordination of Services
 Service Planning
 Determining Eligibility for Services
 Monitoring of Services
 Funding Purposes
 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:

Lisa Langlitz
Cherokee County Community Services Director
203 East Bow Drive
PO Box 342
Cherokee, IA 51012

Ph: 712-225-6700
Fax: 712-225-5839

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:

Appendix 4: Appeal and Request For Hearing

If Cherokee County makes a decision adverse to an applicant, the applicant 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 and funding of the 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 tell the applicant that he/she has a right to appeal, and how to file the appeal.

Step One: Filing Your Appeal

Applicants and/or legal representatives (with consent of the consumer) 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) calendar days of the date of the decision. If the appeal is filed late, it cannot be considered. The appeal shall state: (1) the reasons why the CPC Administrator's decision should be reversed; (2) the relief requested; (3) the applicant's name, address, and telephone number and the name, address, and telephone number of the applicant's legal representative if appropriate.

Step Two: Discussing the Problem

After the appeal is filed, the CPC Administrator will contact the applicant to schedule a meeting to discuss the appeal. This meeting must be held within 15 calendar days, unless the parties agree to extend the time to meet. The applicant may bring a representative to the meeting to assist in explaining why the decision should be reconsidered. At the meeting, the CPC Administrator will explain his or her reason for the decision. The applicant may ask questions or provide additional information they feel may be important. The applicant must provide a proposed resolution. If you and the CPC Administrator reach an agreement, the CPC will issue a revised Notice of Decision within 10 business days. At the end of the meeting, you and the CPC Administrator will sign a status form, indicating whether there is a resolution and a revised Notice of Decision will issue or whether the appeal will continue.

Step Three: The Appeal

If the parties are unable to resolve the problem at the meeting, within 10 working days of the date of the meeting, the CPC Administrator will contact a neutral decision-maker, such as 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 has 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.

The applicant may contact another person to assist with the appeal. This could be an attorney, and organizational representative, or a friend/family member. The County will not provide you with legal assistance. Two places that may provide legal assistance include:

- Legal Aid: 1-800-532-1275
- Iowa Protection and Advocacy: 1-800-779-2502

Appendix 5: Service Definitions

Case Management - 100% County Funded are activities designed to help individuals and families develop, locate, access and coordinate a network of supports and services that will allow them to live a full life in the community when the county is funding 100% of the cost of case management.

Case Management- Medicaid Match are activities designed to help individuals and families develop, locate, access and coordinate a network of supports and services that will allow them to live a full life in the community when the county is paying 50% of the non-federal share of Medicaid funded case management.

Community Supervised Apartment Living Arrangement are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements.

Community Support Programs is for comprehensive programs to meet individual treatment and support needs of consumers which enable consumers with a chronic mental illness, mental retardation, or a developmental disability to live and work in a community setting.

Consultation means advisory activities directed to a service provider to assist the provider in delivering services to a specific person, or advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems; or addressing other concerns in the provider's own organization.

Day Treatment Services is for individualized services emphasizing mental health treatment and intensive psychiatric rehabilitation activities designed to increase the consumer's ability to function independently or facilitate transition from a residential placement.

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

Direct Administrative includes expenses necessary to manage the service system if county employees perform the administrative duties.

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

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

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

Homemaker/Home Health Aides is for personal care or direct care services provided to people in their own homes including essential shopping, limited housecleaning or other incidental household services, meal preparation and other activities of daily living, help with hygiene, help with ambulation, etc.

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

Inpatient/State Hospital Schools is for per diem charges at State Hospital Schools; Glenwood and Woodward.

Inpatient/State Mental Health Institutes is for per diem charges at the Mental Health Institutes; Cherokee, Clarinda, Independence, and Mount Pleasant.

Intermediate Care Facility For The Mentally Retarded are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements with an ICF/MR license.

Legal Representation for Commitment is used when legal services are provided related to a commitment under Iowa Code.

Mental Health Advocates is used when individual or systems advocacy is provided by a mental health advocate.

Physiological Outpatient is used for activities designed to prevent, halt, control, relieve or reverse symptoms or conditions which interfere with the normal physiological functioning of the human body.

Prescription Medication is used for all costs for prescription medication, including medication prescribed for psychiatric conditions.

Psychotherapeutic Evaluation is for screening, diagnosis and assessment of individual and family functioning, needs, abilities, and disabilities, and determining current status and functioning, recommendations for services, and need for further evaluations. Evaluations consider the emotional, behavioral, cognitive, psychosocial, and physical information as appropriate and necessary.

Psychotherapeutic Outpatient is for planned processes in which the therapist uses professional skills, knowledge and training to enable consumers to realize and mobilize their strengths and abilities; take charge of their lives; and resolve their issues and problems. Include crisis intervention programs.

Public Education Services means 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 the following:

- a. prevention activities, which are designed to convey information about the cause of conditions, situations, or problems that interfere with a person's functioning or convey ways in which the knowledge acquired can be used to prevent their occurrence or reduce their effect
- b. public awareness activities, which convey information about:
 - 1) the abilities and contributions to society of all people;
 - 2) the causes and nature of conditions or situations which interfere with a person's ability to function; and
 - 3) the benefits that providing services and supports have for the community and for the individual.Activities should include educational and informational techniques that promote the person as an integral part of society and eliminate social and legal barriers to that acceptance

Residential Care Facility are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements with an RCF license.

Residential Care Facility For The Mentally Ill are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements with an RCF/PMI license.

Residential Care Facility For The Mentally Retarded are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements with an RCF/MR license.

Respite is for temporary care to a consumer to provide relief to the usual informal caregiver and provide all of the care the usual caregiver would provide.

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

Sheriff Transportation is used when transportation is provided related to a commitment under Iowa Code.

Supported Community Living is for services and supports determined necessary to enable consumers to live and work in a community setting where the consumer is living with family alone or with other consumers in a house or apartment. Services are directed to enhancing the consumer's ability to regain or attain higher levels of independence, or to maximize current levels of functioning.

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

Transportation (Non-Sheriff) is for services for consumers to conduct business errands or essential shopping, to receive medical services not reimbursed through TXIX, to go to and from work, recreation, education or day programs, and to reduce social isolation.

Work Activity Services is for services for those individuals whose impairment severely reduces their productive capacity and which are designed to enable them to move to their appropriate training programs or employment.

Other is used for any expenses not captured in above categories.

Appendix 6:

Cherokee County believes that a person receiving services has the same legal rights and responsibilities guaranteed to all other individuals under the federal and state laws. Furthermore, the receipt of services does not deprive any person of these rights.

All people receiving services shall be made aware of the following rights:

- ✘ The right to privacy, including the right to private conversation, and to confidentiality. Personally identifying information shall be released only in accordance with the procedure titled "Confidentiality."

- ✘ The right to be treated with respect and to be addressed in a manner which is appropriate to the person's chronological age and level of functioning and which takes into consideration language barriers, cultural differences and cognitive defects and makes provisions to facilitate meaningful individual participation.

- ✘ Each person receiving services shall be protected from mistreatment, neglect, or abuse.

- ✘ Each person has the right to be treated courteously, fairly, and with the fullest measure of dignity.

- ✘ Each person receiving services has the right to be free from aversive and/or intrusive intervention procedures.

- ✘ The right to ask for clarification of any staff or provider action and the right to appeal such an action.

- ✘ The right to enter into contracts for example, Releases of Information, lease agreements, etc.

- ✘ The right to due process, which means the person has the right to have his/her rights protected in any legal proceeding.

- ✘ The right to consent.

- ✘ Implicit is the person's right to refuse services.

- ✘ The responsibility to participate in treatment plan development to the extent possible.

- ✘ The responsibility to cooperate with the plan agreed upon.

- ✘ The responsibility to inform the provider of issues pertinent to the delivery of services.

