

*Tama County*  
*Central Point of Coordination*

*Mental Health & Developmental Disabilities*  
**POLICIES AND PROCEDURES**  
**MANUAL**

**Revision Effective Date: March 1, 2011**

**Geographic Area: Tama County**

**MH/DD Advisory Board Review of Revised Policies: November 4, 2010**

**Board of Supervisors Approval:** \_\_\_\_\_

*Kendall Jordan, Chairperson*

*Date*

*Approved*

**Tama County MH/DD Services  
POLICIES AND PROCEDURES MANUAL**

**Contents**

|  | Page |
|--|------|
| <b><i>Definitions</i></b>                                  | 3    |
| <b><i>System Management</i></b>                            |      |
| Plan Development   | 6    |
| <i>MH/DD Advisory Board</i>                                | 6    |
| Plan Administration  | 6    |
| Financial Accountability                                   | 7    |
| Contracting  | 7    |
| Funding Policy   | 7    |
| Conflict of Interest                                       | 7    |
| Provider Network Selection                                 | 8    |
| Delegated Functions  | 9    |
| Access Points  | 9    |
| Staffing Plan  | 9    |
| Application Form   | 10   |
| Consumer Access  | 10   |
| Consumer Eligibility                                       | 11   |
| <i>General Eligibility</i>                                 | 11   |
| <i>Specific Service Funding Eligibility and Copayments</i> | 15   |
| Confidentiality  | 21   |
| Emergency and Crisis Services                              | 22   |
| Waiting Lists  | 23   |
| Quality Assurance  | 24   |
| Collaboration and Coordination                             | 25   |
| Ongoing Education and Public Outreach                      | 26   |
| <b><i>Plan Administration</i></b>                          |      |
| Application and Intake Process                             | 27   |
| Eligibility Determination and Notice of Decision           | 28   |
| Service Monitoring   | 30   |
| Appeals  | 31   |
| Service and Cost Tracking                                  | 32   |
| <b><i>Annual Plan Review</i></b>                           | 33   |
| <b><i>Strategic Plan</i></b>                               | 33   |
| <b><i>Appendix</i></b>                                     |      |
| Federal Poverty Guidelines                                 |      |
| MHDD Advisory Board Guidelines                             |      |
| Sliding Fee Copayment Schedule for Outpatient Services     |      |
| Application Form   |      |

## **DEFINITIONS**

“Access point” means a part of the service system or the community that shall be trained to complete applications for persons with a disability and forward them to the central point of coordination.

“Applicant” means a person who applies to receive county funded services and supports from the service system.

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

“Authorized representative” means a person designated by the consumer or by Iowa law to act on the person’s behalf in specified affairs, to the extent prescribed by law.

“Central point of coordination (CPC)” means the administrative entity designated by the Board of Supervisors to act as the single entry point to the service system as required in Iowa Code section 331.440.

“Clinical assessment” means those activities conducted by a qualified professional to identify the consumer’s current level of functioning and to identify the appropriate type and intensity of services and supports.

“Consumer” means a person who has been determined eligible to receive services and supports from the service system.

“Copayment” means a client participation amount that a consumer is required to pay in order to qualify for county funding for services. A copayment is to be paid by the consumer or their representative directly to the service provider and the copayment amount will be deducted from any payments made by the County.

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

“County Management Plan” means the county plan, developed pursuant to Iowa Code section 331.439 as amended by 1999 Iowa Acts, House File 664, Division IV, for organizing, financing, delivering, and evaluating mental health, mental retardation, and developmental disabilities services and supports in a manner that deliberately seeks to control costs while delivering high-quality mental health, mental retardation, and developmental disabilities services and supports. The plan includes three parts: (1) a

policies and procedures manual, (2) a three-year strategic plan, and (3) an annual plan review.

“County of residence” means the county in Iowa where, at the time an adult applies for or receives services; the adult is living and has established an ongoing presence with the declared, good-faith intention of living permanently or for an indefinite period. The county where a person is “living” does not mean the county where a person is present for the purpose of receiving services in a hospital, a correctional facility, a halfway house for community corrections or substance abuse treatment, a nursing facility, an intermediate care facility for persons with mental retardation, or a residential care facility or for the purpose of attending a college or university. For an adult who is an Iowa resident and who falls within the exclusion for county where a person is “living” as described in this rule, the county where the adult is physically present and receiving services shall be the county of residence. The county of residence of an adult who is a homeless person is the county where the adult usually sleeps.

“CPC Administrator” means a qualified person who is designated by the Board of Supervisors to manage the service system and administer the management plan.

“Emergency service” means a service needed immediately to protect the life or safety of a consumer or others.

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

“Household” for consumers, who are 18 years of age or over, 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.

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

“Legal settlement” in general refers to where a consumer last lived for one year without any services or supports and is further defined in Iowa Code section 252.16 and 252.17.

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

“Medicaid (Title XIX)” provides payment for medical services for eligible individuals. Resources and income guidelines are based on type of coverage group. Coverage groups

may include dependent children and their caregivers, pregnant women, disabled individuals, and persons 65 years of age or older.

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

“Nonliquid assets” means assets that cannot be converted to cash in 20 days. Nonliquid assets include, but are not limited to, real estate, motor vehicles, motor vessels, livestock, tools, machinery and personal property.

“Provider” means a person or agency providing services for persons with disabilities.

“Qualified Professional” means a person who has education, training, licensure, certification, or experience to make the particular decision at issue as required by federal or state law.

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

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

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

“Service Coordinator” means a person as defined in rule 441—22.1(225C) and may include a county caseworker, county social worker, targeted case manager, Department of Human Services social worker, or other person/entity so designated.

“Service System” refers to the services and supports administered and paid from the county mental health, mental retardation, and developmental disability service fund.

“State Case Status” is the status of a person who does not have legal settlement in any Iowa county as defined in Iowa Code sections 252.16 and 252.17.

“State Supplemental Assistance (SSA)” provides funds to financially eligible aged, blind, and disabled individuals who have special needs, which include residential care, family life home care, having a dependent relative, or receiving in-home health related care.

## **PLAN DEVELOPMENT**

Tama County shall develop and implement a management plan for services to persons with mental illness, mental retardation, and developmental disabilities. The plan shall meet the requirements of Iowa Code section 331.439 and shall provide for an array of cost-effective, individualized services and supports that assist persons with disabilities to be as independent, productive, and integrated into the community as possible, within the constraints of available resources.

The County MH/DD Plan shall include three parts: policies and procedures manual, a three-year strategic plan, and an annual plan review. The policies and procedures manual shall include policies and procedures concerning management of the MH/DD service and MH/DD plan administration. The strategic plan shall describe Tama County's vision for its service system for the ensuing three years. The annual review shall provide an analysis of data concerning services managed for the previous fiscal year.

Development and amendment of the policies and procedures manual and strategic plan shall include stakeholders in a meaningful way. Stakeholders involved shall include, but not be limited to, consumers, family members, county officials, advocates, and providers. The process used to involve stakeholder input in the development of the County MH/DD Plan shall be documented in the strategic plan.

A public hearing shall be held prior to the final adoption or amendment of the policies and procedures manual and each three-year strategic plan.

### **MH/DD Advisory Board**

Tama County shall encourage stakeholder involvement by having an advisory board to assist in developing and monitoring the County MH/DD Plan, goals and objectives identified for the service system, and to serve as a public forum for other related MH/DD issues.

The Tama County MH/DD Advisory Board shall represent stakeholders which shall include, but not be limited to, consumers, family members, county officials, and providers. See Appendix for MH/DD Advisory Board Guidelines/Bylaws.

## **PLAN ADMINISTRATION**

Tama County shall directly administer the County MH/DD Plan through the Tama County Central Point of Coordination Department.

## **FINANCIAL ACCOUNTABILITY**

The Board of Supervisors, acting through the Community Services Department, shall retain full authority and financial risk for the County MH/DD Plan.

The CPC Administrator shall prepare a proposed fiscal year budget annually. The proposed budget shall be reviewed with the MH/DD Advisory Board and presented to the Board of Supervisors for final approval. The CPC Administrator shall be responsible for managing and monitoring the adopted budget.

Rates will be negotiated through the County Rate Information System (CRIS), if a member or direct negotiations through the CPC administrator and the provider will be utilized.

Tama County will honor all host county provider contracts.

## **CONTRACTING**

Tama County shall contract with MH/DD providers whose base of operation is in Tama County. The County may also choose to contract with providers outside of the county. A contract shall not be required with providers that provide one-time or as needed services.

Tama County will examine ways to develop financial incentives for obtaining high performance in consumer outcomes and cost effectiveness. The county may utilize vouchers and other non-traditional means to fund services.

## **FUNDING POLICY**

Tama County shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the County MH/DD Plan, within the limits of budgeted dollars. Tama County shall be the funder of last source and county funds shall not replace other funding that is available.

## **CONFLICT OF INTEREST**

Funding authorization decisions shall be made by the CPC Administrator, who shall have no financial interest in the services or supports to be provided. In the event that such a situation occurs, that interest must be fully disclosed to the consumers, counties, and other stakeholders.

## **PROVIDER NETWORK SELECTION**

Tama County shall have a network of service providers to meet the service needs of consumers and County retains the right to select services providers to be a part of the Tama County provider network. Providers must be approved Tama County MH/DD network providers in order to be eligible for county funding. Payment for commitment related sheriff transportation and court-appointed attorneys, and other incidental or temporary services, as determined by the CPC Administrator, shall be exempt from this policy.

To be included in the County MH/DD provider network, a provider must meet at least one of the following criteria:

- currently licensed, accredited or certified by the State of Iowa, or
- currently enrolled as a Medicaid provider, or
- have a current accreditation by a recognized state or national accrediting body (Joint Commission on Accreditation of Health Care Organization-JCAHO; Council on Rehabilitation Facilities-CARF; etc., or
- currently has a contract with Tama County or another Iowa county.

All providers included in the Tama County MH/DD provider network that are subject to licensure or accreditation shall meet all applicable standards and criteria. Current network providers that lose their licensure and/or accreditation shall be immediately dropped from the provider network and all consumers receiving services from the provider shall be transferred to another network provider.

The Tama County MH/DD provider network shall be included in the Tama County Strategic Plan.

New providers may be added to the provider network if it is determined either a particular consumer will benefit from the service (as determined by the consumer's inter-disciplinary team IDT), or, that the provider will provide service(s) that will enhance the service system. New network providers shall be approved through the following process:

1. A referral or request for a new provider network provider may be made by a consumer (or their authorized representative), consumer's case manager or social worker, or directly by a provider. All requests to become a member shall be directed to the CPC Administrator.
2. Provider applicant will be screened by the CPC Administrator. Provider may be asked to meet with the CPC Administrator for an interview or provide additional information.
3. The CPC Administrator shall inform the provider of acceptance or denial.
4. New network providers will receive appropriate orientation and training concerning Tama County's MH/DD Plan.
5. Unless terminated prior, provider shall remain an eligible network provider until the next 3-year strategic plan is implemented. All providers shall be reviewed at that time.

## **DELEGATED FUNCTIONS**

Tama County will not delegate any of the Central Point of Coordination (CPC) functions. All CPC functions will be performed through the Central Point of Coordination department under the direction of the CPC Administrator.

### **Transportation**

Tama County may transport clients if necessary; in order to meet the needs of the people we serve. All other transportation services will be exhausted before Tama County will provide transportation.

## **ACCESS POINTS**

An access point is a part of the service system or community that shall be trained to complete the county MH/DD funding applications for persons with a disability and forward them to the central point of coordination.

Tama County shall designate the access points and their function(s) in the CPC enrollment process. A listing of the designated access points and their enrollment function shall be included in the Strategic Plan.

Upon initial designation as an access point, and thereafter as appropriate, the CPC Administrator shall provide training on the county intake process and use of the application form. The CPC Administrator shall inform all access points that all applications are to be forwarded by the end of the working day to the consumer's county of residence CPC office.

The CPC office shall provide application forms for the designated access points' use.

## **STAFFING PLAN**

Tama County shall employ qualified and adequate staff to administer the Plan.

One person shall be designated by the Board of Supervisors as the Central Point of Coordination (CPC) Administrator. The CPC Administrator shall be responsible for the implementation and ongoing administration of the central point of coordination process. The CPC Administrator shall have the following qualifications:

- Bachelor degree from an accredited college.
- Demonstrated competency in human service program administration and planning.
- 2 years experience working with people with disabilities.

A person continually employed by a county to implement a central point of coordination process prior to April 1, 1996, shall be considered a qualified CPC Administrator. An elected county or state official shall not also serve as the CPC Administrator.

## **APPLICATION FORM**

An application form shall be utilized for the CPC process that shall capture, at a minimum, all of the data and information required by the data rules in Iowa Administrative Code 441.25, Division III. Information that shall be included on the application:

- |                         |                                    |
|-------------------------|------------------------------------|
| -Applicant name         | -Current address                   |
| -Date of application    | -County of residence               |
| -Social Security number | -Date of birth                     |
| -Living arrangement     | -Ethnic background                 |
| -Sex                    | -Phone number                      |
| -Marital status         | -Legal guardian and/or conservator |
| -Emergency contact      | -Referral source                   |
| -Complete diagnosis     | -Household composition             |
| -Previous addresses     | -Previous MH/DD services           |
| -Insurance              | -Income                            |
| -Resources              | -Educational background            |
| -Employment history     | -Caseworker (if applicable)        |

If language or other barriers exist for applicants, the CPC Administrator will contact an appropriate person to assist in the application process.

## **CONSUMER ACCESS**

Access shall be provided to appropriate, flexible, cost-effective community services and supports to meet consumer needs in the least restrictive environment possible. Tama County recognizes the importance of individualized planning for services and supports to empower all consumers to reach their fullest potential.

All consumers that receive ongoing MH/DD services shall have an individualized plan (ICP/IPP) which shall identify the consumer's needs and desires and set goals with action steps to meet the goals. Eligible consumers that request or accept, the service, shall be referred to a targeted case manager for service coordination. Other consumers shall receive individualized service coordination from CPC staff.

A complete listing of services and supports eligible for county funding shall be included in the Strategic Plan.

# **CONSUMER ELIGIBILITY**

Eligibility for county funded services shall be determined in a two tiered determination process. A determination shall first be made for eligibility under the “General Eligibility Criteria”. If an applicant does not meet the general criteria no further determination or consideration shall be made and the applicant shall receive a Notice of Decision that their application is denied. Specific service funding eligibility shall be considered for those that meet the general eligibility criteria and have made a specific service request. Specific service eligibility shall be noted on the Notice of Decision.

## **General Eligibility Criteria**

To be eligible for county funding, applicant must meet the following criteria:

- Be an **American citizen**, an alien lawfully admitted for permanent residency, or otherwise permanently residing in the United States under law.
- Be **a resident and/or have legal settlement in Tama County**. If a consumer resides in Tama County but has legal settlement in another county or has state case status, the appropriate county or State Payment Program will be contacted to provide funding for authorized services. Service access will not be denied due to legal settlement.
- Must have a primary MH/DD **diagnosis** of one of the following:
  1. **Mental Illness (MI)**. (IAC 441.22) Individuals who meet criteria for mental disorder according to the Diagnostic and Statistical Manual, 4<sup>th</sup> Edition (DSM-IV) who are not considered to have chronic mental illness but do require treatment.
  2. **Chronic Mental Illness (CMI)**. (IAC 441-78.48(1)) Individuals 18 years and older, with persistent mental or emotional disorders that seriously impair their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. People with chronic mental illness will typically have histories that meet at least one of the treatment history criteria and at least two of the functioning history criteria:

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

- a. Have undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (example: emergency services, alternative home care, partial hospitalization or inpatient hospitalization).
- b. Have experienced at least one episode of continuous, structured supportive residential care other than hospitalization.

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

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

- b. Require financial assistance or out of hospital maintenance and may not be able to procure such assistance without help.
- c. Show severe inability to establish or maintain a personal support system.
- d. Require help in basic living skills.
- e. Exhibit inappropriate social behavior which results in demand for intervention by the mental health and/or judicial system.

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

3. **Mental Retardation (MR).** (IAC 441-22.1(225C)) Must meet the following three conditions:

- a. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of 70 or below on an individually administered IQ test as defined by the Diagnostic and Statistical Manual, Fourth Edition (DSM-IV). Grundy County recognizes up to a maximum 5 point margin of error.
- b. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety.
- c. The onset is before the age of 18.

4. **Developmental Disability (DD).** (IAC Code 441-22.1(225C)) Individuals with a severe, chronic disability which:

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

- **Have income (see pg. 4 for definition)** at 150% or below of the current Federal Poverty Guidelines. (See Appendix for Federal Poverty Guidelines). At the discretion of the CPC Administrator, applicants with income above 150% may be eligible for county funding with a consumer copayment as specified in this manual. Applicants requesting funding only for outpatient mental health services must meet the income guidelines of the established sliding fee scale.

The income eligibility standards specified herein shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program. The income guidelines established for programs funded through Medicaid (Waiver programs, Habilitative Services, etc.) shall be followed if different than those established in this manual.

In determining income eligibility, the average monthly income for the past 3 months will be considered, however, recent employment and/or income changes may be considered by the CPC Administrator in determining income eligibility. Applicants are expected to provide proof of income (including pay stubs, income tax return, etc.) as requested by the CPC Administrator.

### Copayments

1. No copayment shall be assessed to consumers with income equal to or less than 150 percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the U.S. Department of Health and Human Services. However, the copayment policies herein shall not exempt or reduce the copayment or client participation required by any federal, state, county or municipal program in which a consumer participates, including, but not limited to:
  - a. client participation for maintenance in a residential care facility through the State Supplemental Assistance program,
  - b. client participation for an intermediate care facility or an intermediate care facility for person with mental retardation,
  - c. a portion of rent in conjunction with a rental assistance program consistent with guidelines of the U.S. Department of Housing and Urban Development,
  - d. a copayment, deductible, or spend down required by the Medicare or Medicaid programs or any other third party insurance coverage,
  - e. the financial liability for institutional services paid by counties as provided in Iowa Code sections 222.31 and 230.15,
  - f. the financial liability for attorney fees related to commitment as provided by Iowa Code section 229.19.
2. All copayments assessed are to be paid directly to the service provider and the copayment amount will be deducted from any payments made by the County.
3. Copayments will apply only to 100% county funded services, and shall not apply to services funded by Medicaid.
4. See specific copayment provisions below under specific service eligibility.

- **Resources**, as defined in this manual (pg. 5), shall not exceed \$2,000.00 in countable value for a single-person household or \$3,000.00 in countable value for a multi-person household.

All liquid and nonliquid resources shall be considered in determining eligibility, with the exception of the following:

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

The following additional exemptions will be considered for applicants that do not qualify for federally funded or state funded services or other support, but meet all other income, resource, and functional eligibility requirements of this manual:

8. a retirement account that is in the accumulation stage,
9. a medical savings account,
10. an assistive technology account.

The resource standards of this manual shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program. The resource guidelines established for programs funded through Medicaid (Waiver programs, Habilitative Services, etc) shall be followed if different than those established in this manual.

If resources exceed allowable limitations, the applicant must deplete resources to allowable level by paying for their own care and treatment or other expenses at discretion of CPC Administrator, before being eligible for county funding.

Transfer of property or other assets within five years of the time of application, with the result of, or intent to, qualify for assistance shall result in denial or discontinuation of county funding. The value of, or the amount transferred, and the cost of service will be determined to see how long applicant will be ineligible. The number of months that the applicant could have paid for their own services will be used to determine length of ineligibility.

### **Specific Service Funding Eligibility and Copayments**

The following specific service eligibility and copayment requirements shall apply once a consumer has been determined to meet the general eligibility criteria. Copayment provisions are related to consumers' ability to pay and in compliance with all state and federal laws.

Individuals receiving county funded services may be subject to recoupment of payments made on their behalf.

|                                       |
|---------------------------------------|
| <b>Inpatient Psychiatric Services</b> |
|---------------------------------------|

1. County will pay for inpatient services at any state or private mental health unit in Iowa, contracted through the state of Iowa or the host county.
2. In the interest of public safety, Tama County will provide funding for detoxification services through the County Substance Abuse Fund, under the Iowa Code 125 committal process. Follow-up substance abuse treatment is funded through the Department of Public Health and individuals. Voluntary Dual Diagnosis treatment at an MHI, must have prior approval from the Tama County CPC Administrator, and will be granted on an individual basis. Costs will be split 50-50 between Mental Health funds and Substance Abuse funds.
3. If warranted by specific consumer circumstances, payment may be made to other private or public hospitals at the discretion of the CPC Administrator. Such payments shall be considered "exception to policy." All other eligibility criteria must be met in order to be eligible for payment. Payment shall be based on host county contracted rates where the facility is located.
4. In order to be eligible for county funding, the CPC process, including notification of admission within 24 hours and receipt of complete CPC application form from provider, must be followed.
5. County will not fund services that may be payable by other sources including: Medicaid (TXIX), Medicare, insurance, private pay, or any other source. CPC Administrator may require proof of ineligibility (denial notice, Explanation of Benefits, etc.) as needed, prior to county funding consideration.

### **Copayment**

Consumers are responsible to pay all insurance deductibles and copayments. If insurance copayment exceeds 20% of the eligible charge, as shown on the Explanation of Benefits, and the consumer meets the income and resource criteria, county may supplement payment to contracted provider. The total amount recovered by contracted provider shall not exceed contracted rate and/or insurance allowed charge.

## **Outpatient Mental Health Services**

1. Outpatient services eligible for county funding shall include: Psychiatric Diagnostic Intake, Individual Psychotherapy, Pharmacological Management, and Psychological Testing (see specific diagnostic codes in contracts with providers). Substance-related, V-coded services are specifically excluded from county payment consideration.
2. Must have a diagnosis of mental illness or chronic mental illness.
3. County will pay for outpatient mental health services provided through a contracted network provider. For consumers with Tama County legal settlement who reside in another county, Tama County will pay for services as specified by contract between the host (resident) county and the contracted provider.
4. County will consider payment only for consumers for which the CPC process was followed, including receipt of a fully completed CPC application (as defined in “Application Form” section of policy manual).
5. Persons eligible to receive Medicaid (TXIX) through the Iowa Plan, the HAWK-I program, or any other means will not be eligible for county funded outpatient services.
6. All other sources of funding must be accessed prior to consideration for county funding. “Other sources” shall include: Medicaid, Medicare, private insurance, veteran’s benefits, private pay, and any other funding source.

### **Copayment**

Consumers are responsible to pay a sliding fee copayment charge, based on the established sliding fee schedule. (See Appendix). The sliding fee amount will be the obligation of the consumer to the provider and the sliding fee amount will not be considered for county payment. Consumer is also responsible to pay all insurance deductibles and insurance copayments to the provider. If insurance copayment exceeds 20% of the eligible charge, as shown on the Explanation of Benefits, and the consumer meets the income and resource criteria, county may supplement payment to contracted provider. The total amount recovered by contracted provider shall not exceed contracted rate and/or insurance allowed charge.

## **Court Ordered Services**

1. Court ordered services related to mental health commitments may include any or all of the following: mental health advocate services, court appointed attorney, sheriff transportation. (Involuntary inpatient and outpatient covered in preceding sections).
2. County will consider payment only for consumers for which the CPC process is followed (Iowa Code section 229.1B), including receipt of a fully completed CPC application (as defined in “Application Form” section of policy manual).

### **Copayment**

A committed person, or the person legally liable for the person’s support, may be responsible for all or a portion of court ordered service costs. Persons may be responsible for payment of a court appointed attorney if it is determined that they are not indigent, as specified in Iowa Code section 229.8 and Iowa Code Chapter 815, if their income exceeds 150% of poverty or resources exceed \$2,000 for a single-person household or \$3,000 for a multi-person household.

## **Prescription Medication**

1. Only prescription psychiatric medications for persons having a mental health diagnosis shall be considered for county payment under this Plan. All requests for funding of non-psychiatric prescriptions may be referred to Tama County General Assistance.
2. All other means of prescription payment and/or access shall be made prior to county consideration for payment. "Other means" shall include: Medicaid (TXIX), other insurance, workman's comp, veterans benefits, private pay, free samples or medications through service provider or pharmaceutical company.
3. All assistance for medications shall be considered temporary and County shall not fund medications ongoing. Psychiatric medication payments by county shall not exceed three months unless authorized by CPC Administrator under extenuating circumstances.
4. All county payments shall be made directly to pharmacy/ provider.
5. Persons applying, or eligible to apply, for Social Security disability shall agree to reimburse the county for previously funded services as agreed upon between them and the CPC.

**Vocational Services (Work Activity, Sheltered Work, Enclave, Supported Employment), Adult Day Care, Day Habilitation Services, Transportation, Homemaker/Home Health Aide, Supported Community Living (SCL /non-HCBS/MR Waiver), Residential Care Facility (RCF), Residential Care Facility for Mentally Retarded (RCF/MR), Residential Care Facility for the Persistently Mentally Ill (RCF/PMI), Individualized Flexible Support Services**

1. Must not reside in a facility licensed as an Intermediate Care Facility (ICF) or Intermediate Care Facility for Mentally Retarded (ICF/MR).
2. Must be an adult with the following primary diagnosis:

| SERVICE   | PRIMARY DIAGNOSIS |
|---|-------------------|
| RCF/PMI   | CMI               |
| Adult Day Care, Day Habilitation  | CMI or MR         |
| Vocational Services, Day Activity, Transportation, Homemaker/Home Health Aide, SCL(non HCBS), RCF, RCF/MR | CMI, MR or DD     |
| Individualized Flexible Support Services  | MI, CMI, MR or DD |

3. Consumer must apply for, and accept, all income which they may qualify for.
4. Consumer must cooperate with assessments, service utilization, and strive to meet identified outcome goals.

**Copayment**

Transportation: A transit copayment shall be assessed for consumers with incomes over 150% of federal poverty guidelines that utilize transit services to attend day programs and activities. The copayment cannot place them below the 150% of federal poverty guidelines. The transit copayment shall be paid directly to the transit provider by the consumer. Any transit copayment owed by the consumer shall be deducted from any other copayment due.

RCF and RCF/MR: If applicant qualifies and receives SSA there is no copayment. If applicant does not receive SSA and has income over 150%, all income, minus client participation to the facility and \$50 personal spending allowance shall be paid as a copayment toward county funded services.

For other services listed above, the copayment shall be determined by subtracting consumer paid non-reimbursable medical expenses and physician authorized over the counter medications, and a monthly living expense allowance, from total gross household income. The monthly living expense allowance amount shall be equal to 150% of the most recent federal poverty guidelines adjusted for household size. The living expense allowance plus allowed medical expenses will determine the consumer’s baseline amount. If the consumer’s total gross income exceeds the consumer’s baseline expense allowance, the consumer must pay any amount that exceeds the baseline, or the monthly service cost, whichever is less, to the service provider as a copayment.

Tama County will not be responsible for any payment to the service provider which has been determined to be the responsibility of the consumer. Service providers are responsible to collect any copayment and credit the copayment amount on the billing to Tama County.

|  |
|--|
| <p style="text-align: center;"><b>Intermediate Care Facility for the Mentally Retarded (ICF/MR), Home and Community Based Service-MR Waiver, Medicaid Services, Targeted Case Management</b></p> |
|--|

1. Must be an adult enrolled in the Medicaid program.
2. Must meet the level of care and service requirements for the specific service(s).

**Copayment**

There shall be no copayment for these services, however, if the consumer receives a service in addition to these they may be assessed a copayment for the other service(s).

## **CONFIDENTIALITY**

Tama County is committed to respecting consumer privacy. To that end, all persons, including CPC staff, Board of Supervisors, and others with legal access to consumer information, shall have an obligation to keep consumer information confidential. Information shall only be released in accordance with HIPAA and other federal and state laws and in accordance with professional ethics and standards. Confidential information will be released only when it is in the best interest of the consumer to whom the information pertains or when required by law.

Confidential information may be released without written permission of the consumer or their guardian for medical or psychological emergencies and inspection by certifying or licensing agencies of the state or federal government.

Consumer files will be maintained for seven years following termination of service to the consumer.

Procedures to assure confidentiality shall include:

- Consumer's (or their legal guardian's) written consent shall be obtained prior to release of any confidential information, unless an emergency as stated above.
- Information or records released shall be limited to only those documents needed for a specific purpose.
- Consumer, or an authorized representative, shall be allowed to review and copy the consumer record.
- Consumer and related interviews shall be conducted in private settings.
- All discussion and review of consumer's status and/or records by CPC staff, case managers, and others shall be conducted in private settings.
- All paper and computer files shall be maintained in a manner that prevents public access to them.
- All confidential information disposed of shall be shredded.
- Steps shall be taken to assure that all fax, email, and cellular phone transmissions are secure and private.
- Staff shall receive initial and ongoing training concerning confidentiality and staff shall sign a statement agreeing to confidentiality terms.

In order to determine eligibility for county funding, perform ongoing eligibility review, and to provide service coordination and monitoring, consumers or their authorized representatives shall be requested to sign release forms. Failure of consumers to sign or authorize a release of information shall not be an automatic reason for denial; however, CPC's inability to obtain sufficient information to make an eligibility determination may result in denial of county funding.

## **EMERGENCY/CRISIS SERVICES**

Tama County shall assure that 24 hour crisis services are available for emergency mental health needs.

Options available for persons voluntarily seeking help in mental health crisis:

- **Mental Health Clinic of Tama County. Call (641)484-5234 (24 hour line)**

If a person is in a crisis situation, at risk of harm to self or others, and is unable or unwilling to seek mental health assistance, the following steps should be followed:

- **If between 8 a.m. and 4:30 p.m., Monday through Friday, contact Tama County Clerk of Court, Courthouse, Toledo, IA 52342. Phone: (641)484-3721.** An applicant and co-applicant can file papers to ask a Judge or Judicial Magistrate to involuntarily commit someone for a psychiatric evaluation. If Court so orders, an individual will be assessed by mental health professionals and a hearing will be scheduled within 5 business days.
- **If after hours, call 911-Tama County Sheriff.** Officer will assess the situation and may transport an individual to the local hospital. A Judicial Magistrate will be contacted. The Magistrate can order a person to be held in a psychiatric unit (or the MHI) for up to 48 hours after the start of the next business day. Two persons may go to the Clerk of Court's office within 48 hours to file commitment applications. If the Magistrate so orders, an individual will be assessed by mental health professionals and a hearing will be scheduled within 5 business days.

The Clerk of Court's Office may contact the CPC Administrator when applicant and co-applicant come to the Courthouse to file applications for commitment.

In order for Tama County to fund commitments to the Mental Health Institute (MHI) the admission must be authorized by the CPC Administrator (or by the Magistrate if after hours). The MHI shall assist in compiling information needed to determine eligibility and shall keep CPC informed concerning consumer's progress and discharge.

For individuals involuntarily court committed or voluntarily admitted to a Psychiatric Inpatient Unit for evaluation, the CPC application form shall be completed and faxed to the CPC within one business day.

Persons accessing emergency services defined above must meet the general and specific service eligibility outlined in the Eligibility section of this Plan in order to be eligible for county funding.

## **WAITING LISTS**

Tama County may implement a waiting list if encumbered expenses for a given fiscal year exceed MHDD funds available. Waiting lists may also be utilized if services requested are unavailable at the time of application.

Waiting lists shall not be utilized for the following county funded services:

- Mental Health Advocate
- Medicaid (Title XIX) services
- Court ordered mental health commitments
- State Mental Health Institute services
- ICF/MR services
- Out-patient mental health services
- Any other mandated services

If placed on a waiting list, the applicant will be informed on the Notice of Decision form. The notice will identify the approximate time that the service may be available to applicant. If unable to estimate such time, the CPC will state such and will update the applicant at least every 60 days as to the status of their service request.

All waiting lists will be centrally maintained by the CPC office.

Any waiting lists that may exist will be reviewed annually when planning for the future budgeting needs and services.

All waiting lists of county of legal settlement and State of Iowa will be honored.

## **QUALITY ASSURANCE**

Tama County shall have a quality improvement process that provides for ongoing and periodic evaluation of the service system, and of the providers of services and supports in the system. Stakeholders, with emphasis on consumer input, shall be involved in the development and implementation of the quality improvement program.

1. **System Evaluation.** The system evaluation shall include, but not be limited to, an evaluation of consumer satisfaction, including empowerment and quality of life; provider satisfaction; patterns of service utilization; responsiveness to consumer needs and desires; the number and disposition of consumer appeals and the implementation of corrective action plans based on these appeals; and cost-effectiveness.
2. **Quality of Provider Services.** The services and supports evaluation shall include, but not be limited to, an evaluation of the quality of provider services and supports based on consumer satisfaction and achievement of desired consumer outcomes; the number and disposition of appeals of provider actions and the implementation of corrective action plans based on these appeals; and the cost-effectiveness of the services and supports developed and provided by individual providers. The evaluation shall ensure that services and supports are provided in accordance with provider contracts.

Methods utilized for quality assurance may include:

- Direct interaction and feedback from consumers, families, providers, case managers, service coordinators, and other stakeholders.
- Needs assessments, satisfaction surveys, and other written questionnaires.
- Performance Improvement Plan (IAC Chapter 25) outcome measurement.
- Tracking pertinent information for quality improvement through the CSN database system.

## **COLLABORATION AND COORDINATION**

Tama County will collaborate with consumers, providers, and other appropriate persons and organizations to assure optimal coordination of services for consumers. Tama County consumers routinely access services that are funded by sources other than Tama County.

Examples of such services include:

- Income assistance from Social Security and Department of Human Services
- Veterans Administration assistance
- Housing and fuel assistance
- Vocational services through the Dept. of Vocational Rehabilitation
- Substance abuse services and treatment
- Educational services through the Area Education Agency
- Food pantries
- Primary medical care

***CONSUMERS AND FAMILIES.*** All consumers that receive on-going services shall be involved in developing a service plan that identifies their goals and who they would like to have assist them in meeting the goals. Tama County will collaborate with the consumer, family, and others identified to assure the best services possible. Consumers and family members shall be represented on the MH/DD Advisory Board and shall provide ongoing input into the service system.

***SERVICE PROVIDERS.*** Tama County will collaborate with providers to assure that high quality services are provided to consumers. The CPC shall work closely with providers to coordinate services for consumers and identify individual and service needs. Providers shall be represented on the MH/DD Advisory Board.

***IOWA PLAN.*** The CPC will coordinate county funded services with those provided through the Iowa Plan. As appropriate, the Iowa Medicaid contractor will be contacted for consumer case conferences.

***COURTS.*** The CPC shall work closely with the Court system in coordinating county funded services related to mental health commitments. The CPC will provide information concerning county funded options available to committed consumers in specific cases. The CPC shall periodically provide information to the Court concerning services provided under the County MH Plan and alternatives to commitment that are available.

## **ONGOING EDUCATION AND PUBLIC OUTREACH**

Tama County shall provide ongoing education and public outreach concerning mental health issues, the County MH/DD Plan, and what services are available and how to access them. Methods to provide education and outreach may include:

- Sponsoring training sessions or workshops
- Public meetings and focus groups
- Newspaper articles and media focused opportunities
- Public hearing for MH/DD Plan and any changes
- Development of a MH/DD Services Brochure
- Meeting with consumers, advocates, families to provide information and receive feedback.

## **APPLICATION/INTAKE PROCESS**

Individuals residing in Tama County, or their legal representative, may apply for county funded services by contacting the Tama County Central Point of Coordination office or may contact one of the County designated access points to complete an application. All applications will be forwarded to the Central Point of Coordination Office for eligibility determination.

Access points include:

| <b>ACCESS POINT</b>                       | <b>ADDRESS</b>                       | <b>PHONE</b>  |
|---|--------------------------------------|---------------|
| Tama County Central Point of Coordination | 211 W. State St.<br>Toledo, IA 52342 | (641)484-4191 |
| Mental Health Clinic of Tama County       | 1309 Broadway<br>Toledo, IA 52342    | (641)484-5234 |
| Any In-patient Mental Health Unit         |                                      |               |

The MH/DD Services Application, or another format pre-approved by the CPC Administrator, shall be used for all applications. If language or other barriers exist, the access point will contact an appropriate person to assist the applicant in the intake process or contact the CPC Administrator to make such arrangements. The completed application will be forwarded by access points to the CPC office by the end of the business day.

The CPC Administrator shall review the application in a timely manner to determine if all necessary information is present and complete on the application. If the application is incomplete the CPC shall return the application to the applicant and indicate what additional information is needed. If feasible, the CPC may contact the applicant by phone to collect the needed information. Failure to respond with necessary information and/or to provide a fully completed application may result in a denial for funding.

Once a fully completed application is received in the CPC office, the CPC Administrator shall begin the process to determine if the applicant meets the general eligibility criteria. If, in the process, an applicant's legal settlement is determined to be another county in Iowa, Tama County will process the application in compliance with Tama County's procedures, including eligibility determination and funding authorization, if requested. Tama County CPC Administrator will forward a copy of the CPC application and Notice of Decision to the county of legal settlement. The Tama County CPC Administrator will make contact with the county of legal settlement CPC to assist in the coordination of services. The waiting list of the county of legal settlement shall be honored. The county of legal settlement shall be responsible for payment of services.

If an applicant's legal settlement is determined to be a state case, the Tama County CPC Administrator will process the application in compliance with Tama County procedures. The CPC Administrator will send information required to Iowa DHS for enrollment of the applicant into the State Payment Program.

If an applicant has complied with all application requests, their access to services will not be delayed while awaiting a determination of legal settlement. In these instances, Tama County will fund services and later seek reimbursement from the county of legal settlement.

## **ELIGIBILITY DETERMINATION / NOTICE OF DECISION**

### **General Eligibility**

The CPC Administrator shall review the application to determine if the applicant meets the general eligibility criteria of the County MH/DD Plan.

If a copy of a psychological or psychiatric evaluation or other acceptable verification of diagnosis does not accompany the application, the CPC may, at their discretion, refer the applicant to an appropriate mental health professional for an evaluation to verify and document a diagnosis.

Within 15 business days of receipt of the fully completed application, including acceptable diagnosis documentation, a Notice of Decision shall be sent to the consumer, legal guardian, county of legal settlement (if applicable), and other appropriate parties. The Notice of Decision shall inform the consumer that they are either accepted or denied, based on the general eligibility criteria. If denied, the applicant shall be sent a copy of the county's appeal process and informed that they have the right to appeal the decision.

### **Specific Service Eligibility**

Once general eligibility has been determined, service planning will commence. All service funding authorizations shall be made by the CPC Administrator.

For new applicants the request for county funded services shall include a copy of the applicant's most recent Individual Program Plan or service plan, if one exists, and a copy of the report from the most recent staffing review of the plan. In addition, a request for services shall be submitted to the CPC.

The CPC Administrator, in consultation with the applicant and any other Interdisciplinary Team (IDT) members that may already be involved in service planning, will determine whether the applicant should be referred to targeted case management or other service coordination for appropriate planning prior to service funding authorization by the CPC Administrator.

If a referral is made, the applicant will be so informed. A report will be made to the CPC by the service planning entity, including recommendations for appropriate services and how those services fit into the overall service plan for the applicant. If the CPC Administrator does not agree with the service recommendations, the CPC Administrator may provide alternative options or refer the applicant to a qualified professional for additional assessment and recommendation.

When authorizing service funding the CPC Administrator shall consider:

- That the service is wanted and needed by the consumer, if capable to make such decision.
- That a service plan exists that clearly identifies outcome objectives that are designed for the individual consumer.
- That the service is financially feasible within the constraints of available funding.

The CPC Administrator will send a Notice of Decision for the specific service funding authorization within 30 business days of the date the Notice of Decision for general eligibility was sent. The Notice of Decision shall be sent to the consumer and legal representative, service/case manager, county of legal settlement (if applicable), and other appropriate parties. If the service planning process has not been completed, the notice will so state and give an approximate date when a final decision will be made.

If the service request is denied, the reason shall be stated on the notice and a copy of the appeal process and form will be sent with the notice to the consumer.

If a consumer is placed on a waiting list, the Notice of Decision shall state such and also state an estimate of how long the consumer is expected to be on the waiting list and the process to obtain information regarding the consumer's status on the waiting list.

Tama County will consider payment only for services that are provided after the date of specific service funding eligibility stated on the Notice of Decision.

## **SERVICE MONITORING**

Tama County shall regularly review all service funding authorizations. The CPC Administrator shall be responsible for all reviews.

Home and Community Based Services (HCBS) Waiver services shall be reviewed at the time of annual waiver recertification. CPC Administrator shall review the waiver consumer status with targeted case manager and other IDT members, as appropriate. CPC Administrator shall be responsible for county authorization on the appropriate forms for all waiver services.

Other non-entitlement services shall be reviewed at least annually. CPC Administrator shall consult with consumer and/or case manager or other service coordinator to review progress toward consumer's service based outcomes. CPC Administrator shall be responsible for all county funding authorizations or reauthorizations and shall send a Service Funding Authorization form for all funding that is authorized or reauthorized.

## **APPEALS**

Consumers or their legal representative may appeal any decision made relevant to the County MH/DD Plan by Tama County or any designee or contractor. All appeals shall be initially submitted to the CPC Administrator and shall follow the process outlined below. A copy of the appeal process shall be sent with each Notice of Decision denial.

The appeal process shall include the following:

1. Individual or their representative may seek a review of any decision.
2. To initiate a review, the individual must send a written request for review to: Tama County CPC Administrator, 211 W. State St., Toledo, IA 52342. The request must be postmarked or delivered to the CPC office within 10 working days from the date on the Notice of Decision for which review is requested.
3. The CPC Administrator shall deliver to the individual, by certified mail, a written notice of the date, time, and place set for the review.
4. The review will be held within 10 working days of the receipt of the request for review in the CPC office unless mutually agreed by both the individual and the CPC Administrator that the review will be held later.
5. The individual or their designated representative has the right to appear in person at the review and present any evidence or documents in support of his/her position. If an individual or designated representative fails to appear for the scheduled review, the reviewer shall proceed and issue a decision. Any individual may waive the right to personally appear at the review and may present their case by documents only.
6. Within 10 working days of the review, the CPC Administrator shall issue a written decision sent by certified mail that shall include a statement of the reasons supporting the decision.
7. The written decision shall inform the individual of their right to appeal the decision to an Administrative Law Judge.
8. A request for appeal hearing by an Administrative Law Judge shall be submitted in writing to: CPC Administrator, 211 W. State St., Toledo, IA 52342. The request must be postmarked or delivered to the CPC Office within 10 working days from the date on the review decision from the CPC Administrator.
9. Within 10 working days the CPC Administrator will submit a "Transmittal Slip" to the Iowa Department of Inspections and Appeals to initiate the hearing by the Administrative Law Judge.
10. The Administrative Law Judge will send written notification of the hearing date, time, and place to the appealing person (or their representative) and to the CPC Administrator.
11. The Administrative Law Judge hearing shall be held in a timely manner and in accordance with Dept. of Inspections and Appeals administrative policies.
12. The Administrative Law Judge will issue a written decision following the hearing. The decision of the Administrative Law Judge shall be the final step of the administrative appeal process.

## **SERVICE AND COST TRACKING**

Tama County shall maintain a management information system that shall, at a minimum, track services and supports, payments made on behalf of all approved consumers, expenditure data, an unduplicated consumer count, and the number and reason for denials by the CPC.

Tama County will utilize the County Community Service Network (CSN) or other approved system to track all necessary information.

The CPC office shall enter and update all enrolled consumer data in the system and shall enter individualized consumer payments. The CPC Administrator shall monitor the data reports and shall use such information for creating the Annual Plan Review and for ongoing management of the system.

### **Provider Billing and Payment**

Each service provider shall provide monthly billing invoices and other information requested of the provider for county utilization review. The monthly billings shall include the following information:

- Name and social security number (or other unique identifier) of each consumer served during the reporting period.
- Number of units of service delivered to each consumer served.
- Unit rate and total cost of the units provided to each individual consumer.
- Copayments or other charges billed to other sources shown as deductions on the billing.
- Actual amount to be charged to the county for each consumer for the period.

CPC staff will review the billings and additional utilization information in comparison with service funding authorizations in place. Services delivered without service funding authorization will be deducted from the billing.

Tama County issues payment warrants every other week. All eligible bills will be paid within 60 days unless unforeseen circumstances exist.

No billings received more than one year after the date of service will be considered for payment by Tama County unless there is a statutory obligation.

It is the policy of Tama County that if another county, or the State, determines legal settlement in error, Tama County may not assume retroactive payment prior to the date written notification was received by Tama County of the error.

## **ANNUAL PLAN REVIEW**

By December 1<sup>st</sup> of each year the CPC Administrator shall prepare a management plan annual review for the previous fiscal year. The annual review shall be reviewed with the MH/DD Advisory Board and Board of Supervisors and shall be available to county stakeholders and the general public. The annual review shall be submitted to the Department of Human Services, for informational purposes, by December 1<sup>st</sup> annually. The annual review shall incorporate an analysis of data associated with services managed during the preceding fiscal year. The annual review shall include, but not be limited to:

1. Progress toward goals and objectives.
2. Documentation of stakeholders' 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.

## **STRATEGIC PLAN**

Commencing April 1, 2009, and by April 1 of every third year thereafter, Tama County shall develop an MH/DD services strategic plan. The strategic plan shall describe the county's vision for the mental health, mental retardation, and developmental disabilities system for the ensuing three fiscal years. The strategic plan shall be submitted for informational purposes to the Department of Human Services by April 1, 2009, and by April 1 of every third year thereafter. The strategic plan shall include, but not be limited to:

1. Needs Assessment. How information from the previous annual reports was incorporated into the current strategic planning process and how the information will be used to develop future service planning shall be included.
2. Goals and Objectives. Goals and objectives shall be guided by the system principles of choice, empowerment, and community. The goals and objectives shall reflect the system that Tama County plans for the next three years, the action steps which will be taken to develop the future system, and how progress will be monitored and measured. Projected costs should be included if possible and/or feasible.
3. Services and Supports. A listing of services and supports that the county will consider funding, if requested and appropriate, by eligibility group.
4. Provider Network. A listing of Tama County's service provider network shall be included.
5. Access Points. A listing of the designated access points and their function in the enrollment process shall be included.

# 2011

## Poverty Guidelines

| Poverty Guideline | 100%         | 133%         | 150%         | 185%         | 200%         |
|-------------------|--------------|--------------|--------------|--------------|--------------|
| 1                 | \$ 10,890.00 | \$ 14,483.70 | \$ 16,335.00 | \$ 20,146.50 | \$ 21,780.00 |
| 2                 | \$ 14,710.00 | \$ 19,564.30 | \$ 22,065.00 | \$ 27,213.50 | \$ 29,420.00 |
| 3                 | \$ 18,530.00 | \$ 24,644.90 | \$ 27,795.00 | \$ 34,280.50 | \$ 37,060.00 |
| 4                 | \$ 22,350.00 | \$ 29,725.50 | \$ 33,525.00 | \$ 41,347.50 | \$ 44,700.00 |
| 5                 | \$ 26,170.00 | \$ 34,806.10 | \$ 39,255.00 | \$ 48,414.50 | \$ 52,340.00 |
| 6                 | \$ 29,990.00 | \$ 39,886.70 | \$ 44,985.00 | \$ 55,481.50 | \$ 59,980.00 |
| 7                 | \$ 33,810.00 | \$ 44,967.30 | \$ 50,715.00 | \$ 62,548.50 | \$ 67,620.00 |
| 8                 | \$ 37,630.00 | \$ 50,047.90 | \$ 56,445.00 | \$ 69,615.50 | \$ 75,260.00 |
| Over 8 add        | \$ 3,820.00  | \$ 5,080.60  | \$ 5,730.00  | \$ 7,067.00  | \$ 7,640.00  |

| Monthly    | 100%     | 133%     | 150%     | 185%     | 200%     |
|------------|----------|----------|----------|----------|----------|
| 1          | \$ 907   | \$ 1,206 | \$ 1,361 | \$ 1,680 | \$ 1,815 |
| 2          | \$ 1,226 | \$ 1,630 | \$ 1,839 | \$ 2,268 | \$ 2,452 |
| 3          | \$ 1,544 | \$ 2,054 | \$ 2,316 | \$ 2,857 | \$ 3,088 |
| 4          | \$ 1,863 | \$ 2,477 | \$ 2,794 | \$ 3,446 | \$ 3,725 |
| 5          | \$ 2,181 | \$ 2,901 | \$ 3,271 | \$ 4,035 | \$ 4,362 |
| 6          | \$ 2,499 | \$ 3,324 | \$ 3,749 | \$ 4,623 | \$ 4,998 |
| 7          | \$ 2,818 | \$ 3,747 | \$ 4,226 | \$ 5,212 | \$ 5,635 |
| 8          | \$ 3,136 | \$ 4,171 | \$ 4,704 | \$ 5,801 | \$ 6,272 |
| Over 8 add | \$ 318   | \$ 423   | \$ 478   | \$ 589   | \$ 637   |

## MH/DD Advisory Board

**The Tama County Board of Supervisors appointed the MH/DD Advisory Board in February 1999. There is currently an MH/DD Advisory Board, which meets regularly to make recommendations, work on goals and regularly redefine the scope of the plan.**

A public hearing on the 2011 Management Plan was held Jan. 10, 2011 at 10:00 A.M. in the Board of Supervisors Room at the Tama County Administrative Building. There were no objections or comments from the public. The plan was approved.

Tama County has developed a managed care system for Mental Health and Developmental Disability (MH/DD) funds based on Iowa Code section 331.439. This plan is developed with input from the Tama County Advisory Board comprised of consumers, family members, providers and concerned citizens and is reviewed on an annual basis with a three-year strategic plan developed. The strategic plan is submitted April 1st of every third year. The plan is to be distributed to the Department of Human Services, the board of supervisors and advisory board members. Persons of the public may access the plan at the TAMA COUNTY CPC Office or on the county web site. The strategic plan will include a needs assessment, projected goals and objectives including action steps and cost projections, a listing of the services and supports the county provides, a listing of the provider network and current access points.

The Board shall serve as the advisory board to the County Board of Supervisors for the county's MH/DD programs.

Its specific responsibilities are those set forth in sub rule IAC 441-24.1(225C), namely:

1. Review and recommendations for MHDD/TCM policies;
2. Development and review of MHDD/TCM management/organizational plans;
3. Review and recommendations for MHDD/TCM budgets; and
4. Review and recommendations for MHDD/TCM quality improvement programs.

### **MH/DD Advisory Board**

Arlene Blohm....Community Representative  
Jim Dinsdale.... Parent/Community representative  
Dan Larmore.....Provider/community representative  
Gary Mattson.....Former provider/community representative  
Larry Vest.....Community representative  
Dan Wilkens.....Community representative  
Kendall Jordan..Community representative  
Ronald Busch... Farm Bureau/community representative  
Pat Rzepny.....Transition Coordinator, AEA 267  
Kim Carter .....Community representative  
Craig Fowler....Community representative  
Tammy Weiss..... Community representative  
Mary Cibula.....Parent/Community representative

## **MEMBERSHIP:**

### **Number and Qualifications**

The Board shall consist of at least three persons, at least 51 percent of whom are not providers. The Board shall include persons with disabilities or family members of persons with disabilities.

### **Appointment and Term of Office**

Board members are appointed by the County Board of Supervisors after recommendations by the Board. Members are appointed for staggered terms of three years. Initially, one-third of the Board members are appointed for one-year terms, one-third for two-year terms, and one-third are appointed for three year terms.

### **Vacancies**

Any vacancy on the Board by reason of death, resignation, inability to act, or any other circumstance, shall be filled for the unexpired portion of the term by the County Board of Supervisors.

### **Removal of Members**

The County Board of Supervisors may, upon recommendation of the Board, remove from the Board any member who has missed two consecutive meetings without due cause. This does not preclude the County Board of Supervisors from appointing such person to the Board at another time.

### **Compensation**

No compensation shall be paid to members' of the Board for their services, except for reimbursement for actual necessary expenses incurred in the performance of duties. Members shall obtain approval of the Tama County CPC prior to incurring any expenses. Mileage and subsistence shall be reimbursed at the current county rate.

### **Regular Meeting and Special Meetings**

The Board shall meet at least three times a year. Written notice shall be given to members at least five days prior to the meeting. The Board shall meet with the County Board of Supervisors at least once a year. Special meetings may be called by the CPC or upon request of at least three Board members. Written or oral notice shall be given to members at least three days prior to the meeting.

### **Public Notice**

Notice of the time, date, place, and tentative agenda of each meeting shall be given at least 24 hours in advance in a manner that will inform the general public. This shall be accomplished at a minimum by advising any news media who have filed a request for such notice from the Board and by posting the notice in a designated place accessible to the public at the Board's principal office or at the place where the meeting is to be held. Each meeting shall be held at a place reasonably accessible and at a time reasonably convenient to the public; any exception due to good cause to the notice, place, and time requirements

shall be noted in the minutes. All meetings shall be open to the public unless a closed session is called in accordance with Iowa Code §21.5 (1993).

### **Minutes**

The Board shall keep minutes of all its meetings showing the date, time and place, members present, the action taken at the meeting, and the results of each vote taken. The minutes shall show information sufficient to indicate the vote of each Board member present. The minutes shall be public records open to public inspection.

### **Quorum.**

A quorum shall be constituted by a majority of the members of the Board.

### **Voting.**

All questions at a meeting of the Board shall be decided by a majority vote of the quorum. The vote of each Board member present shall be made public at any Board meeting open to the public.

## **OFFICERS:**

### **Designation.**

The officers of the Board shall be a Chairperson, a Vice-Chairperson. A secretary will be provided by the Board of Supervisors from the Central Point of Coordination Office.

### **Election.**

Officers shall be elected by the Board at the first meeting held in a calendar year for terms of one calendar year. New officers shall take office immediately after the election. Upon an affirmative vote of a majority of the members of the entire Board, any officer may be removed and a successor elected at any regular meeting of the Board or any special meeting called for such purpose.

### **Duties.**

The Chairperson shall preside at all meetings and shall appoint all committees. The Vice-Chairperson shall perform the duties of the Chairperson in the absence or inability of the Chairperson to discharge the duties of the office. The Secretary shall attend and keep minutes of all meetings of the Board and shall perform other duties as directed by the Board.

## **AMENDMENTS:**

These Bylaws may be amended by a majority vote of the entire Board at any regular meeting or at any special meeting called for that purpose, provided that such proposed amendments are plainly stated in the notice for the meeting in which they are to be considered. Notice of such proposed amendments shall be mailed to all Board members at least 30 days prior to said vote.

## **SEVERABILITY:**

If any portion of these Bylaws or the application of these Bylaws to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of these Bylaws which can be given affect without the invalid provisions or applications; and to this end, the provisions of these Bylaws are declared to be severable.

## **RATIFICATION:**

These Bylaws shall be in full force and effect from and after the date of adoption by the Board, and shall not be repealed, altered or amended except as provided in **Amendments**.

The Advisory Board is responsible to review and develop policies, organizational plans, budget, quality improvement, annual review, ongoing public education on local MH/DD issues, and strategic planning. Minutes of Advisory Board meetings are available upon request.

The Tama County Board of Supervisors has appointed the Tama County Central Point of Coordination to manage the MH/DD Funds. This office collaborates with the advisory board in the ongoing development of the Tama County MH/DD Managed Care Plan and acts as support staff to the Advisory Board. Public hearings are held at least three times per year to allow for input to the managed care plan.

Tama County-Tama County Mental Health  
Center, Inc.

Sliding Fee Scale

| Fee<br>LEVELS | Number in Family and Gross Annual Income |        |        |        |        |         |         |         | each<br>add'l | poverty level<br>% |
|---------------|--|--------|--------|--------|--------|---------|---------|---------|---------------|--------------------|
|               | 1  | 2      | 3      | 4      | 5      | 6       | 7       | 8       |               |                    |
| No Fee        | 16,335                                   | 22,065 | 27,795 | 33,525 | 39,255 | 44,985  | 50,715  | 56,445  | 5,730         | 150%               |
| 10            | 18,513                                   | 25,007 | 31,501 | 37,995 | 44,489 | 50,983  | 57,477  | 63,971  | 6,494         | 170%               |
| 20            | 20,691                                   | 27,949 | 35,207 | 42,465 | 49,723 | 56,981  | 64,239  | 71,497  | 7,258         | 190%               |
| 30            | 22,869                                   | 30,891 | 38,913 | 46,935 | 54,957 | 62,979  | 71,001  | 79,023  | 8,022         | 210%               |
| 40            | 25,047                                   | 33,833 | 42,619 | 51,405 | 60,189 | 68,977  | 77,763  | 86,549  | 8,786         | 230%               |
| 50            | 27,225                                   | 36,775 | 46,325 | 55,875 | 65,425 | 74,975  | 84,525  | 94,075  | 9,550         | 250%               |
| 60            | 29,403                                   | 39,717 | 50,031 | 60,345 | 70,659 | 80,973  | 91,287  | 101,601 | 10,314        | 270%               |
| 70            | 31,581                                   | 42,659 | 53,737 | 64,815 | 75,893 | 86,971  | 98,049  | 109,127 | 11,078        | 290%               |
| 80            | 33,759                                   | 45,601 | 57,443 | 69,285 | 81,127 | 92,969  | 104,811 | 116,653 | 11,842        | 310%               |
| 90            | 35,937                                   | 48,543 | 61,149 | 73,755 | 86,361 | 98,967  | 111,573 | 124,179 | 12,606        | 330%               |
| Full Fee      | 38,115                                   | 51,485 | 64,855 | 78,225 | 91,595 | 104,965 | 118,335 | 131,705 | 13,370        | 350%               |

**NOTE: Incomes falling in the shaded areas are not eligible for sliding fee**

**Tama County MH/DD Services Funds**  
**Application & Recertification Form**

Recert \_\_\_\_\_  
New \_\_\_\_\_

**Application Date:** \_\_\_\_\_  
**SS#:** \_\_\_\_\_ **State ID#:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
                    Last                      First                      MI  
**Sex:**     Male                       Female                      **Birth Date:** \_\_\_\_\_  
**Current Address:** \_\_\_\_\_ **How Long at this Address:** \_\_\_\_\_  
  Street/P.O. Box #  
\_\_\_\_\_  
                    City                      State                      Zip                      County

**County of legal settlement:** \_\_\_\_\_  
**Ethnic Background** (Circle one):      0. Unknown; 1. White; 2. African American; 3. Native American; 4. Asian; 5. Hispanic; 6. Other;

**Guardian/Payee/Conservator:**

|   |   |
|---|---|
| <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Protective Payee <input type="checkbox"/> Conservator<br>(Check any that are appointed and write in name, etc.)<br>Name: _____<br>Address: _____<br>Phone: _____ | <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Protective Payee <input type="checkbox"/> Conservator<br>(Check any that are appointed and write in name, etc.)<br>Name: _____<br>Address: _____<br>Phone: _____ |
|---|---|

**Veteran:**     Yes     No  
**Marital Status:** (Circle one) 1. Single, never married; 2. Married; 3. Divorced; 4. Separated; 5. Widowed  
**Legal Status:** (circle one) 1. Voluntary; 2. Involuntary, civil; 3. Involuntary, criminal  
**Living Arrangement:** (circle one) 1. Alone; 2. With relatives; 3. With unrelated individuals

**Residential Arrangement:** (circle applicable)

|                          |                             |
|--------------------------|-----------------------------|
| 1. Private Residence     | 8. RCF/PMI                  |
| 2. State MHI             | 9. ICF                      |
| 3. State Hospital School | 10. ICF/MR                  |
| 4. Supported Comm Living | 11. ICF/PMI                 |
| 5. Foster Care/FLH       | 12. Correctional Fac.       |
| 6. RCF                   | 13. Homeless/Shelter/Street |
| 7. RCF/MR                | 14. Other                   |

**Applicant's Primary Diagnosis**(specify type)

|  |
|--|
| <input type="checkbox"/> 40 Mental Illness _____           |
| <input type="checkbox"/> 41 Chronic Mental Illness _____   |
| <input type="checkbox"/> 42 Mental Retardation _____       |
| <input type="checkbox"/> 43 Developmental Disability _____ |
| <input type="checkbox"/> Other: Describe: _____            |

**Referral Source:** (circle applicable)

|                             |                          |
|-----------------------------|--------------------------|
| 1. Self                     | 5. Community Corrections |
| 2. Family/Friend            | 6. Social Service Agency |
| 3. Targeted Case Management | 7. Other _____           |
| 4. 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 |
| Degree _____   |

**Current Employment:** (circle applicable)

|                                     |                               |
|-------------------------------------|-------------------------------|
| 1. Unemployed, available for work   | 8. Sheltered Work Employment  |
| 2. Unemployed, unavailable for work | 9. Supported Employment       |
| 3. Employed, Full time              | 10. Vocational Rehabilitation |
| 4. Employed, Part time              | 11. Seasonally Employed       |
| 5. Retired                          | 12. Armed Forces              |
| 6. Student                          | 13. Homemaker                 |
| 7. Work Activity                    | 14. Other _____               |

**Health Insurance Information:** (Check all that apply)

**Primary Carrier(pays first)**

**Secondary Carrier(pays second)**

Applicant Pays  Title-19  Medicaid  Medicare  
 Private Insurance  No Insurance  Medically Needy

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Policy Number: \_\_\_\_\_

Applicant Pays  Title-19  Medicaid  Medicare  
 Private Insurance  No Insurance  Medically Needy

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Policy Number: \_\_\_\_\_

**Others in Household:**

| Name  | Relationship | Birth Date |
|-------|--------------|------------|
| _____ | _____        | _____      |
| _____ | _____        | _____      |
| _____ | _____        | _____      |
| _____ | _____        | _____      |

**MONTHLY INCOME:**

**Applicant Amount:**

**Other's in Household Amount:**

(Check type, fill in amount)

|   |       |       |
|---|-------|-------|
| <input type="checkbox"/> 1. Employment Wages          | _____ | _____ |
| <input type="checkbox"/> 2. Public Assistance         | _____ | _____ |
| <input type="checkbox"/> 3. Social Security           | _____ | _____ |
| <input type="checkbox"/> 4. SSDI                      | _____ | _____ |
| <input type="checkbox"/> 5. SSI                       | _____ | _____ |
| <input type="checkbox"/> 6. Veterans Benefits         | _____ | _____ |
| <input type="checkbox"/> 7. Railroad Pension          | _____ | _____ |
| <input type="checkbox"/> 8. Child Support             | _____ | _____ |
| <input type="checkbox"/> 9. Dividends, Interest, Etc. | _____ | _____ |
| <input type="checkbox"/> 10. Other                    | _____ | _____ |

**If not currently receiving, has applicant applied for any of the following benefits?**

1. Unemployment Compensation       2. Social Security Disability  
 3. SSI       4. FIP (ADC)

**What is the status of any such application?**

- Approved but not started       Denied       Pending

**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"/> Life Insurance (cash value) | _____        | _____                     |
| <input type="checkbox"/> Stocks and Bonds            | _____        | _____                     |
| <input type="checkbox"/> Vehicle                     | Value: _____ | Year: _____               |
| <input type="checkbox"/> Real Estate                 | Value: _____ | Location: _____           |
| <input type="checkbox"/> Burial Fund/Trust           | _____        | _____                     |
| <input type="checkbox"/> Other Resources             | _____        | _____                     |



**Specify Services Requested:**

- 1. Type of Service \_\_\_\_\_ Agency \_\_\_\_\_  
 Units requested \_\_\_\_\_ Unit = hour day month other (circle one)  
 Expected Unit Cost \_\_\_\_\_ COA # \_\_\_\_\_  
 Expected **Start** Date \_\_\_\_\_ Expected **End** Date \_\_\_\_\_

**EXPECTED OUTCOMES:** Describe what you expect to happen as a result of this service.

---



---



---

- 2. Type of Service \_\_\_\_\_ Agency \_\_\_\_\_  
 Units requested \_\_\_\_\_ Unit = hour day month other (circle one)  
 Expected Unit Cost \_\_\_\_\_ COA # \_\_\_\_\_  
 Expected **Start** Date \_\_\_\_\_ Expected **End** Date \_\_\_\_\_

**EXPECTED OUTCOMES:** Describe what you expect to happen as a result of this service.

---



---



---

- 3. Type of Service \_\_\_\_\_ Agency \_\_\_\_\_  
 Units requested \_\_\_\_\_ Unit = hour day month other (circle one)  
 Expected Unit Cost \_\_\_\_\_ COA # \_\_\_\_\_  
 Expected **Start** Date \_\_\_\_\_ Expected **End** Date \_\_\_\_\_

**EXPECTED OUTCOMES:** Describe what you expect to happen as a result of this service.

---



---



---

**Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Person Completing the Form** (if not applicant)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Yes  No My social security number can be used by the CPC as my identification number.

---

**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. 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

For CPC Use Only:

Legal Settlement/Financial Decision: \_\_\_\_\_ Date: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_  
Program Decision: \_\_\_\_\_ Date: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_