

Policies and Procedures Tama County Case Management

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Section 24.2: Standards for Policy and Procedures

PERFORMANCE BENCHMARK:

The organization has written policy direction for the organization and each service being accredited.

PERFORMANCE INDICATOR A

The organization has a policy and procedures manual with policy guidelines and administrative procedures for all organizational activities and services specific to its organization that addresses the standards in effect at the time of review.

POLICIES & PROCEDURES:

The Case Management Supervisor in conjunction with the Case Management staff shall develop and update the policy and procedures manual as needed to meet all applicable standards.

The Advisory board shall review the revised policies and procedures then recommend approval to the Board of Supervisors. The Board of Supervisors will take action, in a public meeting, to approve/adopt the new policies and procedures.

PERFORMANCE INDICATOR B

The policies and procedures cover each benchmark and indicator in this chapter.

POLICIES & PROCEDURES:

The Policy & Procedure manual is structured to specifically address each benchmark and indicator.

PERFORMANCE INDICATOR C

The policies and procedures manual is made available to all staff.

POLICIES & PROCEDURES:

A copy of the Policy and Procedures Manual will be presented to each staff member and kept on file in the Case Management Supervisors office as well as in the CPC Administrators office.

Section 24.3: Standards for organizational activities

24.3(1) Performance improvement system

PERFORMANCE BENCHMARK: The organization has a systematic, organization-wide, planned approach to designing, measuring, evaluating, and improving the level of its performance.

PERFORMANCE INDICATOR (1)

The organization annually measures and assesses the organizational activities and services accredited in this chapter annually.

POLICIES & PROCEDURES:

The Case Management Supervisor, Case Management staff and the CPC Administrator will structure and support a method of performance assessment that ensures that internal systems and activities throughout the organization are measured, assessed and improved on an annual basis.

Every consumer, a consumer family member or guardian and each provider will receive annually a quality assurance questionnaire. They are asked to complete it and return it(see appendix M). Survey results will be tabulated and shared with all respondents. Results will be used by Case Management staff and administration to make appropriate changes in the delivery of service model. Tabulated results as well as any modifications in the service delivery system will be shared with the Advisory Board and the Board of Supervisors.

PERFORMANCE INDICATOR (2)

The organization gathers information from individuals using the services, from staff, and from family members.

POLICIES & PROCEDURES:

The Case Management Supervisor will involve all levels of the case management organization, clients, legal guardians, and family members in conducting annual program evaluation activities, primarily a Satisfaction Survey that assess the effectiveness and efficiency of the program and identify areas in need of improvement (See appendix M).

The organization implements an internal review of individual records for those services accredited under this chapter.

POLICIES & PROCEDURES:

One time each month the Case Management Department meets. Included as a part of that meeting is a case/record review. The Case Management Supervisor will conduct regular, monthly reviews of individual records of each case manager to insure compliance with Chapter 24 guidelines and best practice+practice as well as for documentation.

Compliance as well as quality will be accomplished through Departmental meetings, individual case manager/supervisor meetings and visits, at least 3 times per year by CCMS technical assistance consultant.

The case management director, or a designated person, keeps minutes of all meetings.

PERFORMANCE INDICATOR (4)

The organization reviews the organization's response to incidents reported under sub rule 24.4(5) and any other situation that may pose a danger or threat to staff or individuals using the services for necessity, appropriateness, effectiveness and prevention. This review includes analysis of incident data at least annually to identify any patterns of risk to the health and safety of consumers.

POLICIES & PROCEDURES:

The Case Management Director/Supervisor will review critical incident reports at least annually to determine the necessity, appropriateness, and effectiveness of the case manager's actions and to explore with staff the prevention measures to be taken in like situations. A summary of this review shall be included as part of the Performance Improvement Plan. The summary shall include discussion of any patterns or trends detected for either Provider Agencies or for particular individuals using the service. (See subrule 24.4(5) for additional information regarding service provider generated vs. targeted case management generated reports).

PERFORMANCE INDICATOR (5)

The organization reviews its response to any situation that poses a danger or threat to staff or to individuals using the services for necessity, appropriateness, effectiveness, and prevention.

POLICIES & PROCEDURES:

The Case Management Director/Supervisor will immediately review the response of the organization to any specific situations that pose a specific danger or threat to staff or individuals using the service to determine the necessity, appropriateness, and effectiveness of the case manager's actions and to explore with staff prevention measures to be taken in like situations. Discussion of the specific situation should be reflected by the



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of the specific consumer, as well as the Supervisory

PERFORMANCE INDICATOR (6)

The organization identifies areas in need of improvement.

POLICIES & PROCEDURES:

1. The Case Management Supervisor and the case managers will review satisfaction surveys. Those questions that receive numerical assignments of three or less will be reviewed and modified.
2. As part of the performance improvement system, environmental effectiveness and maintenance shall be reviewed and improved as needed to address the areas of concern.

PERFORMANCE INDICATOR (7)

The organization has a plan to address the areas in need of improvement.

POLICIES & PROCEDURES:

1. The Case Management Supervisor and case management staff assesses priority areas needing improvement.
 - a. The Case Management Supervisor and case management staff determine goals, measurable objectives and action steps to be completed to address the areas of concern (see appendix N).
 - b. The Case Management Supervisor and case management staff regularly review progress with the development of new practices.
2. The plan shall be submitted to the Advisory Board for their review and recommendations; then submitted to the Board of Supervisors for their review.

The plan to address areas in need of improvement will be developed jointly by the Case Managers and the Case Management Supervisor. Information gleaned from the Satisfaction Survey as well as insights relative to identified environmental issues will be written as goals, with objectives, and when appropriate action steps and some plan of evaluation.

PERFORMANCE INDICATOR (8)

The organization implements the plan and documents the results.

POLICIES & PROCEDURES:

1. The Case Management Supervisor and case management staff evaluate levels of improvement resulting from change (Appendix R).
2. An annual summary of performance improvement activities and information shall be completed and communicated to all levels of the organization and reflected in the organization plan (Appendix S).

Section 24.3(2): Leadership

PERFORMANCE BENCHMARK: Organization leaders provide the framework for the planning, designing, directing, coordination, provision and improvement of services that are responsive to the individuals and the community served by the organization.

PERFORMANCE INDICATOR (1)

There are clearly articulated mission and values statements that are reflected in the long-range organizational plans and in organization policies.

POLICY AND PROCEDURES:

The Governing Board has adopted the following statements of the Targeted Case Management mission and values.

MISSION STATEMENT:

To enable Tama County residents who are disabled to achieve a quality of life they desire by identifying consumer goals through a person-centered approach, services and supports to help meet their goals.

OPERATING PRINCIPLES/VALUES STATEMENTS:

- a. The Targeted Case Management Process focuses on the individual using service's strengths, interests, abilities, and competencies.
- b. The targeted case management process takes place in the community.
- c. The client is viewed as the director of the Targeted Case Management process.
- d. The relationship between the client and case manager is primary and essential.
- e. Targeted Case Management is based upon effective communication in providing information to the individual, their family and those providing services.
- f. Targeted Case Management provides for the individual's maximum participation in the decision making process.
- g. Targeted Case Management involves the individual, families, guardians and other professionals/agencies in identifying, developing, implementing and monitoring comprehensive plans.
- h. The community is viewed as a resource, not as an obstacle.
- i. Targeted Case Management facilitates access to available public and private resources.
- j. Targeted Case Management advocates for resources to meet the current and future needs of individuals.

strives to attain a greater level of integration of the

1. Targeted Case Management is confidential and professional.

PERFORMANCE INDICATOR (2)

The annual and long-range budgeting process involves appropriate governing and managing levels of leadership and reflects the organization mission and values. An independent auditor or other person as provided by law does an annual financial audit.

POLICIES & PROCEDURES:

Annual Budget Process

1. The Case Management Supervisor prepares, maintains and administers an annual budget for targeted case management services subject to the review of the advisory board, and approval of the Board of Supervisors, as part of the total county budget.
2. The Case Management Supervisor assures the completion of cost reports needed to establish rates for service and assures that the costs included in the unit rate are allowable under Health Care Financing Administration for both projected and actual costs.
3. Generally accepted accounting practices are utilized, according to County policy.
4. The annual audit of the program, which is prepared by an independent fiscal agent, provides a review of receipts and disbursements, and a statement of fund balances. Copies of the audit report and the auditor's opinion, if any, or financial statement are submitted to the funding sources, as required, and to the governing board.

PERFORMANCE INDICATOR (3)

Individuals using the services or family members of individuals using the services are represented on the organization's governing board or on an advisory board.

POLICIES & PROCEDURES:

1. The County Board of Supervisors functions as the governing body of the TCM program. The Board provides the program with oversight, guidance, and policy direction.
2. The Board of Supervisors has established an advisory board for the program and designated the powers and duties of the advisory board.
 - a. At a minimum, the Advisory Board shall be comprised of at least three members, at least 51 percent of whom are not providers. The advisory board shall include representatives who have disabilities or family members of persons with disabilities.
 - b. The advisory board establishes by-laws, (Appendix which identifies their roles and responsibilities.
 - c. The advisory board members shall be provided an orientation which includes training regarding confidentiality.
 - d. The advisory board meets at least three times per year.
 - e. The Case Management Supervisor, or a designated person, keeps minutes of all meetings.

The organization's decision-making process, including policy decisions affecting the organization, reflects involvement of the various levels of leadership and responsiveness to staff.

POLICY AND PROCEDURE:

1. The Tama County Board of Supervisors has the following authority:
 - a. Establishment, review, and approval of all policies.
 - b. Adoption of the organizational plan.
 - c. Appointment, evaluation, and removal, if necessary, of the case management supervisor.
 - d. Establishment of effective fiscal policies.
 - e. Review and approval of all contracts and agreements to which the program is a party or delegate authority for approval.
 - f. Review and approval of the annual budget, including the approval of all revisions in the budget.
 - g. Review of program evaluation
 - h. Adoption of policies to address conflicts of interest issues.
 - i. Schedule regular meetings with staff from the targeted case management program for the purpose of providing oversight of the operation of the program, and client progress.
 - j. Comply with all federal and state laws and regulations regarding confidentiality when they exercise their authority to access client specific information.
 - k. The governing body shall keep minutes of meetings.
2. The Case Management Supervisor has the following responsibilities:
 - a. Development of the program policies and procedures.
 - b. Assuring appropriate supervision of case management staff.
 - c. Development and monitoring of the budget.
 - d. Management of the physical and fiscal assets of the program.
 - e. Liaison between the Board of Supervisors, advisory board, and staff.
 - f. Assisting the Board of Supervisors in decision making by preparing reports showing the nature and extent of service needs and other information as requested by the boards.
 - g. Planning for, monitoring, and evaluating the operations of the program.
 - h. Providing educational information and service consultation available to community groups and resources.
 - i. Participating in the county planning process.
3. The Advisory Board shall review and make recommendations to the Board of Supervisors regarding the targeted case management program. The advisory board shall have the following roles and responsibilities:
 - a. Review and make recommendations on the program's policies.
 - b. Development and review of the organizational plan.

Recommendations on the budget, including the review of all

- d. Review and make recommendations regarding the total quality improvement program.
- e. The MH/DD Advisory Board will receive confidentiality training annually.

PERFORMANCE INDICATOR (5)

Organization leaders solicit input from leaders of the various community groups representing individuals served by the organization in designing responsive service delivery systems.

POLICIES & PROCEDURES:

The Advisory Board shall review and make recommendations to the case management supervisor and Board of Supervisors regarding the targeted case management program. In addition, information from the provider satisfaction surveys will be utilized in this process (see appendix M).

PERFORMANCE INDICATOR (6)

The organization leaders develop and implement a service system appropriate to the needs of the individuals served by the organization.

POLICIES & PROCEDURES:

The Board of Supervisors and the Case Management Supervisor structure, direct and staff Case Management services commensurate with and appropriate to the level and scope required for the needs of the clients served by the organization.

PERFORMANCE INDICATOR (7)

Organization leaders make educational information, resources, and service consultation available to community groups.

POLICIES & PROCEDURES:

Case Management Supervisor provides educational information, resources, and service consultation available to community groups (*e.g. brochures, websites, in-service meetings, etc.*)(see appendix P).

Section 24.3(3): Management information system

PERFORMANCE BENCHMARK: Information is obtained, managed and used in an efficient and effective method to document, enhance and improve organizational performance and service delivery to the individuals.

PERFORMANCE INDICATOR (1)

The organization has a system in place to maintain current individual-specific information documenting the provision and outcomes of services and treatments provided.

POLICIES & PROCEDURES:

1. The client file shall be set up according to the Summary of Information Checklist maintained in the front of each file(see appendix O).
2. Updated case material shall be filed in a timely manner.
3. All documents included in the client file shall contain only information with their identifying data on them. Documents containing two or more client's names will be carefully screened and the other client names will be deleted.

PERFORMANCE INDICATOR (2)

The organization has a system in place to maintain the confidentiality and security of the information that identifies specific individuals using the services, including mail, correspondence, and electronic files.

1. Security
 - a. All master client files shall be stored in the designated, locked, file cabinet, which shall be in an area, which is not accessible to the general public.
 - b. Original files shall not be removed from the physical facility unless subpoenaed by the courts.
 - c. Staff may maintain files at their workstation during business hours, and shall return such files to the locked file cabinet in their room by the end of the business day.
2. Confidentiality
 - a. All client files shall be maintained under the procedure for confidentiality of client information.
 - b. The Targeted Case Management Department shall not release any client information without expressed written consent of the client, or their guardian in accordance with Tama County HIPAA Privacy Policies.

- on shall review records without the presence of a case management staff, except for the following:
- 1) The County Board of Supervisors or their designee.
 - 2) Employees of authorized external agencies, whose responsibility is to license, accredit and monitor the program.
 - 3) Staff from County Case Management Services so as to carry out their duties as identified in the County Case Management Services 28E Agreement.
- b. Staff shall document who accessed the file, the date, and the reason for review, in the progress notes section of the client record and insure that a form signed and dated by said person or persons is included in the file. This information shall also be included in a log that is available to the consumer upon request.
- c. In-house staff that have access to client files includes:
- 1) Case Management Supervisor
 - 2) Case Managers
 - 3) Departmental Clerk

Policies and Procedures Tama County Case Management
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Section 24.3(4): Human Resources

PERFORMANCE BENCHMARK: The organization provides qualified staff to support the organization’s mission and facilitate the provision of quality services.

PERFORMANCE INDICATOR (1)

The organization has a job description in the personnel file of each staff member that clearly defines responsibilities and qualifications.

POLICIES & PROCEDURES:

1. A copy of the written job description will be kept in the individual personnel file of each staff member.
2. Documentation that the staff person has read and understands their job description, and personnel policies and procedures.
3. A signed job application will be kept in the individual personnel file of each staff member.

licenses, medication management training, and certification as required by the position, through documentation obtained from the primary source within 90 days of the staff person's employment. For staff hired after July 1, 2006, personnel files contain evidence that verification of professional licenses and college degrees at the bachelor's level or higher, as required by the position, was obtained from the primary source.

POLICIES & PROCEDURES:

1. Qualified case managers and supervisors shall meet on of the following minimum requirements:
 - a) A bachelor's degree with 30 semester hours or equivalent quarter hours in a human services field and at least one year of experience in the delivery of services to the population groups they serve, or
 - b) An Iowa license to practice as a registered nurse and at least three years of experience in the delivery of services to the population groups they serve.
 - c) Fields of study which qualify as human-service fields include, but are not limited to: psychiatry, psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy.
2. Qualifications will be verified by requesting verification of the case manager's or supervisor's completion of a bachelor's degree from the college or university from which they graduated within 90 days of the case manager's or supervisor's employment (verification required in personnel files for staff hired after 7/1/06).
3. The agency personnel files will also reflect verification of work experience (via resumes, reference checks, etc.) to insure that qualified case management staff meet the minimum requirement of 1 year of service delivery for each population served

PERFORMANCE INDICATOR (3)

The organization evaluates staff annually.

POLICIES & PROCEDURES:

An annual performance evaluation will be completed, signed, dated and maintained in each employee file (see appendix B).

PERFORMANCE INDICATOR (4)

The organization includes a plan for staff development for each staff member in an annual evaluation.

POLICIES & PROCEDURES:

pleted at the time of the annual evaluation. This plan
ber (see appendix B).

PERFORMANCE INDICATOR (5)

The organization provides training and education to all staff relevant to their position.

POLICIES & PROCEDURES:

1. The Case Management Supervisor or designee shall provide staff with opportunities for continued in-service training, which is based on identified provider service needs and individual educational needs.
2. Staff attendance at trainings is documented in the individual personnel records.
3. Case managers are given opportunities to enhance their practice and knowledge levels.
4. Case managers are trained regarding client rights, confidentiality, and child abuse and dependent adult abuse.
5. Case managers are offered opportunities to further their knowledge of the populations they serve.
6. All staff are trained on HIPAA Privacy and Security at the time of employment and annually thereafter.

PERFORMANCE INDICATOR (6)

The organization provides for approved training on child and dependent adult abuse reporter requirements to all organization staff that are mandatory abuse reporters. The organization documents in personnel records training on child and dependent adult abuse requirements.

POLICIES & PROCEDURES:

Records indicating completion of training on child and dependent adult abuse are filed in individual personnel records. Updates of training occur as required (at least every 5 years).

PERFORMANCE INDICATOR (7)

Each year the organization has staff members sign a privacy document indicating that they are aware of the organization's policy on confidentiality and maintains these documents in the personnel file.

POLICIES & PROCEDURES:

Signed documents indicating review and awareness of the organization's policy on confidentiality are filed in individual personnel records. This document is signed as part of initial staff orientation and is reviewed and reaffirmed annually at the time of the employee's performance review (see appendix C).

PERFORMANCE INDICATOR (8)

l orientation to new staff and documents this
onnel file.

POLICIES & PROCEDURES:

1. The Case Management Supervisor or designee shall provide an orientation program to all newly hired staff. The program will include, at a minimum, adult and child abuse mandatory reporter requirements, confidentiality and review of safety procedures. Newly hired staff will document receipt of orientation by signing and dating a form that will be filed in the employees' personnel file.
2. All volunteers and student interns shall complete an orientation program that addresses confidentiality, HIPAA privacy and security requirements, safety procedures, roles responsibilities, limitations and provider procedures that are applicable to their responsibilities.

PERFORMANCE INDICATOR (9)

The organization has mechanisms in place that afford staff the right to express concerns about a particular care issue or to file a grievance concerning a specific employment situation.

POLICIES & PROCEDURES:

The Case Management Supervisor develops a mechanism that allows staff the right to express these concerns or grievances in an established, orderly fashion.

GRIEVANCE PROCEDURE

The grievance procedure has been established to ensure a systematic means of obtaining further consideration of problems after every reasonable, informal means of discussion has failed. Grievance procedures apply to all employees who have completed their probationary period.

Those decisions or conditions affecting the employment of the employee which are under the complete or partial jurisdiction of the Board of Supervisors and not specifically covered by law or other rules or policies set in writing, shall be covered under the following procedure. These decisions or conditions may include alleged poor working conditions, unjust application of discipline, or the unfair interpretation or application of County or departmental rules and regulations by a Department Head.

Individuals involved with a grievance procedure may discuss the issue during the working day with involved individuals but without payment if discussions extend beyond the employees' working hours.

An employee must be notified far enough in advance of any hearing so that he/she may make arrangements to attend the hearing.



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...re or consultant with them during their appeal

Any employee may file a grievance or complaint without fear of jeopardizing his/her position.

The aggrieved employee and all County-employed witnesses shall be granted time off with pay to attend a hearing, if the occasion arises.

If an employee terminates his/her employment by his/her own violation, he/she waves all rights to appeal such action.

The timetable for a particular grievance procedure may be changed on mutual consent of the employee and the reviewer.

Any employee found by the grievance procedure to have been wrongfully disciplined, suspended or discharged shall have the discipline adjusted appropriately.

Procedure

An employee with a problem or complaint should first discuss it with his/her immediate supervisor. If the employee is not satisfied with the supervisor's response, the following procedure should be followed:

The formal grievance shall be filed in writing with the employee's immediate supervisor within seven- (7) calendar days after said grievance did occur. Upon receiving the employee's grievance, the supervisor has five- (5) Calendar days in which to give the employee a written statement defending his/her position or action. If the employee does not agree with the decision of the supervisor or does not receive a reply within five- (5) calendar days, the employee may present a written grievance to the Department Head. Failure of the employee to take further action within seven- (7) calendar days after receipt of the written decision from his/her supervisor, or within nineteen- (19) calendar days after the grievance did occur, will constitute the dropping of the grievance.

On receiving an employee's grievance, the Department Head shall review the grievance and render a written decision not more than seven- (7) calendar days after receiving the grievance. During this time, the Department Head may contact all individuals associated with the grievance, hold hearings, or do whatever (within reason) he/she deems necessary to obtain all needed information. If the employee does not agree with the decision reached, or if he/she does not receive a response within seven- (7) calendar days of submitting the appeal, he/she may present the appeal to the Appropriate Governing Board of their representative. Failure of the employee to take further action within seven (7) calendar days after he/she has received the decision from his/her Department Head or within fourteen (14) calendar days after the employee delivered the appeal to his/her Department head, will constitute a dropping of the appeal. Upon receipt of the written appeal, the Appropriate Governing Board or their representative should discuss the matter

ative if applicable, the employee's immediate
who has knowledge of the matter. Upon completion
of these discussion, the Appropriate Governing Board or their representatives shall either
render a decision or institute an investigation to advise the Appropriate Governing Board
on an appropriate action. In either case, the Appropriate governing Board shall render
their decision within fourteen (14) calendar days after the investigation or receipt of the
written appeal, whichever is later. The decision of the Appropriate Governing Board is
final.

PERFORMANCE INDICATOR (10)

The organization completes a criminal and abuse record check as required in Iowa Code section 135C.33(5) prior to employment for any employee who meets with individuals using the services in the individuals' home.

POLICIES & PROCEDURES:

1. The organization completes the criminal and abuse record checks prior to employment of specified staff as required by Iowa Code section 135C.33(5). Hiring practices will be in accordance with this law. (suggest attach a copy)
2. A signed job application will be in the personnel file with the following inquiry included:
Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other state?+

PERFORMANCE INDICATOR (11)

The organization establishes and implements a code of ethics for all staff addressing confidentiality, individual rights, professional and legal issues in providing services and documents in the personnel records that the code of ethics in effect at the time of the review has been reviewed with each staff member.

POLICIES & PROCEDURES:

A signed and dated copy of the Code of Ethics will be in each employee's personnel file. See Appendix for organization's Code of Ethics (see appendix D).

Policies and Procedures Tama County Case Management
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Section 24.3(5): Organizational environment
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The organization provides services in an organizational environment that is safe and supportive for the individuals being served and the staff providing services.

PERFORMANCE INDICATOR (1)

The environment enhances the self-image of the individual and preserves the individual's dignity, privacy, and self-development.

POLICIES & PROCEDURES:

Case managers will meet clients in a place of the clients choosing in the community whenever possible. Should the client request a meeting in our office facility each case manager has a private office.

PERFORMANCE INDICATOR (2)

The environment is safe and accessible and meets all applicable local, state, and federal regulations.

POLICIES & PROCEDURES:

1. All buildings used shall meet all applicable safety, health, and fire and sanitation requirements of the applicable federal, state or local authority.
2. All buildings shall have a current documented inspection. In the event that there are no inspection requirements, there shall be documentation in the file.
3. The program assures that space is available to meet with clients that are in compliance with the Americans with Disabilities Act, as appropriate.
4. The program has an emergency plan for the office that includes the following:
 - a. Fire safety
 - b. Natural disaster
 - c. Health and safety

PERFORMANCE INDICATOR (3)

The processes that service and maintain the environment and the effectiveness of the environment are reviewed within the organization's monitoring and improvement system.

POLICIES & PROCEDURES:

As part of the performance improvement system, environmental effectiveness and maintenance shall be reviewed and improved as needed. (See 24.3(3) Performance Improvement System.

intervention procedures for behavior that presents significant risk or harm to the individual using the service or others. The interventions also ensure that the individual's rights are protected and that due process is afforded.

POLICIES & PROCEDURES:

1. In the event that Targeted Case Management staff encounters a hostile client in the office, who is an imminent danger, they shall at once communicate through the inter-office communication system a request for help.
2. The person receiving that request shall immediately seek the Case Management Supervisor, or other administrator, who will work with the staff member to de-escalate the situation.
 - a. In the event that the situation cannot be stabilized, staff shall request law enforcement assistance by using the local emergency response system.
 - b. If the client is in possession of a dangerous weapon, personnel shall evacuate the area immediately.
3. In the event the case manager encounters a hostile or dangerous client in the community, or their home, they shall leave the situation immediately. The case manager shall make any necessary referrals to other appropriate agencies. The case manager shall re-initiate contact with the client at a later date.
4. In the event the case manager is contacted by law enforcement or medical providers in regard to a hostile or dangerous situation, with the client asking to talk to the case manager, the case manager shall make contact with the client. Contact shall be made only with law enforcement or medical providers accessible, and only in the event that contact does not place the case manager at threat of harm. Face-to-face contact in such a situation should only be made with law enforcement present.
5. Should any dangerous situation arise which is not covered above, or in any of the situations specifically addressed, the case manager shall handle the situation with the safety of client and self primary in those judgments. At all times, law enforcement personnel or medical professionals shall be contacted as soon as possible to provide needed services.
6. Documentation of any of the above activities shall be made in the client record.
7. The Targeted Case Management supervisor shall be notified of any of the above situations.

PERFORMANCE INDICATOR (5)

The organization meets state and federal regulations in the way it implements the safe storage, provision, and administration of medication when used within the service.

POLICIES & PROCEDURES:



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targeted case management services (medication service).

PERFORMANCE INDICATOR (6)

All toys and other materials used by children are clean and safe.

POLICIES AND PROCEDURES:

This indicator does not apply to targeted case management services (direct interaction such as play therapy is a prohibited direct service).

<p>Policies and Procedures Tama County Case Management</p>
<p>Section 24.4: Standards for services</p>

24.4(1) Social History

PERFORMANCE BENCHMARK: The organization completes a social history for each individual served.

PERFORMANCE INDICATOR (1)

The organization collects and documents relevant historical information and organizes the information in one distinct document in a narrative format.

POLICIES & PROCEDURES:

1. The social history shall be completed by the case manager.
2. The social history is developed in conjunction with the client, and their family and significant others, as appropriate. Additional information may be obtained by review of written documents.
3. The social history shall be developed, signed and dated by the targeted case manager.

PERFORMANCE INDICATOR (2)

The social history includes:

1. Relevant information regarding the onset of disability.
2. Family, physical, psychosocial, behavioral, cultural, environmental, legal history.
3. Developmental history for children.



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e, domestic violence, or physical, emotional, or

POLICIES & PROCEDURES:

The record shall contain a social history that addresses the following items:

1. Referral information, which includes the referral source and any information provided by them.
2. A list of the individual's diagnosis.
3. The onset and development of the disability.
4. A summary of any significant medical conditions, including illnesses, hospitalizations, special diets and past and current drug therapies.
5. The legal status of the person to be served, which includes any court ordered treatments, commitments, or other legal proceedings.
6. A summary of any history of substance use, domestic violence, and physical, emotional, or sexual abuse.
7. Relationships with the individual's family, significant others and other support systems.
8. Any significant social, cultural, or historical events that affect the level of functioning of the person served.
9. A description of the person's previous living arrangements and current situation.
10. A description of previous services received and a summary of current services.
11. The person's work history.
12. The person's educational history.
13. The person's social and recreational interests.
14. A summary of the person's dating/marital relationship.
15. A summary of the person's spiritual background.

PERFORMANCE INDICATOR (3)

Staff review and update the social history at least annually.

POLICIES & PROCEDURES:

1. The social history shall be updated during the annual review at a minimum.
2. The social history shall be updated whenever there is a significant change in the client's life.

24.4(2) Assessment

PERFORMANCE BENCHMARK: The organization develops a written assessment for each individual served. The assessment is the basis for the services provided to the individuals.

PERFORMANCE INDICATOR (1)

The assessment includes information about the individual's current situation, diagnosis, needs, problems, wants, abilities and desired results gathered with the individual's involvement.

POLICIES & PROCEDURES:

- to be a positive, client driven tool, which identifies what the client wants to do in the future
2. The assessment shall provide a very comprehensive picture of the client. The information contained in the initial assessment shall be used as the foundation for developing the Individual Comprehensive Plan.
 3. The case manager shall develop an assessment, with the involvement of the client, in regards to the following life domain areas:
 - a. Community living, which may include information regarding where the client lives, what resources they access in the community, their community mobility, along with information regarding their home living skills.
 - b. Vocational and academics, both topics shall be addressed in this section.
 - c. Self-care.
 - d. Social supports.
 - e. Health and treatment, which may include information regarding any therapeutic services, medications, medical issues, or behavioral issues.
 - f. Leisure and recreational interests and supports.
 - g. Financial and insurance information.
 4. Each life domain area in the assessment shall address the clientsq
 - a. Strengths.
 - b. Current level of functioning.
 - c. Barriers to maintaining their current level.
 - d. Resources and supports they have used in the past.
 - e. Hopes and desires for the future.
 - f. Impairments related to diagnosis and symptom logical.
 5. The need for any further assessments or evaluations shall be documented on the assessment form.
 6. Once the client has identified what they want, the case manager shall assist them in identifying their priorities.
 7. The client will identify individuals they would like to have invited to their service plan meeting.
 8. The client and case manager shall sign and date the completed assessment form.

Amended (February 23, 2010): Form 470-4694 will be completed as the Comprehensive Assessment. The document will address all life domains as stated above and any significant areas of risk. See a copy of Form 470-4694 in Appendix (X).

PERFORMANCE INDICATOR (2)

Program staff solicits collateral provider information as appropriate to the individual situation in order to compile a comprehensive and full assessment.

POLICIES & PROCEDURES:

The case manager shall contact appropriate providers to determine strengths, needs and desires in order to complete a full assessment.

letes the assessment in a narrative format.

POLICIES & PROCEDURES:

The assessment shall be written by the targeted case manager in narrative format in order to provide a clear picture of the client.

PERFORMANCE INDICATOR (4)

Staff base decisions regarding level, type and immediacy of services to be provided, or need for further assessment or evaluation upon the analysis of the information gathered in the assessment.

POLICIES & PROCEDURES:

1. The need for any further assessments or evaluations shall be based upon the analysis of the information gathered during the assessment and documented on the assessment form.
2. The need for targeted case management will be assessed and documented annually.

PERFORMANCE INDICATOR (5)

Staff completes an annual reassessment for each individual and document the reassessment in a written format.

POLICIES & PROCEDURES:

1. During the course of the year, the case manager shall update the initial assessment or past annual review.
2. As part of the continuous assessment process, the case manager shall have routine and on-going face-to-face contacts with the client.
3. Prior to the scheduled ICP meeting, the case manager shall complete the assessment form with the client, identifying the client's current desires and priorities.
4. The case manager shall document the client's current level of functioning and desires in each of the following areas: community living, vocational/academic; self-care; social supports; health/treatment; leisure/recreational supports and financial/insurance.
5. A summary of progress on all the client's ICP goals over the past year shall also be included in this process.
6. Information regarding the above areas shall be very comprehensive. This information shall be the foundation by which the service plan is developed.
7. The need for any further evaluations shall be made on the assessment form.
8. The client will identify individuals they would like to have invited to their ICP meeting. Only these individuals, in addition to the client and the case manager, may attend the service plan meeting.
9. The completed assessment/annual review form shall be reviewed with the interdisciplinary team prior to the development of the ICP. Documentation of this team review shall be made on the assessment form.
10. The annual review shall be used to revise the ICP.

PERFORMANCE INDICATOR (6)

gnosis is contained in the individual's record. A diagnosis supported by a psychological evaluation conducted by a qualified professional. A diagnosis of developmental disability is supported by professional documentation. A determination of chronic mental illness is supported by a psychiatric or psychological evaluation conducted by a qualified professional.

POLICIES & PROCEDURES:

1. A diagnosis of mental retardation must be supported by a psychological evaluation conducted by a qualified professional. A diagnosis of mental retardation shall be made in accordance with the criteria provided in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association. A copy of this evaluation will be in the client's service file.
2. A diagnosis of developmental disability must be supported by completing the DD checklist. A copy of this checklist and supporting medical documentation will be in the client's service file.
3. A diagnosis of chronic mental illness must be supported by a psychiatric or psychological evaluation conducted by a qualified professional. A copy of this evaluation will be in the client's service file.

24.4(3): Individual service plan

PERFORMANCE BENCHMARK: Individualized, planned and appropriate services are guided by an individual-specific service plan developed in collaboration with the individual using the service, staff, and significantly involved others as appropriate. Services are planned for and directed to where the individuals live, learn, work, and socialize.

PERFORMANCE INDICATOR (1)

The service plan is based on the current assessment.

POLICIES & PROCEDURES:

1. The Individual Comprehensive Plan (ICP) shall be developed using the interdisciplinary team process.
2. The ICP shall be developed based on the information obtained during the intake or during the annual review process. The information obtained must be comprehensive and must support the development of all goals and objectives.
3. The case manager shall review the assessment when meeting face-to-face with the client.
 - a. Prior to the scheduled service plan meeting, the case manager shall complete the assessment form with the client, identifying the client's current desires and priorities.
 - b. The case manager shall document information regarding services received.
 - c. The completed assessment form shall be reviewed with the inter-disciplinary team prior to the development of the ICP. Documentation of this team review shall be made on the assessment form.

PERFORMANCE INDICATOR (2)

The service plan identifies observable or measurable individual goals and action steps to meet the goals.

POLICIES & PROCEDURES:

Goals are defined by Webster as: "The end toward which effort is directed." Goals are general statements of expected accomplishments to be achieved in meeting the desires identified in the initial intake or current review. Goals shall be based on the client's priorities and describe desired outcomes in major life areas. They are motivating to the client. Goals statements should:

- a. Be realistic, attainable and provide direction for where the client is headed.
- b. Be client centered/driven.
- c. Be individualized and observable or measurable.
- d. Reflect the client's own words whenever possible
- e. Identify the criteria for completion.
- f. Focus on what the client wants and desires.

PERFORMANCE INDICATOR (3)

The service plan includes interventions and supports needed to meet those goals with incremental action steps, as appropriate.

POLICIES & PROCEDURES:

- 1. The specific service activities to be provided to achieve the goals are based on appropriateness, availability, and accessibility of services and financial resources.
- 2. Service activities shall indicate the activities that will be provided to, for, or with the client to achieve the goals.
- 3. For skills training, service activities shall be structured with incremental time frames as appropriate.
- 4. For ongoing support goals, service activities shall reflect the details of the supports needed. The service activities may cover the one-year time span of the ICP, with review occurring quarterly.

PERFORMANCE INDICATOR (4)

The service plan includes the staff, people, or organizations responsible for carrying out the interventions or supports.

POLICIES & PROCEDURES:

Service activities shall include the following:

- 1. The person or agency responsible for providing each service activity.
- 2. The date of initiation and anticipated duration of each service activity.



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PERFORMANCE INDICATOR (5)

Services defined in the service plan are appropriate to the severity level of problems and specific needs or disabilities.

POLICIES & PROCEDURES:

1. The ICP shall be based on the client's strengths and desires.
2. The ICP shall provide for services appropriate to the severity level of the client's problems or disabilities.
3. The ICP shall provide a basis for accountability.

PERFORMANCE INDICATOR (6)

The plan reflects desired individual outcomes.

POLICIES & PROCEDURES:

1. The Individual Comprehensive Plan is the written expression of the client's self-determination. The person-centered planning process must respect and reflect the central role of the individual in the determination of the plan's content and scope. This process also recognizes that the authority to make decisions rests with the client and/or their legal representative.
 - a. Utilizing the information he or she gained during the assessment process, the client makes choices about goals to achieve in the coming year. These goals may be in any of the seven life domains (community life, self-care, health-treatment, financial/insurance, vocational/academics, social supports, leisure/recreational) reviewed in the assessment and shall reflect the client's priorities and desired outcomes.
 - b. Activity steps to reach each goal are identified and responsibilities for completing these activities are assigned to the client, case manager and provider agencies chosen by the client
 - c. The client is encouraged to interview all appropriate providers for each service he or she wants to receive in order to make an informed choice of providers.
 - d. This plan, based on the client's choices, guides the efforts of the team (client, case manager, and service providers) throughout the duration of the plan.

PERFORMANCE INDICATOR (7)

Activities identified in the service plan encourage the ability and right of the individual to make choices, to experience a sense of achievement, and to modify or continue participation in the treatment process.

POLICIES & PROCEDURES:

1. The case manager shall support and encourage the client in making independent decisions based on the service activities.

that the individual has sufficient information presented and positive aspects of particular decisions, prior to

making a decision.

3. The client can request a review or modification to the plan at any time during the year.

PERFORMANCE INDICATOR (8)

Staff monitors the service plan with review occurring regularly. At least annually, staff assesses and revises the service plan to determine achievement, continued need or change in goals or intervention methods. The review includes the individual using the service with the involvement of significant others as appropriate.

POLICIES & PROCEDURES:

1. Plan Implementation. - The Case Manager shall assist the client in obtaining the services identified on the ICP, and in decision-making among providers.
 - a. Case Managers shall request approval from the funding sources for identified services and supports.
 - b. The Case Manager shall make referrals to identified service providers.
 - c. All efforts at arranging services shall be documented in the record.
2. Annual Staffing: The case manager shall schedule the ICP staffing within 12 calendar months for all clients receiving TCM services and within 60 days of acceptance for services for all new clients. When it is not possible to complete this task within the 60 days, the case manager shall note the reasons for the extension in the progress notes.
3. Special Staffing: The ICP shall remain in effect for a maximum of 12 calendar months, and may be reviewed and amended more frequently by the team, as necessary and appropriate. The ICP shall be revised whenever there is a significant change in the items addressed.
 - a. Some examples of significant changes would be when goals are achieved or need drastic changes; changes in service providers; changes in level of care.
 - b. Any member of the team can request that the ICP be reviewed at any time by contacting the case manager and requesting a special staffing.
 - c. The ICP may be updated prior to the expiration of 12 months. The only way that the annual ICP date can be changed is by the completion of the annual review process, and a complete revision to the ICP.
 - d. Revisions to the ICP shall be made by the inter-disciplinary team on the ICP Addendum form. Documentation needs to reflect status of all goals in the original ICP.
4. Monitoring of Services
 - a. Case managers shall monitor the services, service settings and living arrangements identified in the ICP to ensure that they continue to be necessary and appropriate.
 - 1) In the event that the Case Manager determines that the services, etc. are not necessary and appropriate, the Case Manager shall convene a Special ICP meeting to discuss the situation.

- the inter-disciplinary team that the client would benefit from such service, the Case Manager shall advocate for such service.
- b. Documentation of the above monitoring activity shall be made in the progress notes section.
 - c. Case Managers shall, at a minimum, have face-to-face contact with the client every three months.
 - 1) The purpose of the contact shall be to discuss progress, and provide support to the client regarding any relevant issues. Through these contacts the Case Manager shall develop and maintain a relationship with the client.
 - 2) The frequency of contact with the client and providers shall be determined by the inter-disciplinary team based on the needs of the client and documented on the ICP.
 - 3) The frequency of contact shall be reviewed whenever the ICP is reviewed.
5. Assessment of Progress
- a. The Case Manager shall assess the progress toward achieving the goals identified in the ICP for all clients who receive case management services.
 - b. The Case Manager may base the assessment of progress on information obtained by any of the following sources: client, guardian, or providers of services.
 - c. In the event that the client is not making any progress towards their goals and objectives the Case Manager shall contact the service provider, as appropriate, and discuss the situation with them.

PERFORMANCE INDICATOR (9)

Staff develops a separate, individualized, anticipated discharge plan as part of the individualized service plan that is specific to each service the individual receives.

POLICIES & PROCEDURES:

1. Discussion shall be held regarding the personal outcome achievement that is necessary for consideration of when targeted case management is no longer needed.
2. The interdisciplinary team in collaboration with the client shall develop a skill-specific plan for the client's discharge from case management.
3. The case manager shall document the discharge plan in the ICP.

PERFORMANCE INDICATOR (10)

The service plan includes documentation of any rights restrictions, why there is a need for the restriction, and a plan to restore those rights or a reason why a plan is not necessary or appropriate.

POLICIES & PROCEDURES:

1. The case manager shall document in the service plan any rights restrictions identified by the interdisciplinary team.
2. The case manager shall document the rationale for the rights restrictions.

nt whether a plan to diminish or remove the

24.4(4): Documentation of service provision

PERFORMANCE BENCHMARK: Individualized and appropriate intervention services and treatments are provided in ways that support the needs, desires, and goals identified in the service plan, and that respect the rights and choices of the individual using the service.

PERFORMANCE INDICATOR(1)

Staff documents in the narrative the individual's participation in the treatment process.

POLICIES & PROCEDURES:

The case manager shall monitor and document the individual's participation in the treatment process, with particular emphasis on information related to the clinical diagnostic/ symptomological aspects of this process. Sources of information shall include clinical mental health professionals as well as the clients.

PERFORMANCE INDICATOR(2)

Responsible staff documents the individual's progress towards goals, the provision of staff intervention, and the individual's response to those interventions.

POLICIES & PROCEDURES:

1. Progress Notes shall document the involvement and feedback of the client regarding the goals and service action steps and the progress they are achieving.
2. The case manager shall monitor and document provision of intervention services, the service provider's response and outcomes of the services in a narrative format.
3. The case manager shall document all activities, which support the functions of service coordination, monitoring, linking and referral for services.
4. Qualified case managers shall provide intervention services within the scope of case management services pursuant to the Iowa Medicaid Plan.

PERFORMANCE INDICATOR(3)

Documentation of service provision is in a written, legible, narrative format in accordance with organizational policies and procedures.

POLICIES & PROCEDURES:

1. The organization provides case managers with a narrative format that meets Chap. 24 and Medicaid requirements.

- service provision in a written, legible, narrative format. Update the entry within 30 days of service provision. Only factual information shall be documented and include the date of service provision.
3. When ongoing activities occur more than once a week, the case manager may summarize activities weekly.

24.4(5): Incident Reports

PERFORMANCE BENCHMARK:

The organization completes an incident report when organization staff first become aware that an incident has occurred.

PERFORMANCE INDICATOR (1)

The organization documents the following information:

1. The name of the individual served who was involved in the incident.
2. The date and time the incident occurred.
3. A description of the incident.
4. The names of all organization staff and others who were present or responded at the time of the incident. (For confidentiality reasons, other individuals who receive services should be identified by initials or some other accepted means.)
5. The action the organization staff took to handle the situation.
6. The resolution or follow-up to the incident.

POLICIES AND PROCEDURES:

The organization utilizes an Incident Report that addresses items 1-6 described in this Indicator (see appendix E).

Incident, as described in the definitions of Chap. 24, means an occurrence involving the individual using the service that:

1. Results in a physical injury to or by the individual that requires a physician's treatment or admission to a hospital, or
2. Results in someone's death, or
3. Requires emergency mental health treatment for the individual, or
4. Requires the intervention of law enforcement, or
5. Results from any prescription medication error, or
6. Is reportable to protective services
7. Involves a member's location being unknown by provider staff who are assigned protective oversight.

Amended (February 23, 2010): In addition to the occurrences constituting a major incident listed above include the following:

A copy of the Critical Incident Report Form 470-4698 can be found in Appendix (E).

ed at the time of the incident or who first became aware of the incident prepare and sign the incident report before forwarding it to the supervisor.

POLICIES & PROCEDURES:

When Case Management staff is directly involved in the incident, they will complete the report, sign it, and forward it to their supervisor.

When Case Management staff is the first entity with Incident Reporting obligations to become aware of an incident (or if no other entities with Incident Reporting obligations are involved), they will complete the report, sign it, and forward it to their supervisor.

PERFORMANCE INDICATOR (3)

Staff files a copy of the completed incident report in a centralized location and make notation in the individual's file.

POLICIES & PROCEDURES:

Case Management director or supervisor will keep a centralized file of reports and will periodically review these to detect patterns, trends, etc. The case manager will make notation of incidents in the individual's file.

PERFORMANCE INDICATOR (4)

Staff sends a copy of the incident report to the individual's Medicaid targeted case manager or county case worker who is involved in funding the service and notify the individual's legal guardian within 72 hours of the incident.

POLICIES & PROCEDURES:

Upon receipt of an incident report from a service provider, the case manager will review and assess the situation and contact the service provider and family/guardian of the client as needed. Case manager will make notation of the incident in the individual's file, file a copy in central file and forward the report to their supervisor.

The case manager will notify provider agencies if they are aware that an incident report has not been received for an incident that meets Chap. 24 criteria. Case managers will report absent Incident Reports to their supervisor if the situation requires additional follow-up.

The case manager shall notify the individual's legal guardian within 72 hours when they generate the Incident Report.

24.4(6): Confidentiality and legal status

PERFORMANCE BENCHMARK: Staff shall release medical and mental health information only when properly authorized.

PERFORMANCE INDICATOR (1)

The organization shall obtains voluntary written authorization from the individual, the individual's legal guardian, or other persons authorized by law before releasing

POLICIES & PROCEDURES:

1. At the point that services are requested, the applicant for services, or their legally authorized representative, shall be advised about their right to privacy(see appendix Q). They shall be instructed on how information is collected, maintained and stored, how information shall be used, and the procedure regarding release of information.
2. Exceptions are permitted only for disclosures permitted or required by law; bona fide medical and psychological emergencies; and provider approval, certification or licensure purposes.
3. The case manager shall complete the release of information form(see appendix F).
4. Procedures for Releasing Information
 - a. Personally identifying information, requiring consent of the client or the client's legally authorized representative, shall only be released or disclosed upon written consent of the client or the client's guardian.
 - 1) There shall be one release per agency or individual (see appendix F).
 - 2) Exceptions are permitted only for disclosures permitted or required by law; bona fide medical and psychological emergencies; and provider approval, certification or licensure purposes.
 - a) When released without a signed consent there shall be documentation in the client record of what information was released, to whom the information was released, and why.
 - b) Unless otherwise required by law, the client shall be notified of any release.
 - b. The Case Manager shall complete the release of information form.
 - 1) The release of information form shall specify to whom the information shall be released by specifying the individual or the individual agency. In addition the Case Manager shall complete the address section of the release.
 - 2) The purpose of the release shall be specific to the role of TCM, the functions of coordination, monitoring, and referral. In the event that the release is not for the purpose of TCM the case manager shall document the specific reason for the release of information. The release of information shall be in accordance with Tama County HIPAA Privacy Policies.
 - 3) The Case Manager shall specify the items that are being released. At no point shall the Case Manager use a blanket item such as "All other pertinent information+.
 - 4) Case Managers may only release mental health, substance abuse, or HIV information that is contained in their records with the expressed consent of the client or legal guardian, in accordance to the Tama County HIPAA Privacy Policies. All information released should be tracked on an accounting of disclosure form(see appendix G).
 - 5) The client or legal representative shall receive a copy of the release and this shall be documented in the record. Refusal to accept a copy of the signed release shall be documented in the client's record.

- in effect for a maximum of 12 calendar months. Case releases prior to the clients annual ICP.
- 7) The forms signed and dated by the client. If there is a guardian, the guardian shall sign all release forms.
 - 8) The client has the right to inspect the information that will be disclosed, and has the right to revoke the authorization at any time by submitting a written revocation to the Case Manager. In regards to the receipt of releases from other agencies or persons, only the case manager, case management supervisor, or the case management director can release information. In releasing information, it should be ascertained that:
 - 1) Authorization is addressed in written form explicitly to the agency.
 - 2) Authorization has all essential information filled in and complete.
 - 3) Authorization has client's signature or legal guardian's signature.
 - 4) The date is within one year's time.
 - d. Upon receipt of a release of information form authorizing the agency to release information to another agency or individual, the following procedures should be observed:
 - 1) Copies of any authorizations shall be placed in the client file.
 - 2) Stamp material going out as CONFIDENTIAL. Information should be reviewed by the client's case manager or supervisor to ensure material is appropriate and procedures have been followed.
 - 3) Release information as requested.
5. When requesting information Case Managers shall either use the source of information's release form, or the TCM agency's release form. When using the agency's form the Case Manager shall thoroughly complete the form by:
- 1) Only requesting information that they feel is accessible from the other party.
 - 2) Limiting the release to 12 calendar months.
 - 3) Obtaining a separate signature from the client in the boxed in section, when attempting to obtain protected information.
6. Access to Information
- a. For persons authorized to have access to client information, there are four methods of reviewing the record:
 - 1) Physical review of the record.
 - 2) Duplication of the information in the record.
 - 3) Responding to telephone inquiries about the client and/or information in the record.
 - 4) Participating in meetings where client-identifying information is discussed.
 - b. All clients, and their legal representative, shall have access to their records, unless otherwise determined by law. Parents of clients who are over 18 years of age may have access to the client's records only if the parents have been appointed legal guardians by a court of law or there is a written authorization, from the client, to release information.
 - c. During physical review of the record, a designated staff member shall be present to assist the requesting party in locating specific information.

When a record is requested by the courts, it shall be specified through a subpoena. Upon receipt of the subpoena, the case management director shall be notified. The record is not to be shown to anyone until the Judge requests that the record be presented as evidence. The person accompanying the record must remain with the record at all times, including during any photocopying. The record is never to be left in the custody of the court. Verbal information regarding an individual client can only be offered in a court of law if a subpoena has been issued to a particular staff member.

- e. when a physical record is requested by the courts, it shall be specified through a subpoena. Upon receipt of the subpoena, the case management director shall be notified. The record is not to be shown to anyone until the Judge requests that the record be presented as evidence. The person accompanying the record must remain with the record at all times, including during any photocopying. The record is never to be left in the custody of the court. Verbal information regarding an individual client can only be offered in a court of law if a subpoena has been issued to a particular staff member.

PERFORMANCE INDICATOR (2)

Staff completes voluntary written authorization forms in accordance with existing federal and state laws, rules, and regulations and maintains them in each individual file.

POLICIES & PROCEDURES:

Each case file will have tabbed section marked %Releases+

PERFORMANCE INDICATOR (3)

Documentation regarding restrictions on the individual, such as guardianship, power of attorney, conservatorship, mental health commitments , or other court orders is placed in the individual's record, if applicable.

POLICIES & PROCEDURES:

The client's record shall contain court documents such as guardianship papers, mental health commitments, power of attorney, conservatorship, or other court orders, reports, and subpoenas if applicable.

24.4(7) Service systems.

PERFORMANCE BENCHMARK: The organization develops a clear description of each of the services offered. The organization develops an admission and discharge system of services. Staff coordinates services with other settings and providers.

PERFORMANCE INDICATOR (1)

The organization has established and documented the necessary admission information to determine the individual's eligibility for participation in the service.

1. Eligibility Criteria: Persons receiving TCM services shall meet the following eligibility criteria:

- caid benefits; and
- and has a primary diagnosis of mental retardation, developmental disability, chronic mental illness, or brain injury; or
- c. The individual is under the age of 18, and is receiving services through the HCBS/MR or the HCBS/BI Waiver program.
2. Definitions
- a. Persons with Mental Retardation means persons who meet the following three conditions:
- 1) Significantly subaverage intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly subaverage intellectual functioning as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, American Psychiatric Association).
 - 2) Concurrent deficits or impairments in present adaptive functioning (e.g. the person's effectiveness in meeting the standards expected for the person's age by their cultural group) in at least two of the following area: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work leisure, health, and safety.
 - 3) The onset is before the age of 18.
- b. Persons with a Chronic Mental Illness means persons 18 and over, with a persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. Persons with chronic mental illness typically meet at least one of the following criteria:
- 1) Have undergone psychiatric treatment more intensive than outpatient care, more than once in a lifetime (e.g., emergency services, alternative home care, partial hospitalization or inpatient hospitalization).
 - 2) Have experienced at least one episode of continuous, structured supportive residential care other than hospitalization.
 - 3) In addition, these persons typically meet at least two of the following criteria, on a continuing or intermittent basis for at least two years:
 - a) Are unemployed, or employed in a sheltered setting, or have markedly limited skills and a poor work history.
 - b) Require financial assistance for out-of-hospital maintenance and may be unable to procure this 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 or judicial system.
 - 4) In atypical instances, a person who varies from the above criteria could still be considered to be a person with chronic mental illness.
 - 5) Persons with mental disorders resulting from Alzheimer's disease or substance abuse are not
To be considered chronically mentally ill. [IAC 441-78.33 (249A)]
- c. Persons with a Developmental Disability means persons with a severe, chronic disability which:

- physical impairment or a combination of mental and
- 2) Is manifested before the person attains the age of 22.
 - 3) Is likely to continue indefinitely.
 - 4) Results in substantial functional limitation in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
 - 5) Reflects the person's need for a combination and sequence of services which are of lifelong or extended duration.
 - 6) A person from birth to age of nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described above if the person, without services and supports, has a high probability of meeting those criteria later in life.
- c. Persons with a Brain Injury means persons with clinically evident brain damage or spinal cord injury resulting from trauma or anoxia which temporarily or permanently impairs the individual's physical or cognitive functions.
3. Eligibility Determination:
- a. All requests for Targeted Case Management services are forwarded to The Central Point of Coordination Department (CPC) to determine eligibility for Targeted Case Management (TCM) services.
 - b. Upon receipt of a request for TCM services the CPC shall contact the individual to explain the CPC/TCM application process and to request information.
The CPC shall obtain information necessary for the completion of a CPC application in accordance with the County Managed Care Plan. Demographic information and the individual's signature will be obtained at this time. This may be in the form of mailing the application to the applicant for completion and signature, or by completing an interview with the applicant in person.
 - 1) The CPC shall verify the individual's county of legal settlement. In the event that the individual has legal settlement in another county, the CPC shall notify the CPC Administrator of the county of residence and the county of legal settlement of the application for services. The CPC will inquire as to the consumer's choice regarding Case Management providers. If the consumer chooses Tama County TCM and the county of legal settlement approves the use of such, the CPC will continue to determine eligibility for TCM services and make a referral to Case Management accordingly.
 - 2) The CPC shall assist the individual in identifying possible sources of information, and shall have the individual sign release forms.
 - 4) Upon completion of the eligibility determination process the CPC shall notify the individual of the decision in writing.
 - 5) In the event that the individual was found to be ineligible, the notice shall include the dispute (appeal) procedure.

on that supports the eligibility determination the CPC make
at Supervisor.

- d. The Case Management Supervisor will confirm that the documentation establishing eligibility for Case Management services is in compliance with the guidelines as noted in section 24.3 (2).
- e. The Case Management Supervisor shall contact the individual requesting Case Management services to schedule a time to discuss the role and need of TCM services, the responsibilities of the applicant, and to complete the TCM application form, and to obtain needed releases of information to facilitate the TCM services.
- f. Once the Case Management Supervisor has completed the determination of eligibility for Case Management services the applicant shall notify the individual of the decision in writing.

PERFORMANCE INDICATOR (2)

Staff includes verification in each individual's file that a service description is provided to the individual and, when appropriate, family, or significant others in the individual's file.

POLICIES & PROCEDURES:

A service description of targeted case management(See appendix P)will be presented to each individual entering service and will be documented in the service files as indicated by the organization (documentation will be on Receipt of Brochure form (See appendix T)

PERFORMANCE INDICATOR (3)

Continuity of services occurs through coordination among the staff and professionals providing services to the individual. Coordination of services through linkages with other settings and providers has occurred, as appropriate.

POLICY & PROCEDURES:

1. As stated in the definition of case management in 441--24.4(7), case management services link clients to service agencies and support systems responsible for providing the necessary direct service activities and coordinate and monitor those services. Coordination occurs throughout the case management process, including the assessment, plan development, referral, monitoring and advocacy activities of the case manager. Ongoing updates regarding coordination of services with providers are reflected in the Progress Notes as part of the regular, billable monthly contacts. The manner in which the case manager coordinates with others to carry out these activities on behalf of clients are detailed in Sections 24.4(3), 24.4(4), and 24.4(7).
2. Coordination with Providers
 - a. The Case Manager shall obtain copies of each provider's plan within 30 calendar days of the original ICP meeting.
 - b. Upon receipt of the plan the Case Manager shall review it, and document the receipt of it in the client progress notes.

- indicate whether the provider plan correlates with the client's ICP. If the plan does not correlate, the Case Manager needs to immediately contact the service provider. Changes in the ICP shall require a special staffing.
- 2) If the provider plan and ICP correlate, the case manager shall have the plan filed in the client's master record.
 - c. If the plan is not submitted within the 30-day period, the case manager is to document the incident in the client progress notes. The Case Manager shall send a letter requesting the plan from the program that is deficient in submitting the document.
 - d. If the plan is not received within 45 days of the due date the Case Manager shall contact the supervisor of the service provider, documenting the contact in progress notes.
 - e. If the plan is not received within 60 days of the due date the Case Manager shall provide their supervisor with written notice of the providers delinquency in submitting the required documentation. The Case Manager shall continue to submit written requests to the service provider, on a monthly basis, requesting the required plan and documenting such action in progress notes.

PERFORMANCE INDICATOR (4)

Staff includes a written discharge summary in each individual record at the time of discharge.

POLICY AND PROCEDURES

1. Referral and transfer of services
 - a. In the event that a client moves to another part of the state or chooses to change providers, referral shall be made to appropriate providers.
 - b. With the permission of the client, a copy of any relevant information in the client record may be forwarded to providers who will be serving the client.
2. Discharge Criteria
 - a. A person shall be discharged if it is determined that they no longer meet the eligibility criteria (i.e. no longer disabled, and/or no longer Medicaid eligible).
 - b. A person shall be discharged if it is determined that they no longer are appropriate for TCM services.
 - c. A person may be discharged if they refuse to participate in any aspect of the service plan development or implementation process.
 - d. A client may discharge himself/herself at any time.
3. Discharge Process
 - a. In cases where a client is not his/her own legal guardian and has requested termination from services, the legal guardian shall be notified immediately and a final decision delayed until guardian input is obtained.
 - b. The client or their legal representative shall be informed of the option to appeal the discharge proceedings (refer to Dispute Resolution Policy).
 - c. The discharge plan shall include:

- client or legal representative.
- summary form which addresses the reason for discharge, date of discharge, the services received by the client, the client's response to those services and recommendations or referrals upon discharge (see appendix I).
- d. The client shall be made aware of the re-application process for TCM services.
 - e. The Case Manager shall notify the Central Point of Coordination (CPC) of the discharge.
 - f. Copies of the completed discharge summary form shall be sent to the IDT and the original placed in the master record.
 - g. In the event of client death, the case manager shall notify the CPC, HCBS or BI waiver services. Copies of the Discharge Summary form shall be filed in the client record (not sent for signature).
 - h. The file shall be placed in the terminated file drawer, along with any archive materials. Terminated records shall be maintained in the Archive file for a period of 5 years, at which time the record may be destroyed.

24.4(8) Respect for individual rights.

PERFORMANCE BENCHMARK: Each individual using the service is recognized and respected in the provision of services, in accordance with basic human, civil and statutory rights.

PERFORMANCE INDICATOR (1)

Staff provide services in ways that respect and enhance the individual's sense of autonomy, privacy, dignity, self-esteem and involvement in the individual's own treatment. Staff takes language barriers, cultural differences, and cognitive deficits into consideration and makes provisions to facilitate meaningful individual participation.

POLICIES & PROCEDURES:

1. Case managers provide case management services that:
 - a. Enhance autonomy by providing options for choice.
 - b. Enhance privacy by meeting with the client in private settings, by respecting confidentiality, by advocating for personal environments that allow privacy.
 - c. Enhance dignity through the development of a supporting relationship, which allows risk taking, and by respecting the client's ability to make decisions even if contrary to recommendations.
 - d. Enhance self-esteem through the affirmation of strengths.
 - e. Enhance involvement in the treatment process through the client driven planning process.
2. Case management services will be provided with the acknowledgement that clients have the right to be treated with respect and to be addressed in a manner which is appropriate to the client's chronological age and which takes into consideration

ences and cognitive defects and makes provision to
pation.

5. To ensure meaningful client participation the Case Manager will make arrangements to have interpreters available when needed i.e: language barriers and for the deaf. Case Manager will be sure to explore cultural differences and how those may impact the life of the person served or their services. The Case Management Supervisor and Case Managers will have opportunities for training to increase their awareness & sensitivity regarding the identification of cultural differences & cognitive limitations. The Case Management Supervisor or Case Manager will request communication assistance from the consumer's family members, guardians, or legal representatives in the instances with someone with cognitive deficits. If needed the Case Manager will also make arrangements for and use assistive devices to effectively communicate with someone with cognitive deficits.

PERFORMANCE INDICATOR (2)

Staff inform individuals using the service and, when appropriate, family and significant others of their rights, choices, and responsibilities.

POLICIES & PROCEDURES:

1. A client has the same legal rights and responsibilities guaranteed to all other individuals under the federal and state constitutions, and federal and state laws. The receipt of service does not deprive any person of any rights, benefits, or privileges, or cause the persons to be declared legally incompetent (see appendix J).
2. The case manager shall inform the client of the following rights and responsibilities:
 - a. The right to privacy, including the right to private conversation and to confidentiality.
 - b. Personally identifying information shall be released only in accordance with the procedure titled "Confidentiality and Legal Status (24.4(6))".
 - c. Each person receiving services shall be protected from mistreatment, neglect, or abuse.
 - d. Each person has the right to be treated courteously, fairly, and with the fullest measure of dignity.
 - e. Each person receiving services has the right to be free from aversive and/or intrusive intervention procedures.
 - f. The right to appeal any staff or provider action.
 - g. The right to enter into contracts.
 - h. The right to due process.
 - i. The right to consent.
 - j. Implicit is the client's right to refuse services.
 - k. The client has the responsibility to participate in the ICP process to the extent possible.
3. The client has the responsibility to cooperate with the service plan agreed upon. The case manager shall explain to the member what abuse is and how to report abuse.
4. The case manager shall explain to the member how to make a complaint about the member's services or providers.

signatures of the client and/or their guardian on the Responsibilities+upon initial enrollment and annually

PERFORMANCE INDICATOR (3)

The organization has a procedure established to protect the individuals using the service during any activities, procedure or research that requires informed consent.

POLICIES & PROCEDURES:

1. The case manager's role is to monitor that appropriate consent has been obtained by the provider of the service, prior to the implementation of any of the procedures detailed below.
2. Consent must be preceded by:
 - a. A detailed explanation of the procedures to be followed, including identifying the procedures that are experimental.
 - b. A description of the discomforts and risks of the treatment.
 - c. A description of the benefits expected from the treatment.
 - d. A disclosure of appropriate alternative procedures and their benefits, discomforts, and risks.
 - e. An offer to answer any questions concerning the procedures.
 - f. Advising the person giving consent that he/she may withdraw consent and discontinue treatment at any time.
 - g. A statement that withholding or withdrawing consent will not prejudice receiving further services.
3. The following elements of consent should be carefully considered:
 - a. CAPACITY. The ability to process information to reach a rational decision.
 - 1) A rational decision may not be a decision third parties consider to be in the person's best interest.
 - 2) The ability to make a rational decision may be situational in that some persons may have the ability in some areas, but not in others.
 - b. INFORMATION. Detailed information must be provided and communicated so that it is understood by the consenting person.
 - c. VOLUNTARY. The person consenting must be in a position to make a free choice. There can be no coercion, threats, duress, inducements, or undue influence.
 - d. WHO GIVES CONSENT. Consent must be obtained from the individual affected, unless the person has a legally appointed guardian. In the case of a legally appointed guardian, the guardian must consent to the treatment.
4. Client rights can only be limited with the consent of the client, the guardian or legal authorities within the following guidelines:
 - a. Limit is based on an identified individual need.
 - b. Skill training is in place to meet the identified need, as identified by the interdisciplinary team process.
 - c. All rights restrictions shall be discussed in an interdisciplinary team meeting and documented on the client's service plan or addendum to the service plan.

its is conducted to determine the continued needs.
from the client or legal guardian or other person

authorized by law for participation in any of the following:

- a. Experimental treatment procedure.
- b. Any procedure, which carries an intrinsic risk.
- c. Participation in provider-sponsored research.
- d. Participation in any provider-sponsored external training or demonstration projects involving the use of audiovisual equipment or two-way mirror.

PERFORMANCE INDICATOR (4)

The organization verifies that the individual is informed of the process to express questions, concerns, complaints or grievances about any aspect of the individual's service, including the appeal process.

POLICIES & PROCEDURES:

The client or legal representative shall have the right to express questions, concerns, complaints or grievances about any aspect of the client's service to the case manager, the case manager supervisor or through the written appeal process.

PERFORMANCE INDICATOR (5)

The organization provides the individuals using the service and their guardians the right to appeal the application of policies, procedures, or any staff action that affects the individual using the service. The organization has established written appeal procedures and a method to ensure that the procedures and appeal process are available to individuals using the service.

POLICIES & PROCEDURES:

1. The notice of decision that is provided to the client or the client's representative shall include a copy of the appeal procedure (see appendix K and H).
2. The applicant, client, or legal representative shall have the right to object to the application of a policy or procedure, or any staff action that affects the client and may file a written appeal protesting such action.
3. The use of the dispute resolution process by an individual shall not prejudice the provision of appropriate services to the individual in need of and/or receiving services.
4. This policy shall be explained to all persons receiving services, or applicants for services and their legal representative at the time an application for services is made, when such persons are denied services, and/or upon request.

PERFORMANCE INDICATOR (6)

All individuals using the service, their legal representatives, or other persons authorized by law, have access to the records of the individual using the service in accordance with state and federal laws and regulations.

POLICIES & PROCEDURES:

Personnel who are authorized to have access to client files are limited to the following:

- , or their legal representative. Legal representative to the parent of a minor, or a court appointed guardian.
- b. Staff of the Targeted Case Management agency, including volunteers and student interns.
 - c. Staff from County Case Management Services shall have access to client files in order to complete their duties as identified in the County Case Management Services 28E Agreement.
 - d. County Board of Supervisors.
 - e. Employees of authorized external agencies whose responsibility is to license, accredit and monitor the program.
 - f. Physicians, psychologists and other professional persons treating a client in an emergency situation.
 - g. Other persons or agencies for which the person receiving services has given authorization.
 - h. Parent- the biological or adoptive parent, or person having legal custody of a minor.
 - i. Legal guardian- person appointed by the court, charged with either limited or complete duties as ordered by the court.

24.4(9) Case management services

“Case management services” means those services established pursuant to Iowa Code section 225C.20

PERFORMANCE BENCHMARK: Case management services link individuals using the service-to-service agencies and support systems responsible for providing the necessary direct service activities, and coordinate and monitor those services.

PERFORMANCE INDICATOR (1)

Staff clearly defines the need for case management and document it annually.

POLICIES AND PROCEDURES:

In conjunction with the client, the case manager shall identify the specific supports they provide to the client (e.g. coordinating, monitoring, linking crisis planning assistance, etc.). This will be reviewed annually and noted in the Assessment.

PERFORMANCE INDICATOR (2)

At a minimum, the team shall be composed of the individual using the service, the case manager, and providers or natural supports relevant to the individual’s service needs. In addition the team may include family members at the discretion of the individual using the service.

POLICIES & PROCEDURES:

In conjunction with the client and their legal representative the Case Manager shall identify the composition of the interdisciplinary team. At a minimum the team shall be

manager, and only those providers, organizations or the client's service needs. With the case manager's assistance, the client shall identify any other people whom they want on the team. The team shall remain in effect until the next annual review, or when the client requests a change in the composition.

PERFORMANCE INDICATOR (3)

The team works with the individual using the service to establish the service plan, which guides and coordinates the delivery of the services.

POLICIES & PROCEDURES:

1. The Individual Comprehensive Plan shall be developed using an interdisciplinary team process.
2. The client shall decide on the time and location for the ICP meeting. Reasonable efforts shall be made to convene the ICP meeting at an agreeable time and place for all team members.
3. In the event that the legal representative is unable to attend the meeting, the case manager shall review the results of the ICP with them, and obtain their signatures.
4. In the event that any team member is unable to attend the meeting, the case manager may review the results of the ICP with them.
5. The interdisciplinary team shall have the following responsibilities:
 - a. Identify the person's current level of functioning.
 - b. Develop individualized goals and assign responsibilities.
 - c. Make recommendations regarding the least restrictive settings.
 - d. Identify and document any additional services, resources and/or supports that are desired.
 - e. Develop appropriate crisis and discharge plans.

PERFORMANCE INDICATOR (4)

The case manager advocates for the individual using the service.

POLICIES & PROCEDURES:

1. All TCM staff shall provide services and make decisions based on what is in the "best interest" of the client.
2. The Case Manager shall advocate for the client without fear of reprisal or loss of employment status.
3. Case Managers shall, based on the Individual Comprehensive Plan, advocate for programs and services, which best meet the client's strengths and needs.

PERFORMANCE INDICATOR (5)

The case manager coordinates and monitors the services provided to the individual using the service.

1. The individual Comprehensive Plan provides for coordination among services, resources and supports, along with a consistent and systematic focus among all services and supports.
 - a. The Case Manager shall assist the client in obtaining the services identified on the ICP, and in decision making among providers.
 - b. Case Managers shall request approval from the funding sources for identified services and supports.
 - c. The Case Manager shall make referrals to identified service providers and natural supports.
 - d. All efforts at arranging services shall be documented in the record.
2. Case managers shall monitor the services, service settings and living arrangements identified in the ICP to ensure that they continue to be necessary and appropriate.
 - a. In the event that it is determined that the services are not necessary and appropriate, the Case Manager shall convene a special ICP meeting to discuss the situation.
 - b. If it is determined by the interdisciplinary team that the client would benefit from an alternative service, the case manager shall advocate for the service.
3. Documentation of the above monitoring and coordinating activities shall be made in the progress notes section. Significant contact must occur at least one time per month in order to bill for Targeted Case Management services.

PERFORMANCE INDICATOR (6)

Documentation of contacts includes the date, the name of individual, the name of the case manager, and the place of service.

POLICIES & PROCEDURES:

Each case manager is required to maintain anecdotal records and progress notes on each client served. These documents will include date, time, name of individual, name of the case manager and the place of service and will be upgraded after each contact with the client or his parent/guardian

PERFORMANCE INDICATOR (7)

The case manager holds individual face-to-face meetings with the individual using the service at least quarterly.

POLICIES AND PROCEDURES:

1. Case Managers shall, at a minimum, have face-to-face contact with the client every three months (for example, if you have a face-to-face contact in the month of January, the next face-to-face visit is due in the month of April) .
 - a. The purpose of the contact shall be to discuss progress, monitor continued appropriateness of service or level of service, and provide support to the client regarding any relevant issues. Through these contacts the Case Manager shall develop and maintain a relationship with the client.



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with the client and providers shall be determined by based on the needs of the client and documented in the ICP plan.

2. The frequency of contact shall be reviewed whenever the ICP is reviewed.

PERFORMANCE INDICATOR (8)

Case managers shall not provide direct services. Individuals using the service are linked to appropriate resources, which provide necessary direct services and natural supports.

POLICIES AND PROCEDURES:

Case managers do not provide direct services as defined by the Department of Human Services in the clarification memo dated 12/19/96 (see appendix L).

PERFORMANCE INDICATOR (9)

Individuals using the service participate in developing an individualized crisis intervention plan that includes natural supports and self help methods.

POLICIES AND PROCEDURES

The crisis intervention plan may include, but is not necessarily limited to: potential emergencies; how to access emergency services and supports when needed; telephone numbers of emergency services and persons to contact; and client specific symptom management information. The crisis intervention plan means a personalized, individualized plan developed with the client that identifies potential personal psychiatric, environmental, and medical emergencies. This plan shall also include those life situations identified as problematic and the identified strategies and natural supports developed with the client to enable him/her to self-manage, alleviate, or end the crisis. This plan shall also include how the client can access emergency services that may be needed.

PERFORMANCE INDICATOR (10)

Documentation shows individuals using the service are informed about their choice of providers as provided in the county management plan.

POLICIES AND PROCEDURES:

1. The case manager will become familiar with the county management plan and document discussions about service provider options and the client's choice in the progress notes.
2. The case manager will make appropriate referrals based upon the client's informed choice of providers.

the decision-maker of the interdisciplinary team. The consensus among its members. In no instance shall the team make a decision against the guardian, or client's wishes.

4. The case manager shall discuss options in client-friendly terms.

PERFORMANCE INDICATOR (11)

Within an accredited case management program, the average caseload shall be no more than 45 individuals per each full time case manager.

POLICIES & PROCEDURES:

1. The case manager to client ratio shall never exceed 1 FTE staff person for each 45 individuals
2. The governing body shall be informed of the need for an additional case manager at any point that the case managers average caseload reaches a level of 40 individuals receiving service or 90 % of the average caseload size..
3. The ratio shall be based on the current filled positions, which are positions that have not been vacant for more than 45 calendar days.

PERFORMANCE INDICATOR (12)

The case manager communicates with the team and then document in the individual's file a quarterly review of the individual's progress towards achieving the goals.

POLICIES & PROCEDURES:

1. The case manager shall complete a quarterly progress review on all individuals who receive targeted case management services (3 per year).
 - a. Quarterly reviews shall begin 3 calendar months following the month of the current ICP (e.g. if the ICP was held in December, the first quarterly review would be held in March, the second in June, and the third in September).
 - b. The Annual Review (Assessment review) shall constitute the fourth quarterly review.
 - c. Copies of the quarterly reviews are shared with the interdisciplinary team (IDT).
2. The case manager may base the quarterly review on information provided by any of the following sources: the individual receiving service, guardian, and providers of service (community-based and clinical).
 - a. The review shall document the individual's progress toward achieving the goal/objectives and action steps identified in the current ICP. (Information regarding diagnosis/symptoms may also be summarized here).
 - b. Duties/Responsibilities of all interdisciplinary team (IDT) members (individual receiving service, service providers, case manager, etc.) are reviewed.
 - c. In the event an individual is not making progress on goals, the case manager will contact the IDT to discuss the situation. Any changes in plan (e.g. new ICP, Addendum to the ICP, minor changes in Action Steps, etc.) will be noted.



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APPENDIX A

MH/DD ADVISORY BOARD

The Tama County MH/DD Advisory Committee is made up of 12 members.

- 4 Family members
- 2 Consumers
- 6 Community leaders

APPENDIX B

Tama County Case Management
Yearly Performance Evaluation . Staff Development Plan
July 2008

_____ TCM/County Social Worker

An X will be placed in the box that most accurately describes staff performance.

ACCURACY	Correctness of work duties performed.
	Makes frequent errors, improvement mandatory.
	Careless, makes recurrent errors. Improvement needed.
	Usually accurate; makes only average number of mistakes.
	Requires little supervision; is exact and precise most of the time.
Comments:	

JOB KNOWLEDGE	Information concerning work duties, which an individual should know for a satisfactory job performance.
	Lacks knowledge of some phases of job.
	Moderately informed; can answer common questions.
	Well informed. Understands nearly all phases of work.
	Well skilled in related fields, allowing expert problem solving.
Comments:	

QUANTITY OF WORK	Amount of work an individual does in a day.
	Marginal work habits and scheduling ability.
	Willing worker when work is in front of him/her.
	Schedules, performs and follows through with good work habits.
	Wastes no time, is industrious, sees all jobs through to completion.
Comments:	

STABILITY	Able to withstand pressure and to remain calm in a crisis.
	Goes to pieces under pressure. Is %umpy+and nervous.
	Occasionally gets nervous under pressure.
	Has average tolerance for crisis. Is usually calm.
	Tolerates most pressure; handles crisis better than average.
Comments:	

	ed jobs well with minimum of supervision.
	supervision, is unreliable. Improvement
	mandatory.
	Sometimes requires prompting. Improvement needed.
	Usually takes care of necessary tasks and completes with reasonable promptness.
Comments:	

<u>INITIATIVE</u>	Makes the first step or move and has the ability to think and act without being urged to do so.
	Rarely takes initiative; usually requires urging.
	Occasionally takes initiative. Lacks follow through.
	Assumes average degree of initiative, responsibility and follow through.
	Good initiative. Looks for work to be done and schedules work well.
Comments:	

<u>ATTENDANCE</u>	Prompt and dependable in coming to work daily, conforming to schedules, keeping appointments and attending meetings.
	Frequently is late or absent.
	Occasionally is late to or absent from duties.
	Regularly comes to work on time and works until quitting time. Few absences.
	Is exceptionally prompt and dependable.
Comments:	

<u>COURTESY AND FRIENDLINESS</u>	Sociable and polite attention, which an individual reflects by his/her attitude toward providers, consumers, co-workers, and his/her supervisor.
	Complainer seldom goes out of the way to help others.
	Generally friendly, tends to be negative.
	Agreeable and friendly.
	Polite and offers to be of help.
Comments:	

<u>ALERTNESS</u>	Able to grasp instructions, to meet changing conditions and to solve unusual problem situations.
	Slow to catch on and unable to retain instructions.
	Requires more than average instruction.

with average ability.
erstand and learn.
Comments:

CREATIVITY	Talent for finding and suggesting better ways of doing things.
	Unable to respond to anything other than routine.
	Over complicates problem solving.
	Has average problem solving ability.
	When obvious solutions are unattainable, finds alternative solution or better.
Comments:	

COMMENTS/STAFF DEVELOPMENT

This evaluation was reviewed with _____ on

_____.

, Case Management Director

, Case Manager



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APPENDIX C
Tama County

Protected Health Information Pledge of Confidentiality

I, the undersigned, have read and understand Tama County's Policy on Confidentiality of Protected Health Information. In consideration of my employment or association with Tama County, and as an integral part of the terms and conditions of my employment or association, I hereby agree that I will not at any time, during my employment or after my employment or association ends, access or use protected health information, or reveal or disclose to any persons within or outside of Tama County, any personal health information except as may be required in the course of my duties and responsibilities and in accordance with applicable legislation and corporate and departmental policies governing proper release of information. I also understand that unauthorized use or disclosure of such information will result in disciplinary action up to and including termination of employment/contract/ association and the imposition of fines pursuant to applicable state and federal laws.

Date

Signature

Department

I have discussed the Confidentiality Protected Health Information Policy and the consequences of a breach with the above named.

Signature of individual administering statement

Date

APPENDIX D

CASE MANAGEMENT CODE OF ETHICS

As a Case Manager, I ÷

Am bound to keep confidential all matters concerning the individuals I serve.

Am committed to each individual's right to self-determination and the person's right to make their own life choices.

Am committed to seek and provide culturally appropriate services to the best of my ability.

Do not allow my words or actions to reflect prejudice or discrimination concerning any race, culture, creed, gender or lifestyle.

Am committed to embarking hopefully on a recovery journey with every person I serve, letting them direct their own healing process.

Am obliged to work from a strengths perspective, seeing and maximizing the recovery assets of each person I serve.

Support my colleagues and keep their confidences.

Am honest with myself, the people I serve and my colleagues.

Am committed to a regular assessment of my service recipients' expectations of me and to consistently improving my practice to meet their expectations.

Understand the power of self-help and peer support and encourage the people I serve to participate in those activities.

Am committed to fight stigma wherever I find it and promote community integration for the people I serve.

Have a duty to report physical, emotional and verbal abuse to the appropriate person in authority. Have a duty to warn anyone I believe to be in danger of physical harm.

Have a duty to urge impaired colleagues to seek help for their problems and failing this, to discuss the situation with my supervisor.

Have an obligation to use opportunities for continuing education in my field or profession.

Have an obligation to advocate for the people I serve, for their rights, for equal treatment and for resources to meet their needs.

Have a commitment to prevent crisis situations with the people I serve, to present and support crisis alternatives and to avoid forced treatment unless there is clear and present danger to the person served or another.

Case Manager

Date

From the National Association of Case Managers

Page 2
CRITICAL INCIDENT REPORT

Downs Department of Human Services

Physical Injury	Physical injury requiring physician's treatment or admission to a hospital: (select all that apply) <input type="checkbox"/> Burn <input type="checkbox"/> Dislocation <input type="checkbox"/> Sprain <input type="checkbox"/> Allergic reaction <input type="checkbox"/> Concussion <input type="checkbox"/> Contusion <input type="checkbox"/> Human/animal bite <input type="checkbox"/> Abrasion <input type="checkbox"/> Laceration <input type="checkbox"/> Puncture wound <input type="checkbox"/> Fracture <input type="checkbox"/> Electric shock <input type="checkbox"/> Eye emergency <input type="checkbox"/> Loss/tearing of body part <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Other: _____	Injury due to: (select all that apply)	
	<input type="checkbox"/> Mechanical restraint <input type="checkbox"/> For behaviors <input type="checkbox"/> Removal of mobility aids <input type="checkbox"/> Impair sensory capabilities <input type="checkbox"/> Other, describe: _____	<input type="checkbox"/> Physical / Manual restraint <input type="checkbox"/> Take down <input type="checkbox"/> Prone restraint <input type="checkbox"/> Holding face down <input type="checkbox"/> Other, describe: _____	
	<input type="checkbox"/> Personal harm <input type="checkbox"/> Aggressive behavior <input type="checkbox"/> Self-mutilation / self injurious behavior <input type="checkbox"/> Suicide attempt <input type="checkbox"/> PECA behavior / Ingestion of harmful substance <input type="checkbox"/> Accidental fall <input type="checkbox"/> Ingested / aspiration / choking <input type="checkbox"/> Seizure <input type="checkbox"/> Vehicular accident <input type="checkbox"/> Assault <input type="checkbox"/> Other, describe: _____	<input type="checkbox"/> Environmental Condition <input type="checkbox"/> Fire <input type="checkbox"/> Tornado / storm <input type="checkbox"/> Flooding <input type="checkbox"/> Unsafe/ unhealthy residence <input type="checkbox"/> Other, describe: _____	
	<input type="checkbox"/> Medication variance by staff <input type="checkbox"/> Wrong dosage <input type="checkbox"/> Wrong medication <input type="checkbox"/> Wrong time <input type="checkbox"/> Documentation error <input type="checkbox"/> Unauthorized administration <input type="checkbox"/> Missed dosage <input type="checkbox"/> Other, describe: _____	<input type="checkbox"/> Medication variance by member <input type="checkbox"/> Wrong dosage <input type="checkbox"/> Wrong medication <input type="checkbox"/> Wrong time <input type="checkbox"/> Unauthorized administration <input type="checkbox"/> Missed dosage <input type="checkbox"/> Other, describe: _____	
Death	Apparent cause of death: <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide / violence <input type="checkbox"/> Terminal illness / natural causes <input type="checkbox"/> Condition / situation identified under physical injury <input type="checkbox"/> Death of person other than member Name: _____ Relationship to Member: _____ <input type="checkbox"/> Other, describe: _____	Member's location at time of death: <input type="checkbox"/> Member's legal residence <input type="checkbox"/> Community <input type="checkbox"/> Community job <input type="checkbox"/> School <input type="checkbox"/> Crisis stabilization <input type="checkbox"/> Day program <input type="checkbox"/> Work activity <input type="checkbox"/> State facility <input type="checkbox"/> Hospital <input type="checkbox"/> Other, describe: _____	Physical address where the member died: Address: _____ City: _____ State _____ Zip _____ Physical illnesses/conditions: <input type="checkbox"/> Diagnosed prior to death <input type="checkbox"/> Discovered at time of death <input type="checkbox"/> Unknown Complete if known: Was an autopsy requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Was an autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was there a DNR? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Specifically, what were the circumstances surrounding death? _____		
Mental Health	Physical illnesses/conditions: <input type="checkbox"/> Condition / situation identified under physical injury <input type="checkbox"/> Condition / situation identified under law enforcement <input type="checkbox"/> Other, describe: _____		
Law Enforcement	Intervention of law enforcement for (select all that apply and indicate whether the member was the victim or perpetrator) <input type="checkbox"/> Illegal sexual behavior; <input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> Possession of illegal / hazardous substances; <input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> Inappropriate sexual advances; <input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> Aggressive behavior; <input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> Illegal acts; <input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> Property damage; <input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> Provoking incident; <input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> Other, describe: _____ <input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator		
Abuse Report or Restriction	Please specify member's involvement: Member was the <input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator	Report of suspected dependent adult abuse (select all that apply) <input type="checkbox"/> Physical injury <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Self-denial of critical care <input type="checkbox"/> Exploitation <input type="checkbox"/> Denial of critical care	
	Report of suspected child abuse (select all that apply) <input type="checkbox"/> Physical injury <input type="checkbox"/> Mental injury <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Denial of critical care <input type="checkbox"/> Presence of illegal drugs <input type="checkbox"/> Manufacture or possession of a dangerous substance <input type="checkbox"/> Cohabitation with a registered sex offender	Restriction, Unreasonable confinement (select all that apply) <input type="checkbox"/> Cruel punishment <input type="checkbox"/> As identified under physical injury <input type="checkbox"/> PRN meds for behavior <input type="checkbox"/> Exclusionary timeout <input type="checkbox"/> Seclusion <input type="checkbox"/> Rights violation <input type="checkbox"/> Other, describe: _____	
Location Unknown	Member's location is unknown by provider responsible for protective oversight. Please describe: _____		

Page 1
CRITICAL INCIDENT REPORT

Jews Department of Human Services

Report Status: Open Completed

Reporting Party	National Provider Identifier _____ (Name or Agency) _____ Provider Address _____ City _____ State _____ Zip _____ County _____ Phone # _____ Fax # _____ Reporter Name (Last) _____ (First) _____ (MI) _____ (Title) _____ (Email) _____	
Medicaid Member	Medicaid No: _____ Name: (Last) _____ (First) _____ (MI) _____ Address _____ City _____ State _____ Zip _____ (County) _____ Date of Birth: _____ Member's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Case Manager Name: (Last) _____ (First) _____ (Email) _____	HCBS Waiver: <input type="checkbox"/> II & Handicapped <input type="checkbox"/> Aids/HIV <input type="checkbox"/> Children's Mental H <input type="checkbox"/> Brain Injury <input type="checkbox"/> Physical Disability <input type="checkbox"/> Elderly <input type="checkbox"/> Intellectually Disabled (formerly MR) State Plan: <input type="checkbox"/> Habilitation <input type="checkbox"/> MFP Grants:
Incident Information	Date of Incident: _____ Time of Incident: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. The Incident Was: <input type="checkbox"/> Discovered <input type="checkbox"/> Witnessed First staff person to learn of the incident: (Name) _____ (Title) _____ Location where incident occurred: <input type="checkbox"/> Member's Home <input type="checkbox"/> Private residence/household - Living alone <input type="checkbox"/> Private residence/household - Living with relatives <input type="checkbox"/> Private residence/household - Living with unrelated persons <input type="checkbox"/> RCF <input type="checkbox"/> RCF/MR <input type="checkbox"/> RCF/PMS <input type="checkbox"/> Assisted living <input type="checkbox"/> Other _____ <input type="checkbox"/> Community <input type="checkbox"/> Community job <input type="checkbox"/> School <input type="checkbox"/> Day program <input type="checkbox"/> Work activity <input type="checkbox"/> Homeless/shelter/street <input type="checkbox"/> Vehicle <input type="checkbox"/> Shopping <input type="checkbox"/> Dining <input type="checkbox"/> Recreating <input type="checkbox"/> Other _____ <input type="checkbox"/> Other Location <input type="checkbox"/> State M/S <input type="checkbox"/> State resource center <input type="checkbox"/> Correctional facility <input type="checkbox"/> Foster care/family life home <input type="checkbox"/> ICF <input type="checkbox"/> ICF/MR <input type="checkbox"/> Other _____	
	Other People Present (Provide name of person, initials if a member, and their relationship to the member) 1) _____ <input type="checkbox"/> Other Member <input type="checkbox"/> Staff <input type="checkbox"/> Family <input type="checkbox"/> Roommate <input type="checkbox"/> Neighbor <input type="checkbox"/> Other, specify _____ 2) _____ <input type="checkbox"/> Other Member <input type="checkbox"/> Staff <input type="checkbox"/> Family <input type="checkbox"/> Roommate <input type="checkbox"/> Neighbor <input type="checkbox"/> Other, specify _____ 3) _____ <input type="checkbox"/> Other Member <input type="checkbox"/> Staff <input type="checkbox"/> Family <input type="checkbox"/> Roommate <input type="checkbox"/> Neighbor <input type="checkbox"/> Other, specify _____ 4) _____ <input type="checkbox"/> Other Member <input type="checkbox"/> Staff <input type="checkbox"/> Family <input type="checkbox"/> Roommate <input type="checkbox"/> Neighbor <input type="checkbox"/> Other, specify _____	
	Select One: <input type="checkbox"/> Services were not being provided. <input type="checkbox"/> Service being provided at the time of the incident. W code _____ Service Name _____	
	Describe the incident, including Who, What, When, Where, and How. (Describe any preceding circumstances, resulting harm to people, property damage, and any other relevant information. Include what was observed or heard. Attach additional pages if needed) _____ _____ _____	
Immediate Resolution	Date of Immediate Resolution: _____ Type: (Select all that apply) <input type="checkbox"/> Resolved by provider staff <input type="checkbox"/> In-patient hospitalization (medical unit) <input type="checkbox"/> Resolved by natural supports <input type="checkbox"/> Incarceration <input type="checkbox"/> Resolved by outside entity <input type="checkbox"/> Emergency room treatment <input type="checkbox"/> Out-patient mental health <input type="checkbox"/> Treatment by a health care professional <input type="checkbox"/> In-patient hospitalization (mental health unit) Describe the actions taken after the incident occurred to secure the member's safety. _____ _____	
	Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No Guardian notified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted, unable to reach	

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Iowa Department of Human Services
CRITICAL INCIDENT REPORT

Incident-specific Resolutions													
<input type="checkbox"/> Staff Review	<p>(check all that apply)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Increase number of staff</td> <td><input type="checkbox"/> Disciplinary action</td> </tr> <tr> <td><input type="checkbox"/> Increase staff hours</td> <td><input type="checkbox"/> Change staff</td> </tr> <tr> <td><input type="checkbox"/> Improve team building</td> <td><input type="checkbox"/> Terminate staff</td> </tr> <tr> <td><input type="checkbox"/> Increase supervision of staff</td> <td><input type="checkbox"/> Other, describe _____</td> </tr> </table> <p><input type="checkbox"/> Provide staff training</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rights <input type="checkbox"/> Individual needs <input type="checkbox"/> Behavioral needs <input type="checkbox"/> Positive and supportive relationships <input type="checkbox"/> Communication with member, family and/or other staff <input type="checkbox"/> Staff trained / retrained on equipment use <p><input type="checkbox"/> Resolution following staffing and/or training review. Describe specifically how this action(s) will prevent or diminish the probability of future occurrences.</p> <p>_____</p> <p><input type="checkbox"/> No staffing or training changes required. Describe how this adverse incident was isolated with a minimal probability of a reoccurrence.</p> <p>_____</p>	<input type="checkbox"/> Increase number of staff	<input type="checkbox"/> Disciplinary action	<input type="checkbox"/> Increase staff hours	<input type="checkbox"/> Change staff	<input type="checkbox"/> Improve team building	<input type="checkbox"/> Terminate staff	<input type="checkbox"/> Increase supervision of staff	<input type="checkbox"/> Other, describe _____				
<input type="checkbox"/> Increase number of staff	<input type="checkbox"/> Disciplinary action												
<input type="checkbox"/> Increase staff hours	<input type="checkbox"/> Change staff												
<input type="checkbox"/> Improve team building	<input type="checkbox"/> Terminate staff												
<input type="checkbox"/> Increase supervision of staff	<input type="checkbox"/> Other, describe _____												
<input type="checkbox"/> Member Review	<p>(check all that apply)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Treatment plan revised due to behavioral issues</td> <td><input type="checkbox"/> Treatment plan revised to reflect member's goals</td> </tr> <tr> <td><input type="checkbox"/> Treatment plan revised due to cognitive abilities</td> <td><input type="checkbox"/> Treatment plan revised due to communication needs</td> </tr> <tr> <td><input type="checkbox"/> Treatment plan revised due to physical abilities</td> <td><input type="checkbox"/> Treatment plan revised due to level of need and support</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Treatment plan revised due to medical / health status, including medication review</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Treatment plan revised due to unidentified risk or safety issues; safety plan modified</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other, describe _____</td> </tr> </table> <p><input type="checkbox"/> Resolution following member review. Describe specifically how this action(s) will prevent or diminish the probability of future occurrences.</p> <p>_____</p> <p><input type="checkbox"/> Treatment plan reviewed and no changes required. Describe how this adverse incident was isolated with a minimal probability of a reoccurrence.</p> <p>_____</p>	<input type="checkbox"/> Treatment plan revised due to behavioral issues	<input type="checkbox"/> Treatment plan revised to reflect member's goals	<input type="checkbox"/> Treatment plan revised due to cognitive abilities	<input type="checkbox"/> Treatment plan revised due to communication needs	<input type="checkbox"/> Treatment plan revised due to physical abilities	<input type="checkbox"/> Treatment plan revised due to level of need and support	<input type="checkbox"/> Treatment plan revised due to medical / health status, including medication review		<input type="checkbox"/> Treatment plan revised due to unidentified risk or safety issues; safety plan modified		<input type="checkbox"/> Other, describe _____	
<input type="checkbox"/> Treatment plan revised due to behavioral issues	<input type="checkbox"/> Treatment plan revised to reflect member's goals												
<input type="checkbox"/> Treatment plan revised due to cognitive abilities	<input type="checkbox"/> Treatment plan revised due to communication needs												
<input type="checkbox"/> Treatment plan revised due to physical abilities	<input type="checkbox"/> Treatment plan revised due to level of need and support												
<input type="checkbox"/> Treatment plan revised due to medical / health status, including medication review													
<input type="checkbox"/> Treatment plan revised due to unidentified risk or safety issues; safety plan modified													
<input type="checkbox"/> Other, describe _____													
<input type="checkbox"/> Equipment and Supplies Review	<p>(check all that apply)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Necessary equipment needs to be repaired</td> <td><input type="checkbox"/> Necessary equipment needs to be replaced</td> </tr> <tr> <td><input type="checkbox"/> Necessary equipment needs to be purchased</td> <td><input type="checkbox"/> Other, describe _____</td> </tr> </table> <p><input type="checkbox"/> Resolution following equipment and supplies review. Describe specifically how this action(s) will prevent or diminish the probability of future occurrences.</p> <p>_____</p> <p><input type="checkbox"/> Equipment and supplies reviewed and no changes required. Describe how this adverse incident was isolated with a minimal probability of a reoccurrence.</p> <p>_____</p>	<input type="checkbox"/> Necessary equipment needs to be repaired	<input type="checkbox"/> Necessary equipment needs to be replaced	<input type="checkbox"/> Necessary equipment needs to be purchased	<input type="checkbox"/> Other, describe _____								
<input type="checkbox"/> Necessary equipment needs to be repaired	<input type="checkbox"/> Necessary equipment needs to be replaced												
<input type="checkbox"/> Necessary equipment needs to be purchased	<input type="checkbox"/> Other, describe _____												

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Iowa Department of Human Services **CRITICAL INCIDENT REPORT**

Environmental	<p>(check all that apply)</p> <p><input type="checkbox"/> Member's environment evaluated for safety issues <input type="checkbox"/> Member's environment modified for safety issues</p> <p><input type="checkbox"/> Member's environment modified to increase accessibility <input type="checkbox"/> Other, describe _____</p>
Environmental Review	<p><input type="checkbox"/> Resolution following environmental review. Describe specifically how this action(s) will prevent or diminish the probability of future occurrences.</p> <hr/> <p><input type="checkbox"/> Environment reviewed and no changes required. Describe how this adverse incident was isolated with a minimal probability of a reoccurrence.</p>
Systemic Resolutions (optional) Check All That Apply	
Systemic Resolution	<p><input type="checkbox"/> Policy- Reviewed formal written policy or procedure governing the activity. Staff are able to reference agency guidelines or protocols.</p> <p><input type="checkbox"/> Consistent implementation of policy- Reviewed to assure that verbal instructions are the same as procedural requirements. Policies and procedures are up to date.</p> <p><input type="checkbox"/> Adequate policy- Policies and procedures are complete, meet regulatory requirements, and are consistent with established standards and accepted practice expectations. Policies and procedures are clear and concise.</p> <p><input type="checkbox"/> Communication and awareness- There is adequate communication re: new policy requirements. Staff and others are aware of changes or revisions to policy or procedure.</p> <p><input type="checkbox"/> Employee screening- There were adequate policy requirements for screening employees. Individuals with established histories of behavior that could compromise member safety/care – including abuse and neglect – are not working with members.</p> <p><input type="checkbox"/> Training- There are adequate policy requirements for training. Staff are required by policy to meet any minimum training requirements or demonstrate competencies.</p> <p><input type="checkbox"/> Fiscal control- There are adequate and consistent policy requirements for the management and control of member funds.</p> <p><input type="checkbox"/> Assessment- There are adequate policy requirements for proper assessment of member health, behavioral, and other critical support needs and preferences.</p> <p><input type="checkbox"/> Planning- There are adequate policy requirements for proper member planning and revision of supports based on changing needs.</p> <p><input type="checkbox"/> Monitoring- There are adequate policy requirements for monitoring services and supports to assure safety, meeting critical needs, and providing services in accordance with member plans and agency requirements.</p> <p><input type="checkbox"/> Documentation- There are adequate policy requirements for member records – including privacy – and documentation.</p> <p><input type="checkbox"/> Other, describe _____</p>
	<p><input type="checkbox"/> Resolution of policy and procedures factor(s). Describe specifically how this action(s) will prevent or diminish the probability of future occurrences.</p> <hr/> <p><input type="checkbox"/> No resolution required. Describe how this adverse incident was isolated with a minimal probability of a reoccurrence.</p> <hr/>
	<p><u>Additional Comments</u></p> <hr/>

Appendix F

Authorization for disclosure of Protected Health Information

Please complete this form in its entirety. Items not checked or blanks unfilled are assumed to be non-applicable or specifically not authorized for release. This release is not valid if it does not contain the client's original signature and date signed or if it has expired as described below. A copy of this signed form will be provided to the client.

Name: _____

Last First MI Previous Name

DOB: _____ SS #: _____ - _____ - _____

Telephone: (H) _____ (W) _____

Address: _____

Street City State Zip

I hereby authorize Tama County:

- Case Management (211 W. State St., Toledo, IA 52342)
- Sheriff (100 N. Main, Toledo, IA 52342)
- Public Health and Home Care (129 W. High St., Toledo, IA 52342)
- CPC (211 W. State St., Toledo, IA 52342)
- Employee Benefits (1002 E. 5th St., Tama, IA 52339)
- General Assistance (PO Box 142, Toledo, IA 52342)
- Veterans Affairs (PO Box 142, Toledo, IA 52342)

Central Point Coordinators/Case Management Office use only

The use or disclosure of protected health information about me as described below:

- | | |
|---------------------------------------|---------------------------|
| Planning and implementation of my ICP | Monitoring of services |
| Coordination of services | Referral for new services |
| Other (specify) _____ | |

The information released or shared may include:

- | | |
|---------------------------------|--|
| Evaluation/Assessment reporting | Agency participation, plans and progress |
| Educational Assessment | Physical Status (including vision and hearing), communication skills, cognitive skills and health status (including medical, dental, nutrition) X- |
| Family and Social Data | |

- All Agency Generated Information or
- Specific Portion . List portion _____

For the following dates of service _____ to _____

This information is to be disclosed to:



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used for each of the following purposes:

I authorize and understand that this will include information relating to (check and initial, if applicable):

- Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV) Infection.
Behavioral health service/psychiatric care.
Treatment for alcohol and/or drug abuse.

Signature _____

I understand this authorization will expire on: _____, 20____, or 1 (one) year from the date of signature.

Affirmation of Release:

I give Tama County permission to release only the information I have selected on this form to the individual(s) or agency(s) I have named and only for the purposes I have checked and identified. I understand that I may revoke this authorization by notifying the Chairperson of the Tama County Privacy Board at 211 W. State Street, Toledo, Iowa 52342 in writing of my desire to revoke it. However, I understand that if I revoke this authorization, it will not have any affect on actions taken by Tama County in reliance on this authorization. The revocation will take effect on the day it is received in writing.

I may refuse to sign this authorization or revoke this authorization at any time. Any revocation or refusal to sign this authorization will not affect my ability to obtain treatment or payment or my eligibility for benefits.

I understand that I may at any time inspect or copy the information to be used or disclosed as stated in Tama County's Notice of Privacy Practices. As a client I have the right to access my protected health information during services and after discharge. Copies of the records may be obtained with reasonable notice and payment of copying cost. 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 regulations or a business associate of these entities, the information described above may be redisclosed and no longer protected by the regulations.

Check this box if this Authorization is read verbally to client.

Signature of the Client/Guardian/Personal Representative Date Signed (Circle One)

Legal Relationship if not Client

Signature of Witness/Relationship to Client Date Signed



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**APPENDIX G
AMA COUNTY**

**Written Accounting of Disclosures
of
Individual's Protected Health Information**

Client Name:

Client Identification Number: _____

Date of Disclosure	Name and Address (if known) of Person/Entity Receiving the Disclosure	Brief Description of Information Disclosed	Brief Statement of Purpose of the Disclosure

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	Person/Entity Receiving the Disclosure	Brief Description of Information Dis- closed	Brief Statement of Purpose of the Disclosure

APPENDIX H County Appeal Procedure

1. Consumers who believe the decision was in error may seek a review of that decision. Individuals facing discharge from a service program for failure to pay consumer participation fees assessed, may also request a review.
2. To initiate a review, the individual must send a written request for review postmarked within thirty (30) calendar days of date receipt of the adverse decision to Tama County CPC Administrator, Tama County CPC Office, and 211 W. State St., TOLEDO, IOWA 52342. *Present level of services maintained throughout the appeal process.
3. Within five (5) calendar days of the receipt of the written request for review, the CPC Administrator for Tama County shall deliver to the individual, personally or by certified mail, a written notice of the date and time set for the review.
4. The review will be held within ten (10) working days of the receipt of the request for review.
5. The individual shall have the right to appear in person at the review and present any evidence or documents in support of his/her position. If an individual fails to appear for the schedule review, the reviewer may 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 ten (10) working days of the review, the CPC Administrator for Tama County shall issue a written decision sent by certified mail, which shall include a statement of the reasons supporting the decision. The decision may contain a recommendation to the Board of Supervisors for compromise pursuant to 230.17, Code of Iowa.
7. The written decision shall inform the individual of their right to further review by the Tama County Board of Supervisors.
8. A request for further review by the Board of Supervisors shall be made by giving notice to the Board in writing within seven (7) days of receipt of the adverse decision rendered by the CPC Administrator for Tama County.
9. The Board of Supervisors will give notice of the review to the individual personally or by certified mail. The review will be held within ten (10) working days. Following the review, the Board of Supervisors will deliver, to the individual, within ten (10) working days by certified mail, their decision.
10. If the consumer and or their representative or advocate disagree with the decision of the Tama County Board of Supervisors, they may, within ten (10) days of receiving the Notice of Decision, appeal to the next step by giving notice in writing to the Tama County CPC Administrator.
11. Within ten (10) days the CPC will complete an Iowa Department of Inspections and Appeals (Administrative Hearings Division) Transmittal Slip to initiate a decision by an Administrative Law Judge.
12. If the consumer is not satisfied with the results of this process they may pursue the matter in Iowa District Court.
13. Should the individual(guardian) go outside the enumerated steps of the appeal process . the appeal process is no longer an option.



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APPENDIX I
MA CASE MANAGEMENT
DISCHARGE SUMMARY

CONSUMER: _____ SS#: _____ DATE: _____
ADDRESS: _____ PHONE: _____

CURRENT SERVICES AND SUPPORTS:

RESPONSE TO SERVICES AND SUPPORTS:

ADVANTAGES/DISADVANTAGES OF DISCHARGE:

REASON FOR DISCHARGE:

REFERRALS TO OTHER SERVICES AND SUPPORTS:

EFFECTIVE DATE OF DISCHARGE: _____

CONSUMER PARENT/GUARDIAN CASE MANAGER

DATE DATE

APPENDIX J Case Management Services

YOUR RIGHTS AND RESPONSIBILITIES AS A CONSUMER

In addition to our constitutional rights, people with mental illness, mental retardation, and other developmental disabilities have the following specific rights:

1. The right to privacy, including the right to private conversation, and to confidentiality.
2. The right to be treated with respect and to be addressed in a manner which is appropriate to my chronological age.
3. The right to appeal any staff or provider action
4. The right to enter into contracts.
5. The right to due process.
6. The responsibility to participate in the ICP process to the extent possible.
7. The responsibility to cooperate with the plan agreed upon.

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

NONDISCRIMINATION

No person shall be discriminated against because of race, color, national origin, sex, age, mental or physical disability, creed, religion, or political belief when applying for or receiving benefits or services from Tama County Medicaid Targeted Case Management.

Confidentiality: According to federal and state law, any information given to any member of our staff is considered to be privileged and cannot be revealed to family, friends, courts, spouse, attorneys, probation officers or employers without your written consent or the written consent of your legal representative unless you are court ordered for treatment or evaluation.

There are six exceptions regarding full confidentiality in the Case Management program:

A. Reporting dependent adult abuse: All Case Managers are mandatory reporters. It is the policy of Tama Case Management Staff to report to the Department of Human Services (DHS) if abuse to dependent adults is suspected.

B. Reporting child abuse: All Case Managers are mandatory reporters. It is the policy of Tama



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to the Department of Human Services (DHS) if child abuse

- C. Dangerous to self and others:** When a client indicates that he or she is a danger to self or others, Case Management staff shall act in a manner which is most beneficial in assuring the safety of the consumer and others.
- D. Minors:** The holder of confidential information is the parent or legal guardian.
- E. Individuals with Chronic Mental Illness:** Section 228.8 of the Iowa Code specifies circumstances which allow disclosure of limited mental health information to family members who are directly involved in the care of an individual with chronic mental illness or monitoring the treatment of the individual. The family member must make a written request for the information unless an emergency exists. Information which may be released is limited to diagnosis, prognosis, medication and compliance (not to exceed six months), and treatment plan. If we release such information, you will be informed of the disclosure.
- F. Quality of Service:** The Tama Medicaid Targeted Case Management program is accredited by the Iowa Department of Human Services Division of Mental Health, Mental Retardation, and Developmental Disabilities (DHS). We are also a member of the County Case Management Services (CCMS). Personnel from DHS and CCMS periodically check consumer records for compliance with the state standards for case management services. DHS and CCMS personnel are required to keep all client information confidential.

APPEAL PROCEDURE

In the event you feel your Case Manager is not providing the type of service necessary, please first discuss this concern with your Case Manager. If you continue to feel dissatisfied, please contact the Case Management Director. You have the right to appeal actions of the Case Management program by using the Tama County dispute resolution policy.

You or your representative have the right to immediately object to the proposed action and may file a written appeal protesting such action. The written appeal must be presented by hand delivery or first class mail within fifteen (15) days after notice is mailed, or within fifteen (15) days of the alleged event or action which is being appealed. The written appeal must include the following:

1. The name, address, and telephone number of the petitioner.
2. The name, address, and telephone number of the person on whose behalf the petition is being filed.
3. The specific action which gives rise to the appeal.
4. The statute, rule, policy, or decision which has been violated by any action or intended action.
5. A concise statement of issue, the reason for the petition, pertinent facts, people involved, and efforts made to resolve the dispute prior to the appeal.



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Case Management Director
Iowa County Case Management Program
111 W. State St.
Toledo, IA 52342

Phone: 1-641-484-4191

The above information has been reviewed with me. In the event that I feel any of my rights have been infringed upon I may request advocacy assistance from my Case Manager, or other advocates. **My Case Manager has explained to me what abuse is and how to report abuse. In addition, I have been given an explanation of how to make a complaint about my services from providers.** I understand that at any point I may refuse all or part of services which are being offered.

Case Manager Consumer

Date Guardian

Case Manager Consumer

Date Guardian



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Consumer

Date

Guardian

Case Manager

Consumer

Date

Guardian

Case Manager

Consumer

Date

Guardian

APPENDIX K

[County] Case Management

NOTICE OF DECISION: SERVICES

[Insert Consumer Name & Address]

County	Date
Medicaid #	Effective Date
ACTION	
<input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> Review <input type="checkbox"/> Change in Service <input type="checkbox"/> Reduction <input type="checkbox"/> Cancellation	

EXPLANATION OF ACTION					
Provider # & Name:	Service Code & Description:	# Units Authorized	Unit Rate	Begin Date	End Date
Manual or rule Reference: 441-78, 441-83, 441-90.					
Fees: You will be responsible for paying for part of Service. The Fee will be per . You should make arrangements to pay this directly to: .					

Conference

If you do not agree with the decision, you may discuss the decision and your situation with the agency staff, obtain an explanation of the action and present information to show that the action is incorrect. This conference does not in any way diminish your right to a hearing described on the back of this page. You may speak for yourself or be represented by legal counsel, a friend, or other person. If you have trouble understanding this notice, you may call **Iowa Legal Aid** at 1-800-532-1275. If you live in Polk County, call 243-1193.

Case Management Appeal Rights

If you do not agree with the decision of the case management program, you may appeal the decision using the [COUNTY] appeal process that is attached. You may also choose to use the State of Iowa Appeal process at any time.

REAPPLICATION

If your application is denied or your assistance has been canceled, you have the right to reapply at any time.

Case Manager's Signature	Telephone Number
Office Address	

OF IOWA APPEAL PROCESS

Have the Right to Appeal

What is an appeal?

An **appeal** is when you ask for a hearing because you do not like a decision made by the Department of Human Services (DHS). You have the right to file an appeal if you disagree with the decision. You do not have to pay to file an appeal. 441 Iowa Administrative Code Chapter 7.

How do I appeal?

It is easy to file an appeal. You must appeal in writing for all programs, except for food assistance. You can appeal verbally for food assistance. To appeal in writing:

- Complete an appeal electronically at www.dhs.state.ia.us/appeals.asp,
- Write a letter telling us why you think the decision is wrong, or
- Fill out an Appeal and Request for Hearing form.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. Your county DHS office will help you file an appeal if you ask them.

How long do I have to appeal?

For Food Assistance, you have 90 calendar days to file an appeal. For all other programs, you must file an appeal within:

- 30 calendar days from the date of this decision, or
- Before the date this decision goes into effect.

If you file an appeal more than 30 days, but less than 90 calendar days, you must tell us why the appeal was filed late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

We are not able to give you a hearing if you filed your appeal 90 calendar days after the date of the decision.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until the appeal is final or through the end of your certification period, if you file an appeal within:

- 10 calendar days of the date on this decision, or
- Before the date this decision goes into effect.

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will be sent a hearing notice that tells you the date and time an appeal hearing is scheduled. You will be sent a letter telling you if you do not get a hearing. This letter will tell you why and explain what you can do if you disagree with the letter.

Can I have someone else help me in the hearing?

You or someone else like a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The amount you have to pay is based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Statement of Nondiscrimination

By law, DHS will not discriminate against you on the following basis:

- Age
- Color
- Creed
- Disability
- National Origin
- Political Beliefs
- Race
- Religion
- Sex

If you feel we have discriminated, you can ask for a Discrimination Complaint form from any DHS office or the DHS Diversity Program Unit. To file a complaint of discrimination, you may also write to any of the addresses below. If you need help, you may call your county DHS office.



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Des Moines IA 50319-0114

Iowa Civil Rights Commission
601 E 14th St
Des Moines IA 50319-1004

**U.S. Department of Health and
Human Services**
Office for Civil Rights Region VII
601 E 12 St Rm 248
Kansas City MO 64106-2808

APPENDIX L

State of Iowa
Department of Human Services
Des Moines

Informational Letter No. 135

DATE December 19, 1996
TO: All Targeted Case Managers
FROM: Division of Medical Services
SUBJECT **Policy Statement on the Issue of Medicaid Targeted Case
Management and Direct Service Provision**

In attempting to clarify policy regarding appropriate activities of targeted case managers The Iowa Department of Human Services conducted a survey and used the input from this survey for administrative meetings and discussions with HCFA. In summary, it was concluded that:

Case Managers are:

- Managers of cases
- Professionals
- to assist the consumer become as independent as possible
- to foster the use of natural supports
- to take an active role in developing resources to enhance consumer's abilities to live independently
- to promote development of needed services

Case Managers are not:

- to deliver services
- to take the role of friends
- to foster dependence

Following are specific areas, which are addressed in more detail.

Transportation: Transportation is not an allowable Targeted Case Management activity. Targeted Case managers are not transportation providers under the Medicaid program. The case manager may assist in finding transportation but is not the direct provider. If an emergency situation occurs, emergency providers need to be utilized, i.e., 911, police, ambulance service etc. Targeted case managers may assist in finding an escort for the individual to be transported.

There are situations, **however, where** accompanying a consumer may be appropriate. This could include a variety of situations where the targeted case manager and consumer are going to the same locations such as where the targeted case manager and the consumer need to have a joint meeting with a service provider. In these situations, it is acceptable for the consumer to accompany the targeted case manager. Each targeted case management provider will need to determine if liability considerations will allow this type of ride sharing.

The rate paid for case management should include the ordinary overhead costs of performing the function, including travel. While nothing would preclude the case manager from traveling to the distant site with the consumer, the purpose of traveling with the client would not be to provide transportation, and therefore no additional payment should be made

Financial/Budgeting: Assistance with financial budgeting is an allowable activity if it is infrequent for example quarterly. This would be to **assess the** consumers financial needs and **determining** what services to arrange for the consumer. This would not include balancing checkbooks, investments, guardians, payees, and not day to day financial assistance. It is acceptable for a targeted case manager to review a consumer's work in order to assess the need for additional financial services such as a financial advisor or conservator.

Housing: Assisting a consumer in obtaining a residence is an allowable targeted case management activity. The **assisting** would be in gaining access to the housing, i.e. assistance with filling out low income housing applications, rental forms, and loan applications and referral to a CSALA or CSP program. **This would not include** searching for an apartment, or moving the individual.

Home Management Skills: Home management skills are not allowable services as these involve direct service and teaching. A targeted case manager may need to visit a consumer's living environment in order to **assess** service needs. The targeted case manager would need to find an individual, agency etc. to link the person to the correct service.

Application for Services: This is an allowable activity for both Medicaid and Non Medicaid funded programs.

Shopping: This is not an allowable activity as this is a direct service.

Employment/Vocation Service: Assisting the consumer with job applications taking to job interviews, and filling out tax forms, are **not** allowable targeted case management services. A job is not a service. The case manager however, may assist in linking the consumer with vocational rehabilitation as they would be helping gain access to employment.

Nutritional Education: This is a direct service and not a targeted case management activity. There are Medicaid providers available to help with this service including clinics, doctors, etc. Talking with the consumer about their overall well being, their goals, assisting in linking to resources are all allowable targeted case management activities.

Pet Care: This is not an allowable targeted case management activity.

Social Skill Development: These areas are not allowable targeted case management activities but are provided by other sources. Clearly a targeted case manager can meet a consumer in the kind of environment conducive to carrying on a discussion but should not provide instruction

Crisis Intervention: Crisis intervention is a direct service. Targeted case managers are not the resource, they are the linkage to providers for this service. A targeted case manager will assist in getting the service for the crisis but not provide the service. If the individual is in the Mental Health Access Plan program, they currently have a crisis intervention service. The targeted case manager may talk through the crisis situation with the consumer and get them linked to the appropriate service.

Problem Solving: Problem solving is an allowable targeted case management activity. This includes assessing the situation, and pulling resources together for the consumer. The targeted case manager must not become involved in providing therapy.

Teaching/Counseling/Family Support: This is a direct service and not an allowable targeted case management activity. The targeted case managers role should be to assess consumer need and then make a referral to other community resources.

Coordination with Other Providers/Treatment Team: The targeted case manager needs to provide all appropriate materials to service providers including case notes, medical information etc. In many situations, the targeted case manager may not need to be at the appointment if all information is submitted in advance to the provider. If it is relevant for the targeted case to attend the staffing this is an allowable activity but this should be on a periodic basis (i.e. no more than quarterly on an annualized basis.)

Physical Care: This is not an allowable targeted case management activity.

Monitoring Medication: Monitoring medication is not an allowable targeted case management activity. This is a direct service. Medication management is a service that is provided by MERIT. Dropping by and checking on the consumer several times a week is a direct service. Resources need to be linked for this service. If an individual is coming from MHI, intensive monitoring, immediately post-hospitalization is acceptable.



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The targeted case manager may have daily contacts at first to assess their needs, and linking them up to services. If the consumer needs continuing phone support, a service resource needs to be provided.

Holding Possessions for a Consumer: This is not an allowable targeted case management activity and is really not a case management issue.

Recognition Activities: This is not an allowable targeted case management activity and should not be done during time being charged to targeted case management.

Advocacy: This is allowable only to the extent of gaining access to needed services but should not involve mediation on the part of the targeted case manager in family or legal problems. Referral should be made to appropriate community resources or necessary resources should be developed by the targeted case manager. Development of the resource should be done in response to a specific need and not as general advocacy. . The general development of services as an activity goes beyond the statutory definition of targeted case management services.

If you have questions regarding this policy, please contact Gary Gesaman at (515) 281-5586

GG:EC:ec

APPENDIX M

We want to hear what you think! We want to know how we are doing. Please take a few moments to rate the Tama County Case Manager. Feel free to write comments anywhere on this form.

Case Manager.....

1. Demonstrates respect for persons with mental disabilities:

poor			average		excellent
1	2	3	4	5	

2. Demonstrates respect for families and friends of persons with mental disabilities:

poor			average		excellent
1	2	3	4	5	

3. Demonstrates knowledge of mental disabilities:

poor			average		excellent
1	2	3	4	5	

4. Is knowledgeable of a variety of interventions and support strategies:

poor			average		excellent
1	2	3	4	5	

5. Works in a cooperative and collaborative manner as a team member:

poor			average		excellent
1	2	3	4	5	

6. Conducts all activities in a professional manner:

poor			average		excellent
1	2	3	4	5	

(Continued on the next page.)



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case manager, please sign your name so that we

Signature

(optional)

APPENDIX N

TAMA COUNTY CASE MANAGEMENT ANNUAL PROGRAM PLAN

Date: December 19, 2007

Planned Frequency of Contact with Advisory Board:

Tama County has an MH/DD Advisory Board. This board meets quarterly. It consists of 4 family members, 2 consumers, and 6 community leaders for a total of 12 members. The office manager of the CPC office posts the agenda on the Tama County Web site before the meetings. She is in charge of taking the minutes, typing them up after the meeting and then sending them out to the members. The minutes are kept in a binder in her office as well.

Planned Frequency of Staff Meetings:

The Tama County Case Management unit meets once per month for a staff meetings. During the staff meetings the staff review upcoming schedules, discuss program issues, review difficult consumer situations, and brainstorm for goals and objectives, review incidents reports received and anything else that comes up that month. The Case Managers will review client caseloads and updates. The Case Management Director will report any legislative updates and other state and county issues that may affect the Case Management Unit. The Case Managers meet informally on a weekly basis with supervisor and director as questions or concerns arise. The Unit meetings are scheduled to be held the third Wednesday of each month. A reminder notice is sent out an average of three days prior to compile agenda items from all staff. After the meeting, the minutes are typed and reviewed within a week. The minutes are filed in a central location with the agenda for easy reference. The Case Management Director also meets with the Tama County Board of Supervisors who acts as the Governing Board for the Case Management program. The Tama County Board of Supervisors must make final approval of the Case Management budget and Annual Reports. The Tama County Board of Supervisors is made aware of the By-Laws, Policies and Procedures, Annual Program Plan, Performance Plan, Governing Board Responsibilities and Advisory Board Responsibilities.

Program's Staff Training Plan

At this time neither of the Case Managers have social work licensure, but are encouraged to pursue their licensure if they so desire. It is also a requirement that the Case Managers have the Mandatory Reporters Training every five years. The Case Management Director and Supervisor are encouraging the Case Managers to start actively participating in the trainings sponsored by County Case Management Services (CCMS). Records of all trainings attended will be documented in the employee's personnel file.

Program's Emergency Plan

Case Managers have work cell phone that they carry during visits so they can be contacted in the event of an emergency. In the event a Case Manager has to be gone for an extended period of time, the Case Management Director, Case Management Supervisor or another Case Manager will fill in. The Case Managers give monthly client updates at the Unit meetings therefore all staff are aware of each others cases if an emergency should arise.

Incidents reports that are sent to the case management unit will be filed and reviewed for patterns or concerns quarterly. They are filed in the Case Management Supervisor's office in a central binder. This is an area to monitor to prevent service problems.

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FIRST QUARTER PROGRESS- COPY SENT TO IDT ON: _____

Signature: _____

SECOND QUARTER PROGRESS- COPY SENT TO IDT ON: _____

Signature: _____

THIRD QUARTER PROGRESS- COPY SENT TO IDT ON: _____

Signature: _____

SPECIFIC, MEASUREABLE, TIME LIMITED OBJECTIVE B: By December 31, 2008 CM Director/Supervisor will review individual client's files 2 months following their annual ICP.			
SERVICE ACTION STEPS:	RESPONSIBLE PERSON/AGENCY	INITIATION DATE	COMPLETION DATE
A new form will be developed to review client files.	CM Supervisor	January 2008	December 2008
CM Director/Supervisor will ask Case Manager for a current list of clients' annual ICP dates.	CM Director/Supervisor	January 2008	December 2008
CM Director/Supervisor will review individual clients' files 2 months following their annual ICP	CM Director/Supervisor	January 2008	December 2008
CM Director/Supervisor will review findings with Case Manager	CM Director/Supervisor /Case Manager	January 2008	December 2008

FIRST QUARTER PROGRESS- COPY SENT TO IDT ON: _____

Signature: _____

SECOND QUARTER PROGRESS- COPY SENT TO IDT ON: _____

Signature: _____

THIRD QUARTER PROGRESS- COPY SENT TO IDT ON: _____

Signature: _____

Ongoing Areas:

- Forms will be updated regularly or as needed
- HIPAA regulations will be followed by all staff.
- Chapter 24 rules will be followed by all staff.
- Incident Reports will be reviewed on an ongoing basis at unit meetings.

DIX O nty Case Management

Summary of Information Checklist

Date: _____

- Release of Information Face Sheet

- Face sheet
- Application for services
- DHS authorization form
- Privacy signature sheet
- Receipt of Brochure Form
- Prior Authorization Application
- Prior Authorization Approval

- Progress Notes

- Current Annual Review
- Current ICP
- (CDAC Provider Agreement)
- Quarterlies

- Provider Reports
- (IME Application for CDAC)

- Medication sheet

- Other Evaluations

- Releases

- Correspondence

- Social History

- Guardian/Legal
- Rights & Responsibilities

- Eligibility

- HCBS

- NOD\$



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APPENDIX P

Emergency mental health services are available 24 hours by contacting 641-5234 or dialing 911 in case of an emergency.

VISION

All individuals participate and contribute while enhancing quality of life.

MISSION STATEMENT

To enable Tama County residents who are disabled to achieve a quality of life they desire by identifying consumer goals through a person-centered approach, and funding services/supports to help meet their goals.

ELIGIBILITY

Tama County Services
211 W. State
Toledo, IA 52324
Phone: 641-484-4444

Mental Health Services
1309 Broadway
PO Box 7
Toledo, IA 52324
Phone: 641-484-4444
Phone: After Hours: 641-484-4444

Tama County Community Center
211 W. State St.
Toledo, IA 52324
Phone: 641-484-4444

For all services:
Persons who are legally settled residents of Tama County and are United States Citizens
Household income at or below 150% of poverty level for full funding, sliding fee scale for above
Resources at or below established amounts for size of household

And for specific or individualized services:
Persons presenting need to the Mental Health Clinic of Tama County
Persons with primary diagnosis of mental illness, mental retardation, or developmental disability
Demonstrated functional limitations in areas of life activities

SERVICES FUNDED

Mental Health

Services provided through county designated Mental Health Clinic or licensed providers
Involuntary mental health commitments at designated hospitals
Structured residential and vocational supports for persons with severe and persistent mental illness
Community support services and supported employment for persons with severe and persistent mental illness
Case management services for persons with severe and persistent mental illness
Services provided through the Mental Health Clinic of Tama County

Mental Retardation / Developmental Disabilities

Structured residential and vocational supports
Supports for living and working in the community
Transportation to training
Respite
Case Management

Co-payments

Applicants for county funding may be asked to pay for a portion of the service costs. The amount is determined according to income and family size on a sliding fee scale.

Persons requesting services from the Mental Health Clinic of Tama County will have any fees that may be required established according to that agency's sliding fee scale.

APPENDIX Q TAMA COUNTY NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of that protected health information, "medical information." This notice also will tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

How We May Use and Disclose Medical Information About You

We use and disclose medical information about you for a number of different purposes. Each of those purposes is described below.

1. For Treatment.

We may use medical information about you to provide, coordinate or manage your health care and related services by both us and other health care providers. We may disclose medical information about you to doctors, nurses, hospitals and other health facilities who become involved in your care. We may consult with other health care providers concerning you and as part of the consultation share your medical information with them. Similarly, we may refer you to another health care provider and as part of the referral share medical information about you with that provider. For example, we may conclude you need to receive services from a physician with a particular speciality. When we refer you to that physician, we also will contact that physician's office and provide medical information about you to them so they have information they need to provide services for you.

2. For Payment.

We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third party payor. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive to obtain determine if you are covered by that insurance or program.

3. For Health Care Operations.

We may use and disclose medical information about you for our own health care operations. These are necessary for us to operate TAMA COUNTY and to maintain quality health care for our patients. For example, we may use medical information about you to review the services we provide and the performance of our employees in caring for you. We may disclose medical information about you to train our staff and students working in TAMA COUNTY. We also may use the information to study ways to more efficiently manage our organization.

4. How We Will Contact You.

Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your office. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, see "Right to Receive Confidential Communications" on page 4 of this Notice.

information about you to contact you to remind you of an appointment you have with us.

6. Treatment Alternatives.

We may use and disclose medical information about you to contact you about treatment alternatives that may be of interest to you.

7. Health Related Benefits and Services.

We may use and disclose medical information about you to contact you about health-related benefits and services that may be of interest to you.

8. Individuals Involved in Your Care.

We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment related to your care. We also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want use to disclose medical information about you to, please notify the Chairperson of the TAMA COUNTY Privacy Board or tell our staff member who is providing care to you.

9. Disaster Relief.

We may use or disclose medical information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

10. Required by Law.

We may use or disclose medical information about you when we are required to do so by law.

11. Public Health Activities.

We may disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. Or, one that is authorized to receive reports of child abuse and neglect.

12. Victims of Abuse, Neglect or Domestic Violence.

We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

13. Emergencies.

We may use or disclose your protected health information in an emergency treatment situation. If this happens, we shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If we have attempted to obtain your consent but are unable to obtain your consent, we may still use or disclose your protected health information to treat you.

14. Communication Barriers

We may use and disclose your protected health information if we attempt to obtain consent from you but are unable to do so due to substantial communication barriers and we determine, using professional judgment, that you intend to use or disclosure under the circumstances.

15. Health Oversight Activities.

We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types

ate oversight of the health care system, government benefit
us government regulations.

16. Judicial and Administrative Proceedings.

We may disclose medical information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose medical information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

17. Disclosures for Law Enforcement Purposes.

We may disclose medical information about you to a law enforcement official for law enforcement purposes:

- a. As required by law.
- b. In response to a court, grand jury or administrative order, warrant or subpoena.
- c. To identify or locate a suspect, fugitive, material witness or missing person.
- d. About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.
- e. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
- f. About crimes that occur at our facility.
- g. To report a crime in emergency circumstances.

18. Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

19. Coroners and Medical Examiners.

We may disclose medical information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

20. Funeral Directors.

We may disclose medical information about you to funeral directors as necessary for them to carry out their duties.

21. Organ, Eye or Tissue Donation.

To facilitate organ, eye or tissue donation and transplantation, we may disclose medical information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

22. Research.

Under certain circumstances, we may use or disclose medical information about you for research. Before we disclose medical information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your medical information. We may, however, disclose medical information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no medical information will leave TAMA COUNTY during that person's review of the information.

23. To Avert Serious Threat to Health or Safety.

We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

ces, we may use and disclose medical information about you for (1) appropriate military command authorities to assure the proper execution of the military mission, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, (3) to foreign military personnel to the appropriate foreign military authority for the same purposes.

25. National Security and Intelligence.

We may disclose medical information about you to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.

26. Protective Services for the President.

We may disclose medical information about you to authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of state.

27. Security Clearances.

We may use medical information about you to make medical suitability determinations and may disclose the results to officials in the United States Department of State for purposes of a required security clearance or service abroad.

28. Inmates; Persons in Custody.

We may disclose medical information about you to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: (a) to provide health care to you; (b) for the health and safety of others; or, (c) the safety, security and good order of the correctional institution.

29. Workers Compensation.

We may disclose medical information about you to the extent necessary to comply with workers compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

30. Other Uses and Disclosures.

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying the Chairperson of the TAMA COUNTY Privacy Board, 211 W. State St., Toledo, Iowa, 52342 in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any affect on actions taken by us in reliance on it.

Your Rights With Respect to Medical Information About You

You have the following rights with respect to medical information that we maintain about you.

1. Right to Request Restrictions.

You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) for to public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister.

To request a restriction, you may do so at the time you complete your consent form or at any time after that time. If you request a restriction after that time, you should do so in writing to the Chairperson of the TAMA COUNTY Privacy Board, 211 W. State St., Toledo, Iowa, 52342 and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

Communications.

communicate medical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must do so in writing to the Chairperson of the TAMA COUNTY Privacy Board, 211 W. State St., Toledo, Iowa, 52342. Your request must state how or where you can be contacted. We will accommodate your request. However, we may, when appropriate, require information from you concerning how payment will be handled.

3. Right to Inspect and Copy.

With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of medical information about you.

To inspect or copy medical information about you, you must submit your request in writing to the Chairperson of the TAMA COUNTY Privacy Board, 211 W. State St., Toledo, Iowa, 52342. Your request should state specifically what medical information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

We may deny your request to inspect and copy medical information if the medical information involved is:

- a. Psychotherapy notes;
- b. Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding;

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designed by us who was not directly involved in the denial. We will comply with the outcome of that review.

4. Right to Amend.

You have the right to ask us to amend medical information about you. You have this right for so long as the medical information is maintained by us.

To request an amendment, you must submit your request in writing to the Chairperson of the TAMA COUNTY Privacy Board, 211 W. State St., Toledo, Iowa, 52342. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment.

We may deny your request to amend medical information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

- a. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- b. Is not part of the medical information maintained by us;
- c. Would not be available for you to inspect or copy; or,
- d. Is accurate and complete.

of you of the basis for the denial. You will have the right to submit a statement of disagreement. Your statement may not exceed 2 pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved. You also will have the right to complain about our denial of your request.

5. Right to an Accounting of Disclosures.

You have the right to receive an accounting of disclosures of medical information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003.

Certain types of disclosures are not included in such an accounting:

- a. Disclosures to carry out treatment, payment and health care operations;
- b. Disclosures of your medical information made to you;
- c. Disclosures for our facility directory;
- d. Disclosures for national security or intelligence purposes;
- e. Disclosures to correctional institutions or law enforcement officials;
- f. Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures may be suspended for disclosures to a health oversight agency or law enforcement official.

To request an accounting of disclosures, you must submit your request in writing to the Chairperson of the TAMA COUNTY Privacy Board, 211 W. State St., Toledo, Iowa, 52342. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There will be a service charge for providing copies of medical records and list of disclosures. Fees are determined on the number of copies requested and the time it takes Tama County Employees to obtain, access and copy these documents. We will notify you of the cost involved and give you an opportunity to withdraw or modify your request as you desire.

6. Right to Copy of this Notice.

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy even though you agreed to receive the notice electronically. You may request a copy of our Notice of Privacy Practices at any time.

You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site, www.tamacounty.org or at the Tama County Auditor's Office. To obtain a paper copy of this notice contact the Chairperson of the TAMA COUNTY Privacy Board, 211 W. State St., Toledo, Iowa, 52342.

Our Duties

1. Generally.



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to protect the privacy of medical information about you and to provide individuals with privacy practices with respect to medical information. We are required to have Privacy Practices in effect at the time.

2. Our Right to Change Notice of Privacy Practices.

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice.

3. Availability of Notice of Privacy Practices.

A copy of our current Notice of Privacy Practices will be posted in each TAMA COUNTY Department affected by these regulations. A copy of the current notice also will be posted on our web site, www.tamacounty.org.

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting to the Chairperson of the TAMA COUNTY Privacy Board, 211 W. State St., Toledo, Iowa, 52342.

4. Effective Date of Notice.

The effective date of the notice will be stated on the first page of the notice.

5. Complaints.

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. To file a complaint with us contact the Chairperson of the TAMA COUNTY Privacy Board, 211 W. State St., Toledo, Iowa, 52342. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. You will not be retaliated against for filing a complaint.

6. Questions and Information.

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact the Chairperson of the TAMA COUNTY Privacy Board, 211 W. State St., Toledo, Iowa, 52342.

APPENDIX R County Satisfaction Survey Provider/Family/Guardian Edition

In order for us to get the most benefit from this survey we need to know if you are completing this survey as a P=Provider, F=family member or G=guardian. Please mark the appropriate designation here ().

NOTE: Please place the number, that best describes your feeling, in the () at the end of each statement. Thanks in advance for your help and input.

5=outstanding, exceeds expectations 4=very good 3= average 2=needs improvement 1=needs much improvement
NA= not applicable to my situation.

1. The Tama County Case Manager communicates in a concise manner. ()
2. The Tama County Case Manager communicates in a timely manner. ()
3. The Tama County Case Manager adequately advocates for his/her consumer. ()
4. The Tama County Case Manager has an adequate working knowledge of the consumer(s) they represent. ()
5. The Tama County Case Manager is responsive to contacts. ()
6. The Tama County Case Manager attends all staff meetings for consumers they represent. ()
7. The Tama County Case Manager performs periodic checks to monitor consumer programming. ()
8. The Tama County Case Manager performs follow-up on a regular basis for all consumers they serve ().
9. The Tama County Case Manager represents the Agency in a positive manner. ()
10. The Tama County Case Manager provides leadership, when appropriate, to each consumers team meeting. ()

ADDITIONAL QUESTIONS:

1. What other services would you like to see Tama County Case Managers provide?

CONSUMERS EDITION:

1. Does your case manager listen to you? ()
2. Does your case manager meet with you on a regular basis? ()
3. Does your case manager tell you about possible changes in your situation? ()
4. Is your case manager helpful? ()
5. Are you happy with your case manager? ()



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APPENDIX S

Receipt of Brochure form

I, _____ have received and discussed the guiding principles, vision statement, mission statement, general description and eligibility criteria from the Tama County Case Management Brochure from my case manager.

Signature(consumer/parent/guardian)

Date

Appendix T MIND Advisory Board

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.

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.



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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.

APPENDIX U

JOB DESCRIPTION

TITLE: Case Manager

GENERAL DESCRIPTION: Coordinates the intake and eligibility process; facilitates the development of the Individual Comprehensive Plan; assists the consumer in obtaining services; monitors services in relation to appropriateness; crisis intervention, mediates conflicts related to consumer services; maintains master consumer records, correspondence and all other required consumer data and advocates for consumers.

ESSENTIAL FUNCTIONS: Requires constant eye contact. Involves use of fingers, hands, arms feet and legs to carry and manipulate materials, equipment, and computer software, entering data into the computer using a keyboard. Must be able to see objects at a depth of 20 inches or less. Requires driving a vehicle.

SPECIFIC DUTIES:

1. To process requests for services by obtaining necessary assessments, conducting intakes, completing social histories, and determining consumers eligible for services.
2. To facilitate the Interdisciplinary Team in developing the Individual Comprehensive Plan.
3. To advocate and/or assist consumers in receiving services which were identified in the planning process.
4. To assist consumers, their families and guardians in maximizing their abilities for self-direction, by enabling them and empowering them to the greatest extent possible.
5. To coordinate the implementation and monitoring of the plans.
6. To mediate conflicts between providers, parents, consumers, and/or the agency relative to the identified needs of the consumer.
7. To complete required written reports and paper work.
8. To initiate and complete the termination and transfer of an individual when services are no longer required or desired.
9. To assist in coordinating community resources identified for the consumer, family members and/or providers.



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development opportunities.

REPORTS TO: Case Management Director

EDUCATION: Bachelor's degree from an accredited college or university with a major or as least 30 semester hours or its equivalent in the behavioral sciences, education, health care, human service administration or the social sciences; or have an Iowa license to practice as a registered nurse.

EXPERIENCE: Nurses must have three years of experience in the delivery of nursing or human services to the population group; others must have a minimum of 1 year of experience in the delivery of human services, specific to the needs and abilities of the populations being served.

TRAINING:

Upon initial hiring the case management supervisor shall provide all staff with an orientation program which addresses all of the items indicated on the form titled %Initial Orientation+.

The dates of training will be indicated on the form and the form signed and dated within 45 days of hire. The Form will be maintained in the employee's file.

All volunteers and student interns shall complete an orientation program which addresses safety procedures, roles, responsibilities, limitations and provider procedures which are applicable to their responsibilities.

The case management supervisor shall provide training regarding confidentiality to all staff, volunteers and interns who have access to consumer records or information.

The case management supervisor shall provide staff with opportunities for continued in-service training which is based on identified provider service needs and individual educational needs.

The case management supervisor shall provide staff the opportunity to participate in training activities, along with other in service opportunities.

A copy of the training agenda shall be placed in the case manager's personnel file.

evances shall be dealt with in accordance with the procedures. These procedures address the cause for discharge, suspension, demotion, grievances and who has the final authority in such matters.

Case Manager: Job Description

Case Managers shall meet one of the following minimum requirements:

Have a bachelors degree from an accredited college or university with a major or at least 30 semester hours or its equivalent in the behavioral sciences, education, health care, human service administration or the social sciences and one year of experience in the delivery or coordination of human services with the education and experience being specific to the needs and abilities of each of the populations being served by the case manager.

Have a Iowa license to practice as a registered nurse with three years of experience in the delivery of nursing or human services to each of the population groups being served by the Case Manager.

Each consumer receiving case management services shall have a case manager assigned.

The case manager to consumer ratio shall never exceed one full-time equivalent staff person for each 40 consumers.

The governing body shall be informed of the need for an additional case manager at any point that the case manager's caseload reaches the level of 35 consumers.

The ration shall be based on current filled positions, which are positions that have not been vacant for more than 45 calendar days.

All case management staff shall provide services and make decisions based on what is in the best interest of the consumer (see Conflict of Interest procedure).

The Board is an equal opportunity and affirmative action employer (see County personnel policy).



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rdination

Reports to: CPC Administrator

Department: Tama County Central Point of Coordination

FLSA Status: Not Exempt

Date: 6/30/2003

POSITION SUMMARY

Under the general direction of the Central Point of Coordination Administrator, the CPC Office Manager assists in monitoring Mental Health/Mental Retardation/ Developmental Disabilities, Substance Abuse, Employment Options services for the county, serve as the Department representative on the HIPAA Executive Committee, has responsibility for the Department Computer Network and performs accounting tasks related to monitoring, reconciliation and develops required State and Federal financial reports.

ESSENTIAL JOB DUTIES

- ❑ Determine initial and continuing client eligibility, maintain records for accountability and make appropriate referrals so assistance is provided according to program policies and procedures and clients are aware of the broadest array of services available to them.
- ❑ Be responsible for accounts receivable, electronic billings and analyzing accounts.
- ❑ Be primary contact for ISIS.
- ❑ Prepares budget and makes recommendations for future financial projections.
- ❑ Responsible for required financial reports and Cost reports/
- ❑ Serves as contact for the CRISS Board.
- ❑ Coordinate and attend MH/MR/DD advisory committee meetings.
- ❑ Determine Legal Settlement and review all bills to ensure services were pre-authorized for each client and are at appropriate level, units, cost of service, and reflect the correct chart of account number.
- ❑ Assess resources available to assure that the client has received all available funding other than the County funds.
- ❑ Assist in utilization management.
- ❑ Assist consumers, their families and guardians in maximizing their abilities for self-direction by empowering them to the greatest extent possible.
- ❑ Maintain professional relationships with department personnel, county personnel, consumers, families, service providers and the court system.
- ❑ Prepare and process claims for payment and forward bills to the proper county of legal settlement, or to clients or payee/conservator as appropriate.
- ❑ Prepare reports for CPC Administrator.
- ❑ Participate in public education.
- ❑ Assist with contract monitoring for all agencies providing county funded Mental Health, Substance Abuse and Brain Injury consumer services.
- ❑ Monitors collection of Mental Health/Substance Abuse/Employment Options reimbursement and revenues to the County.

by requiring the necessary assessments, intake, and consent and eligibility for services. Verifications and documentation are evaluated according to established county guidelines.

- ❑ Monitors and balance Mental Health, Substance Abuse and Employment Options budgets.
- ❑ Participate and assist in the committal process.
- ❑ Reconciliation of all departmental budgets monthly and annually.

Note: Position will evolve as the Central Point of Coordination process develops and with changing legislation.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED

The individual must possess the following knowledge, skills and abilities or, if special accommodations are being requested, be able to explain and demonstrate that the individual can safely perform the essential functions of the job, with reasonable accommodation, using some other combination of skill and abilities.

- ❑ Knowledge of principles and methods of human service programs and their delivery methods.
- ❑ Ability to communicate effectively, orally and in writing.
- ❑ Ability to prepare detailed reports, maintain files and records and meet deadlines.
- ❑ Knowledge of general bookkeeping and accounting procedures.
- ❑ Knowledge of Microsoft Office and PC based systems.
- ❑ Ability to retrieve, access and interpret technical sources of information, including local, state and federal legal codes and regulations.
- ❑ Ability to coordinate multiple programs at the same time and to meet deadlines.
- ❑ Ability to establish effective working relationships with employees, board members, public officials, the public and persons with mental illness, mental retardation, and developmental disabilities.
- ❑ Ability to operate standard office equipment such as computer, typewriter, telephone, fax and copier.

ENTRY REQUIREMENTS

Education/Training:

High School Diploma, or equivalent

Work Experience:

Prefer one-year experience in business or administrative assistant.

Required licenses, registrations and certifications:

Valid Iowa Drivers License

Motor vehicle and the ability to daily travel.

Required post-offer physical examinations:

None



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Residency requirement:
County residency preferred

WORK ENVIRONMENT

Work is performed in an office setting, but the employee will be expected to commute to meetings and visits with consumers. Work may involve the need for above a forty-hour week with compensation.

-
- ❑ Marginal functions of the position that are incidental to the performance of essential job duties have been excluded from this job description.
 - ❑ All requirements are subject to possible modification to reasonably accommodate qualified individuals/employee(s) with disabilities. Prospective employee(s) and incumbents are encouraged to discuss possible accommodations with the county.
 - ❑ Job descriptions in no way state or imply that the description includes every duty to be performed by the employee in the position. Employees will be required to follow any other job-related instructions and to perform any other job-related duties requested by the CPC Administrator.
 - ❑ The county reserves the right to change, reassign job duties or combine positions within the county office at anytime.

EMPLOYEE POSITION ACCEPTANCE

I have thoroughly discussed the education, work experience and special requirements related to this position with the Director/CPC Administrator and fully understand what is required in this position. I hereby accept this position and agree to perform the tasks required.

Employee

Date



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MINIMUM PHYSICAL AND MENTAL ABILITIES REQUIRED TO PERFORM ESSENTIAL FUNCTIONS

Graduation from high school or GED equivalency, experience involving data entry/computer operation and typing skills.

MINIMUM PHYSICAL AND MENTAL ABILITIES REQUIRED TO PERFORM ESSENTIAL FUNCTIONS

Physical Requirements

Requires constant eye contact. Involves use of fingers, hands, arms, feet and legs to carry and manipulate office materials, office equipment, and entering financial and related data into the computer using a keyboard. Must be able to see objects at the depth of 20 inches or less. Job involves reaching (horizontal and vertical) to obtain various books, printouts and file boxes, computer paper, etc., as well as lifting (approximately 20 lbs.).

Cognitive Demands

Capacity to copy, post, and file data; to proofread words and numbers for accuracy; to calculate either by hand or keyboard; to gather, compare, and prepare important information regarding data, people and things; to distinguish the readily observable characteristics of data and things. Considerable knowledge of the English language to include grammar, sentence structure, spelling, punctuation, and pronunciation; knowledge of basic office practices of business forms and format, the maintenance of complex records and the use of guides and reference materials; knowledge of business arithmetic; addition, subtraction, multiplication, division, including fractions and percentages; knowledge of basic public relation techniques; ability to perform complex secretarial tasks and make decisions requiring interpretation and judgment; ability to plan and organize work flow; ability to follow oral and written instructions accurately and efficiently. Well organized, memory for details, and ability to work independently.

Language, Ability & Interpersonal Communication

Ability to hear and speak the English language clearly and distinctly, whether in person or by telephone, is required. Requires basic human relations skills in dealing with the public and County Officials; requires cooperation and team work with co-workers and county officials in carrying out prescribed duties in the office and between departments.

Environmental Adaptability

Work is performed in a modern office environment. Training meetings may be held during each calendar month at various cities in the State of Iowa. Headaches, eyestrain, carpal tunnel, tennis elbow and related occupational hazards associated with paperwork, office machines, and accounting oriented work would reflect the most common injury. Normally not exposed to occupational hazards that would cause bodily injury.

Employee

Date

rdination Coordinator

Reports to: Director/ CPC Administrator

Department: Tama County Central Point
of Coordination

FLSA Status: Not Exempt

Date: 1/7/2003

POSITION SUMMARY

Under the general direction of the Central Point of Coordination Administrator, the CPC Coordinator assists in monitoring Mental Health/Mental Retardation/ Developmental Disabilities, Substance Abuse, Employment Options services for the county and serve as the Department representative on the HIPAA Executive Committee.

ESSENTIAL JOB DUTIES

- ❑ Determine initial and continuing client eligibility, maintain records for accountability and make appropriate referrals so assistance is provided according to program policies and procedures and clients are aware of the broadest array of services available to them.
- ❑ Be responsible for receiving and recording all forms of payment of reimbursements.
- ❑ Coordinate and attend MH/MR/DD advisory committee meetings.
- ❑ Determine Legal Settlement and review all bills to ensure services were pre-authorized for each client and are at appropriate level, units, cost of service, and reflect the correct chart of account number.
- ❑ Assess resources available to assure that the client has received all available funding other than the County funds.
- ❑ Assist in utilization management.
- ❑ Assist consumers, their families and guardians in maximizing their abilities for self-direction by empowering them to the greatest extent possible.
- ❑ Maintain professional relationships with department personnel, county personnel, consumers, families, service providers and the court system.
- ❑ Prepare and process claims for payment and forward bills to the proper county of legal settlement, or to clients or payee/conservator as appropriate.
- ❑ Prepare reports for CPC Administrator.
- ❑ Participate in public education.
- ❑ Assist with contract monitoring for all agencies providing county funded Mental Health, Substance Abuse and Brain Injury consumer services.
- ❑ Monitors collection of Mental Health/Brain Injury reimbursement and revenues to the County.
- ❑ Process requests for services by requiring the necessary assessments, intake, and determination of legal settlement and eligibility for services. Verifications and documentation are evaluated according to established county guidelines.
- ❑ Monitors and balance MH/SA/EO budgets.
- ❑ Participate and assist in the committal process.
- ❑ Recoup substance abuse funds, when appropriate, from clients.
- ❑ Reconciliation of all departmental budgets monthly and annually.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED

The individual must possess the following knowledge, skills and abilities or, if special accommodations are being requested, be able to explain and demonstrate that the individual can safely perform the essential functions of the job, with reasonable accommodation, using some other combination of skill and abilities.

- ❑ Knowledge of principles and methods of human service programs and their delivery methods.
- ❑ Ability to communicate effectively, orally and in writing.
- ❑ Ability to prepare detailed reports, maintain files and records and meet deadlines.
- ❑ Knowledge of general bookkeeping and accounting procedures.
- ❑ Knowledge of Microsoft Office and PC based systems.
- ❑ Ability to retrieve, access and interpret technical sources of information, including local, state and federal legal codes and regulations.
- ❑ Ability to coordinate multiple programs at the same time and to meet deadlines.
- ❑ Ability to establish effective working relationships with employees, board members, public officials, the public and persons with mental illness, mental retardation, and developmental disabilities.
- ❑ Ability to operate standard office equipment such as computer, typewriter, telephone, fax and copier.

ENTRY REQUIREMENTS

Education/Training:

High School Diploma, or equivalent

Work Experience:

Prefer one-year experience in business or administrative assistant.

Required licenses, registrations and certifications:

Valid Iowa Drivers License

Motor vehicle and the ability to daily travel.

Required post-offer physical examinations:

None

Required drug testing:

None

Residency requirement:

County residency preferred



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), but the employee will be expected to commute to meetings and visits with consumers. Work may involve the need for above a forty-hour week with compensation.

-
- ❑ Marginal functions of the position that are incidental to the performance of essential job duties have been excluded from this job description.
 - ❑ All requirements are subject to possible modification to reasonably accommodate qualified individuals/employee(s) with disabilities. Prospective employee(s) and incumbents are encouraged to discuss possible accommodations with the county.
 - ❑ Job descriptions in no way state or imply that the description includes every duty to be performed by the employee in the position. Employees will be required to follow any other job-related instructions and to perform any other job-related duties requested by the CPC Administrator.
 - ❑ The county reserves the right to change, reassign job duties or combine positions within the county office at anytime.

EMPLOYEE POSITION ACCEPTANCE

I have thoroughly discussed the education, work experience and special requirements related to this position with the Director/CPC Administrator and fully understand what is required in this position. I hereby accept this position and agree to perform the tasks required.

Employee

Date

Management Supervisor

Responsibilities: Coordinates referral, intake, eligibility, monitoring, assessment and evaluation of consumer needs/services. Responsible for training and providing clinical supervision to case managers.

Specific Responsibilities:

1. To clinically supervise and assist with evaluating all agency case managers, identify training needs, and coordinate training for staff.
2. To accept referrals, complete intakes, determine eligibility for case management, assess consumer's needs and desires, and assign case manager as appropriate.
3. To attend school IEP staffings and other consumer staffings to assess needs and desires of the individual and evaluate need for case management services.
4. To assist in preparing reports, gathering data and information relative to case management activities for presentation to the Board of Supervisors, the Advisory Board, funding sources, service providers, and the public, as assigned.
5. To review case files to assure they meet current standard requirements.
6. To develop and implement continuous quality improvement strategies for the Case Management Program.
7. To provide emergency back-up coverage in the absence of the assigned case manager.
8. To participate on local and statewide committees dealing with case management and or related consumer services.
9. To participate in professional development opportunities.
10. To provide direct Case Management services.
11. To coordinate and monitor unit team meetings, through the development of team goals and the progress on those goals.
12. To complete other duties as assigned by the Case Management Director.

REPORTS TO: Case Management Director

EDUCATION: Bachelors degree from an accredited college or university with a major or at least



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is equivalent in the behavioral sciences, education,
service administration, or the social sciences; or have an
Iowa license to practice as a registered nurse.

EXPERIENCE: Nurses must have three years of experience in the delivery of nursing
or human

services to each of the population groups being served; others must have a
minimum of 1 year of experience in the delivery of human services, specific
to the needs and abilities of each of the population groups being served.

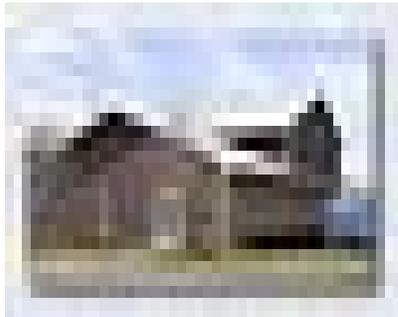
Employee's Signature

Date

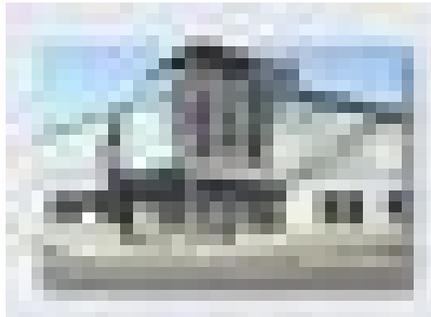
Department Head

Date

Application for Tama County Employment



Secondary Road Department Office
1002 E. 5th Street, Tama 52339



Tama County Administration Building
104 W. State Street, Toledo 52342



Sheriff's Office and Jail
100 N. Main Street, Toledo



2283 Park Road, Toledo



Courthouse, 100 W. High St., Toledo



129 W. High Street, Toledo

Completing this application is your first step toward joining a dynamic workforce dedicated to public service.

In order to present the strongest, most accurate record of your qualifications and skills, please read this packet and



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the
job announcement carefully prior to preparing your application.

Mail to:

Deliver to:

Instructions for Completing Application

1) Before Applying

Obtain a copy of the job announcement for the job you are interested in applying for. Job announcements are available at the department posting the job and/or on the Tama County website at www.tamacounty.org under Job Information. Check with the department for complete copies.

Compare your education, experience and physical ability with the requirements listed on the job announcement. If you meet the requirements, proceed with the application process. The job announcement will also contain relevant information about duties, special conditions, where jobs are located, physical requirements, your experience with equipment and machinery, and the application closing date. Please indicate whether or not you can perform the essential functions of the job.

- **Non-USA Citizens: Resident Aliens & Non-Resident Aliens:** You must provide the proper documents as proof of your legal right to work in the USA with this job application.
- **Equal Opportunity Employer**
Tama County is an equal opportunity employer.

The Equal Opportunity Employment survey in this

2) Application Tips

- ✓ Type or print clearly in ink.
- ✓ Provide *all* requested information.
- ✓ Emphasize your experience and education that relates directly to the requirements on the job announcement. Summarize other experience.
- ✓ Start with your most recent experience and work backward.
- ✓ List experience with equipment and machinery pertaining to the job you are applying for.
- ✓ Submit application (with all requested information) before the close of business on the closing date. Check with the department for acceptable times.
- ✓ Submit a separate application for each job announcement unless otherwise instructed.
- ✓ Legible photocopies may be submitted for other positions but must contain an *original* signature and current date.
- ✓ Make sure that you submit your application to the appropriate County department noted on the job announcement.
- ✓ Your application is subject to

3) Now What?

The Department you applied to will notify you of your application's status as soon as possible after the closing date. Please allow time for the necessary verification of your qualifications.

- **Testing**
If you've met the requirements and a written exam is required, you will receive an exam schedule notice with further instructions.
- **Exam Assistance**
Assistance will be provided to persons of disability whose conditions would interfere with taking an exam.
- **Pre-employment Physical**
If you are offered employment the department may request a physical from your doctor prior to your first day of work. You must take a copy of the job description to your doctor in order for him/her to evaluate your ability to physically perform the essential work described.
- **Driving Record**
Your authorization to allow the County to receive a report of your driving record will also allow the County to continue monitoring your driving record if you are employed. To receive mileage reimbursement for using your



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government agencies conducting research.

Your help in completing the survey is appreciated.

public review unless you request that it remain confidential.

personal vehicle on County business, you must have a good driving record.

Application for Employment TAMA COUNTY, IOWA

Part 1. GENERAL INFORMATION (Your application is subject to public review unless you request that it remain confidential)

Is there any reason you would <u>not</u> be able to perform the essential functions of			<input type="checkbox"/> YES	<input type="checkbox"/> NO If you answered YES, please
POSITION APPLIED FOR: (Job title)			COUNTY DEPARTMENT	
NAME (Last, First, and Middle Initial)			SOCIAL SECURITY NO. (Used for processing - Optional)	
MAILING ADDRESS (Include apartment number, if any)			HOME TELEPHONE	
CITY	STATE	ZIP	WORK (or message) TELEPHONE	

Employment Preferences:

- Are you able to travel to meetings and training sessions as part of this YES NO
- Check types of employment you will accept:

SHIFT		SCHEDULE				DEPARTMENT
DAY TIME		FULL-TIME	TEMPORARY			
OTHER	(SPECIFY)	PART-TIME	SEASONAL	INTERMITTENT (On-Call)		

Part 2. BACKGROUND INFORMATION

<ul style="list-style-type: none"> You must complete the following driver's license information and/or other special licenses or certificates necessary for the position: 			Resident Aliens & Non-Resident Aliens: You must provide proof of your legal right to work in the USA.		
License Type	License Number	Expiration Date	Have you been convicted of a felony within the past ten (10) years that might unfavorably affect your fitness for this job?		
Driver's License or CDL			<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER: (attach copies)			<i>(Answering yes will not automatically bar you from employment).</i>		
1. Have you had 3 or more traffic violations in past 3 years?*		YES		NO*	
2. Has your driver license ever been suspended or revoked?		YES		NO	
*You must answer NO (Question 1 above) to be eligible to drive a county vehicle or use your vehicle on county business, or receive mileage					
If you answered YES to any question in Part 2, please explain. (Attach additional sheets if necessary)					

Part 3. MOTOR VEHICLE RECORDS RELEASE (Statement of Authorization)



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Motor vehicle reports may be obtained as part of Tama County's evaluation only for my job. This information will be procured by Tama County or its insurance company representative(s), and may include information from police departments, my driving record, or an assessment of my insurability for the County's insurance program. By signing this statement, I hereby provide my authorization for Tama County or their insurance company representative(s) to procure such information and reports, from time-to-time as deemed appropriate, to evaluate my insurability.

Your Signature for Authorization here™™

Part 4. EDUCATION AND TRAINING (Review of Education)

Have you graduated from high school or passed the GED? YES NO

List college, business school, military training, and other relevant education below:
 (You may attach your resume to substitute for Part 4. You may attach additional sheets to Part 4, if necessary)

School Name and Location	Month and Year Attended	Credits Earned			Major	Type of Degree Awarded	Year Received
		Quarter	Semester	Other			
1	From						
	To						
2	From						
	To						
3	From						
	To						

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view of Experience)

and experience. Include equipment and/or machinery operation pertaining to

this job.

(You may attach your resume to substitute for Part 5. You may attach additional sheets to Part 5, if necessary)

1. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From /To		Total Months	Average Hours /Per Week
Immediate Supervisor's Name		Reason for Leaving		Volunteer 4	Number of Employees Supervised
Specific Duties/Machinery Operation:				Can Tama County contact this employer?	YES NO
2. Previous Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From /To		Total Months	Average Hours /Per Week
Immediate Supervisor's Name		Reason for Leaving		Volunteer 4	Number of Employees Supervised
Specific Duties/Machinery Operation:				Can Tama County contact this employer?	YES NO
3. Previous Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From /To		Total Months	Average Hours /Per Week
Immediate Supervisor's Name		Reason for Leaving		Volunteer 4	Number of Employees Supervised
Specific Duties/Machinery Operation:				Can Tama County contact this employer?	YES NO

Part 6. SKILLS, KNOWLEDGE, & ABILITIES

LIST YOUR SKILLS, KNOWLEDGE, AND ABILITIES SUCH AS OFFICE SKILLS & EQUIPMENT, COMPUTERS, SOFTWARE, MACHINERY, HEAVY EQUIPMENT:

Part 7. VETERAN'S INFORMATION

If you are a Veteran of the U.S. Armed Forces, do you want to be considered for Veteran's preference?

Note: To qualify for and receive veteran's preference, attach a copy of your discharge form (DD214) with this job application.

Part 8. DATE AND SIGNATURE (To affirm the information on this application is true)

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TO BE COMPLETE, YOU MUST SIGN AND DATE THIS APPLICATION.

and statements are true and complete to the best of my knowledge. I understand that the County may verify information and may contact current or previous employers named in this application, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from consideration or dismissal if employed. I understand that a poor driving record may prohibit my driving a county vehicle and restrict mileage reimbursement for county business in my personal vehicle.

TM TM TM TM

Date (Month/Day/Year)

Signature

EQUAL EMPLOYMENT OPPORTUNITY Survey Form

To ensure equal employment opportunity, we ask your voluntary cooperation in responding to the questions below. This information will be treated as confidential, and will be available only to authorized personnel.

Name (Last, First, Middle Initial)	Job Announcement Position/Department	Date of Birth	Social Security Number (Optional)
------------------------------------	--------------------------------------	---------------	-----------------------------------

1. What race(s) or culture(s) do you consider yourself? (check)

<input type="checkbox"/> Black/African-American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian or Pacific Islander (API) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> American Indian (Please identify name of the enrolled or principal tribe below) <input type="checkbox"/> Eskimo <input type="checkbox"/> Hispanic <input type="checkbox"/> Mexican, Mexican - American <input type="checkbox"/> Chicano <input type="checkbox"/> Other Race or Multi-Racial preference (specify): 	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Other API, specify: <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Spanish, specify:
--	--

2. Are you Male Female

3. Have you ever been on active duty in the U.S. Armed Forces?

No Yes* Dates: _____
 Vietnam Era Veteran
 Disabled Veteran (Percent of disability: _____)(%)

* If you checked yes, attach a copy of your DD214 to your application.

4. Do you have a physical, sensory, or mental condition that

substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, learning? ___ Yes ___ No

Please see the definition of "disabilities" below.

I certify that this information is true and accurate to the best of my knowledge.

Date

Signature

on with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian or Pacific Islander. A person with origins in any of the original peoples of the Far East, Taiwan, Southeast Asia, Japan, Korea, India, Pakistan, the Philippine Republic, and Samoa

Black/African-American. A person with origins in any of the Black racial groups of Africa

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Equal Employment Opportunity purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment, which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled Veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era Veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.

TAMA COUNTY IOWA

EMPLOYEE HANDBOOK



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EMPLOYMENT POLICIES

LAYOFFS

If and when it becomes necessary to reduce the number of employees, consideration will be given to the needs of the Employer, employees' qualifications, past performance, ability to perform the work required, and the ability to get along with other employees and the public which they serve.

Except for emergencies, such as equipment breakdown or weather, an employee who is to be laid off for more than one (1) week will be given a five (5) day written notice prior to the layoff.

No notice will be needed for layoffs of a shorter period caused by lack of work, equipment breakdown, weather, etc.

While on layoff, an employee is not eligible for paid holidays or any other benefits. Vacations, sick leave and seniority do not accrue during a layoff. An employee may continue insurance benefits at their own expense, if allowed by the carrier, and in accordance with applicable laws.

PERSONNEL FILES

The following information, when previously furnished or subsequently collected in sum or in part, is to be included in the employee's "official" personnel file. Such documents shall be subject to the employee's access and disclosure consistent with County policy: 1) Records used in deciding such employment actions as hiring, promotions, salary increases, disciplinary actions and terminations; 2) records relating to an employee's past and present compensation; 3) records consisting of information provided by, or signed by, the employee; and 4) any non-sensitive information and records kept in the files. Included would be the following:

1. Completed job application form.
2. Resumes and transcripts of coursework, when required.
3. Licenses and registrations, when required.
4. DD-214, if veteran.
5. Salary history.
6. Attendance records.

8. Disciplinary action (reprimands, suspensions, loss of privileges, etc.).
9. Commendations.
10. Training and staff development completed coursework.
11. Employee signed documents in general.
12. Test scores if used in hiring or promotion.
13. Exit interviews upon separation, termination.

Employee personnel records are confidential, pursuant to Iowa Code 22.7(11). Personnel records shall be maintained by the Auditor or the employee's Department Head. It is the policy of Tama County that each employee should be free to examine their own personnel files, subject to Iowa Code 91B.1 and the following provision:

1. The Employer and employee shall agree on the time the employee may have access to the employee's personnel file, and a representative of the Employer may be present.
1. An employee shall not have access to employment references written for the employee.
2. The Employer may charge a reasonable fee for each copy made by the Employer for an employee of an item in the employee's personnel file, except that the total amount charged for all copies made cannot exceed \$5.00.



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Medical Files

All medical records of an employee are considered confidential and will be collected and maintained by the Health Insurance Representative. These records will be maintained in a locked file separate from the other personnel files. The only people allowed to view these files are:

1. Selected supervisors who need to arrange necessary restrictions on the work of the employee and to make reasonable accommodations.
2. First aid and safety personnel, should emergency treatment be required.
3. Government officials investigating compliance with the ADA.
4. OSHA
5. Tama County's Insurance Company.

Resignation or Termination

Employees shall give notice of intent to resign not less than two (2) weeks before leaving the position.

Employer shall give notice of termination of employment to full-time employees at least two (2) weeks in advance of termination or severance pay for that period in lieu of employment unless the termination is for cause.

Employment of Relatives

The County normally does not permit the employment of two (2) or more members of the same immediate family in the same department. Current employees with family members working for Tama County will be excluded from this policy. Immediate family for this paragraph shall be defined as parents (in-law), spouse, child, grandparents, grandchildren, brothers and sisters. Exceptions to this policy may be granted at the discretion of the Board.

Department Heads are prohibited from hiring or appointing any person from his/her immediate family (see above) for employment with the County.

Elected officials will be covered by Chapter 71 of the Code of Iowa regarding the hiring of relatives.

Physical Employment

Employees in certain job classifications may be required to have a periodic physical or mental exam as a condition of continuing employment. Other County employees may be required to have a physical or mental exam when the Department Head feels it is necessary for the employee's health and safety or if there is a question regarding the employee's ability to continue in his/her job. The cost of such examinations when required by federal/state law or departmental policy shall be paid by the Employer under conditions prescribed by the Employer. This is a condition of employment and failure to submit to a medical examination requested by the Employer shall be considered a voluntary separation.

Veterans Preference

Any honorably discharged veteran, as defined in Chapter 35C or Chapter 400.10 of the Code of Iowa shall be entitled to preference in appointment, employment, and promotion over other applicants of no greater qualifications.

Telephone and Cell Phone Usage

The purpose of this policy is to provide a guideline for phone usage for Tama County Employees.

Office Phones: Employees conducting County business should use office phones whenever possible. Employees should not use County long distance services for personal reasons.

Cell Phone Usage: Employees will not use County cellular phones for personal calls. Some Department Employees are reimbursed for personal cell phones used for county as well as personal usage. This must have prior approval of the Department Head.



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HOURS

The purpose of this section is intended to define the normal hours of work, and shall not be construed as a guarantee of hours of work per day or days of work per week. Determination of daily and weekly hours of work shall be made by the Employer.

Workweek

The normal workweek for full-time employees shall consist of five (5) days as set by the Department Head. The times and arrangements for lunch and rest periods may vary, depending on the nature of the work being performed and will be granted at the discretion of the immediate supervisor.

Overtime/Compensatory Time

All employees (with the exception of salaried department heads) who work in excess of forty (40) hours in any workweek shall be compensated at a rate of one and one-half (1 1/2) hour for each hour of overtime worked. At the discretion of the Department Head, employees may receive pay for all hours of overtime worked at the rate of time and one-half his/her normal straight time hourly rate or compensatory time may be granted at a rate of one and one-half (1 1/2) hours off for each hour of overtime worked. Vacation time and sick leave shall not be counted as working time for the purpose of determining overtime. Except for emergencies, any work in excess of the normal work period must be approved in advance by the employee's immediate supervisor. Employees will be allowed to accrue up to 80 hours of compensatory time. Compensatory time accrued beyond 80 hours will be paid in cash at the next pay period. Department heads may set the maximum accrual for employees at less than 80 hours.

Employees shall not be allowed to work through their lunch break to accumulate comp time. On certain occasions some employees need to work through their lunch break due to lack of staff or special working assignments, however, this is not to be done on a regular basis.

LEAVES OF ABSENCE

Sick Leave

All full-time employees shall earn eight (8) hours of sick leave per full calendar month of employment. Unused sick leave may be accumulated to a maximum of eight hundred (800) hours. Sick leave is income protection in case of illness and its use for purposes other than those set forth in this handbook may subject the individual employee to disciplinary proceedings up to and including discharge.

ave benefits at a rate of 50% or 75% of the full time

Sick leave may be taken in the following situations:

- (a) For illness or injury to an employee which renders him/her unable to work.
- (b) For medical or dental care for the employee dispensed by licensed practitioners and regular, established health care facilities, provided the same cannot be deferred until after working hours.
- (c) For serious illness or serious injury to a member of the employee's immediate family, defined as his/her spouse and children/step-children living at home. This shall be limited to time required to arrange for care and transportation of the seriously ill or seriously injured.

This sub-section includes the following:

- (1) providing transportation for and accompanying the individual for emergency outpatient services;
- (2) providing transportation for and handling admission procedures for the individual going to the hospital;
- (3) being in attendance during surgery, child delivery or other times when the patient is in an "intensive care" condition;
- (4) Providing transportation for and handling discharge procedures for the individual returning from the hospital.
- (5) Being in attendance at the hospital for a minor child's hospitalization.

It does not include:

- (1) taking a spouse or dependent to scheduled appointments for medical or dental care;
- (2) Hospital visitations for situations not listed above.

(d) For deaths in the employee's immediate family, defined as his/her parents/step-parents, grandparents, spouse, spouse's parents/step-parents and grandparents, the employee's children/step-children, wards, and brothers/step brothers and sisters/step-sisters of the employee.

(e) For any other funerals if a pallbearer or assigned duties by the funeral director.

Payment of accrued sick leave benefits will begin on the first day of absence, computed at the employee's regular pay. If a holiday falls within a paid sick leave, that day will be counted as a holiday and not as sick leave. Paid sick leave is a protection and is never to be considered as time off with pay or vacation time. Sick leave shall not be taken in advance of accrual. All sick leave shall expire on the date of separation from the County and no employee shall be reimbursed for sick leave outstanding at the time of such separation.

When an employee requests vacation time for a definite period and the request is granted, any period of illness during the period of such leave shall be charged to sick leave upon

certificate from a practicing, licensed physician, stating the duration of the illness and the time period that the employee would not have been able to work. The Department Head will then determine the number of days to be credited to the employee's accrued vacation time, according to the physician's statement.

An employee shall inform his/her Department Head that he/she is not coming to work, no later than thirty (30) minutes after the workday has commenced, unless it is physically impossible to do so. The Department Head, at his/her discretion, may require employees to notify them sooner.

A Department Head may require a written certificate from a licensed practicing physician, osteopath, chiropractor or dentist stating the reason for taking sick leave. In the case of a sickness over three (3) days or any hospital admission, a brief written physician's statement concerning the employee's condition and expected date of return to the job must be sent to the Department Head.

FMLA will be used to cover all absence due to illness or injury that extends beyond 3 working days. Employees will be required to use vacation and sick leave as per the FMLA policy.

SICK LEAVE CONVERSION

An employee who has accumulated eight hundred (800) hours of sick leave will continue accruing two (2) hours each month in an account hereafter known as the sick hold as long as the employee has the maximum accumulation. The sick hold accumulated hours are not to be used for the purpose of sick leave and will not be considered as sick leave once they are put into the sick hold. The value of the hours in the sick hold will be paid to the employee annually on the last pay period prior to December 31. For example, an employee who earns \$14.00 per hour and maintains the 800 hour accumulation for 12 months would be paid \$336.00 the last pay period prior to December 31. An employee leaving employment will be paid the value of the sick hold as part of his/her final paycheck.

12/16/08

Contribution of Vacation, Compensatory Time & Holidays

Employees may donate vacation, holidays or compensatory time to fellow employees who have exhausted all of their sick leave, vacation, holidays and compensatory time. This donated time must be used as sick leave. Sick leave is not eligible for donation. Employees who are receiving the donated leave must be eligible to earn benefits at the time that the leave is donated.

The following conditions apply to this donation:

for both the employee who is on sick leave and the recipient. The employee who is donating the time must sign a letter of agreement regarding

1. The employee donating the time must sign a letter of agreement regarding the donation.
2. The vacation/compensatory/holiday time donated has to be from the employee's current balance.
3. The employee contributing compensatory time must be aware that if they transfer this time they will not be able to collect benefits for the time worked to earn the compensatory time.
4. The employee who is receiving the donation must have exhausted any and all leave he/she is entitled to before a donation can be made.
5. Employees may donate up to 40 hours of leave to any one employee.
6. Once time has been donated it remains with the recipient as sick leave.

Injury Leave

Once a work related injury, however minor, occurs you must report the incident to your immediate supervisor immediately. Your supervisor will contact Tama County's insurance administrator who will ask that you submit the required paperwork.

Tama County's workers compensation insurer uses an authorized provider for Workers' Compensation injuries. The authorized provider is: Deer Creek Family Care, 401 1st Street, Toledo, Iowa 52342, 641 484-2602. If medical treatment is needed the above clinic will be the authorized provider.

ALL WORK RELATED INJURIES MUST BE REPORTED WITHIN 24 HOURS.

Funeral Leave

In the case of the death in an employee's immediate family (defined as his/her spouse, parents/step-parents, children/step-children, grandchildren/step-grandchildren), the Employer will pay for a maximum of three (3) consecutive scheduled work days, one of which shall be the day of the funeral, at the employee's hourly rate for continuous time lost in arranging and or attending funeral services. (Also see pages 4-1 & 4-2, Sick Leave)

Employees may be granted one-half (1/2) day with pay when attending funeral services for fellow department workers as well as for fellow retired department workers. Payment for this time shall be made only if the funeral has actually been attended.

Emergency Leave

Department Heads may grant an employee time off from his/her duties without compensation for personal reasons for a period not to exceed five (5) working days per calendar year, depending upon the seriousness of the problem.

The employee, upon showing appropriate orders to the Department Head, shall be granted a military leave in accordance with the Iowa Code, Section 29A.28 of the Federal Selective Service Act. Under the Iowa Code, the following will apply:

1. All officers and employees other than employees employed temporarily for six months or less, who are members of the national guard, organized reserves or any component part of the military, naval, or air forces or nurse corps of this state or nation, or who are or may be otherwise inducted into the military service of this state or of the United States, shall, when ordered by proper authority to state active duty, state military service, or federal service, be entitled to a leave of absence from employment for the period of state active duty, state military service, or federal service, without loss of status or efficiency rating, and without loss of pay during the first thirty days of such leave of absence. Where state active duty, state military service, or federal service is for a period less than thirty days, a leave of absence shall only be required for those days that the civil employee would normally perform services for the state, subdivision of the state, or a municipality.
2. Tama County may hire a temporary employee to fill any vacancy created by such leave of absence.
3. Upon returning from a leave of absence, an employee shall be entitled to return to the same position and classification held by the employee at the time of entry into state active duty, state military service, or federal service or to the position and classification that the employee would have been entitled to if the continuous civil service of the employee had not been interrupted by state active duty, state military service, or federal service.

Jury and Related Duties

Any employee shall receive full compensation during the employee's working day for appearance as a witness or jury member before a court, legislative committee, or other judicial or quasi-judicial body, in an action involving the federal government, the state of Iowa, Tama County, or a political sub-division thereof, in response to a subpoena or when such an appearance is ordered in connection with the employee's work by the Department Head. Any compensation received by employees for court related activities shall be turned over to the County and the employee shall receive his/her regular wages. Reimbursement for meals, travel and lodging may be retained by the employee.

Family and Medical Leave

The employer will require an employee to exhaust all appropriate accrued paid leave prior to the approval of the use of unpaid leaves. An employee, upon written request, will be allowed to retain one (1) week's vacation.

of 1993 provides that all employees employed by the [redacted] months and have worked at least 1,000 hours during the previous twelve (12) months, be entitled to a total of 12 work weeks of leave (to be measured forward from the first date that FMLA leave is used by the employee) during any twelve (12) month period for one or more of the following reasons:

1. Because of the birth of a son or daughter of the employee and in order to care for such son or daughter.
2. Because of the placement of a son or daughter with the employee for adoption or foster care.
3. In order to care for the spouse, son, daughter, or parent of the employee, if such spouse, son, daughter or parent has a serious health condition.
4. Because of a serious health condition that makes the employee unable to perform the functions of the position of such employee.

Leave under paragraphs (1) and (2) shall not be taken by an employee intermittently unless the employee and the employer agree otherwise. Paragraph (3) or (4) may be taken intermittently when medically necessary.

Any eligible employee who takes leave for the intended purpose of the leave shall be entitled, on return from such leave:

1. To be restored by the employer to the position of employment held by the employee when the leave commenced; or
2. To be restored to an equivalent position with equivalent employment benefits, pay and other terms and conditions of employment.

The taking of leave shall not result in the loss of any employment benefit accrued prior to the date on which the leave commenced.

During any period that an eligible employee takes leave, the employer shall maintain coverage under any "group health plan" for the duration of such leave at the level and under the conditions coverage would have been provided if the employee had continued in employment continuously from the date the employee commenced the leave until the date the employee is restored.

FMLA leave will run concurrently with paid sick leave and workers compensation leave that exceeds three working days.



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Full-time employees are eligible for the following paid holidays: New Year's Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving Day, Christmas Eve Day, Christmas Day, Good Friday, and one floating holiday.

Part-time employees will be eligible for the above holidays at a rate of 50% or 75%. (See page 1-2).

To obtain the floating holiday, an employee shall notify his/her Department Head prior to the day being taken. The amount of advance notice needed will be determined by the Department Head. If the leave places too much of a burden on the department at that time, the Department Head may require an alternate time.

The full-time employees shall be paid for each of the holidays set forth in this article occurring during the period in which they are actively at work. Holiday pay will be at the normal pay for the day or week for which he/she would have been scheduled to work. A non-exempt employee required to work on any recognized paid holiday shall be paid time and one-half (1 1/2) the employee's straight time rate for all hours worked, plus the paid holiday at said straight time rate.

To be eligible for holiday pay, unless an employee has been on an approved leave, an employee must have worked the last full scheduled workday immediately before and the first full scheduled workday immediately after each holiday.

An employee on layoff or leave of absence is not eligible for holiday pay.

When a designated holiday falls on a Saturday, the preceding Friday shall be observed as the legal holiday, and when the holiday falls on Sunday, the following Monday shall be observed as the legal holiday. In the case where the holiday falls on Saturday and the preceding day is also a holiday (Friday), the following Monday shall be taken off for the holiday that fell on a Saturday.

All full-time employees shall be eligible for vacation on their employment anniversary date as listed below:

- After one (1) year service, one (1) week
- After two (2) years service, two (2) weeks
- After eight (8) years service, three (3) weeks
- After fifteen (15) years service, four (4) weeks

Employees who work 40 hours per week will be credited with 40 hours per week and employees who work 37 ½ hours will be credited with 37 ½ hours per week.

Vacations must be taken during the anniversary year; however, with the Department Head's approval, one (1) week vacation time may be accumulated and carried forward to the next year. Vacation may not be taken in advance and employees may not waive their vacation right in order to collect both vacation and work pay.

Part-time employees will receive vacation credit on the above schedule at a rate of 50% or 75% of the full time benefit. (See page 1-2).

Vacation Pay

The rate of vacation pay shall be the employee's regular pay for the day or week for which he/she would have been regularly scheduled to work.

Choice of Vacation Period

Vacation requests should be received at least thirty (30) calendar days in advance, unless agreed to by the Department Head. The Department Head must approve vacations. The Department Head may require rescheduling of vacation when it is necessary for the efficient operation of the department. A vacation request of over fifteen (15) working days in a single continuous period is discouraged, except for those circumstances specifically approved by the employee's Department Head. When two (2) or more employees request vacation for the same period, and not all can be spared from work for the same period, the Department Head will determine if the employee with the earliest request or the longest term of service will be granted preference as to vacation time.



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An employee shall not accrue vacation leave during periods of temporary layoff, suspension, or leave without pay. The status of re-employed persons is that of a new employee and credit for previous service shall not be given. Any employee on vacation extending through a holiday period shall not have those officially designated holidays charged against vacation leave.

Upon resignation or termination from County service, an employee and/or his/her estate shall be paid on a pro rata basis for all unused vacation left at the time of termination.

During the first year of employment, an employee is not eligible to earn pro rata vacation time and pay. During subsequent employment years, a full-time employee can earn pro rata vacation time and pay based upon straight time hours worked to be paid out upon termination of employment.

S OF CONDUCT

DISCIPLINARY PROCEDURES

The many years that the average employee has worked for Tama County shows that good working relationships do exist. However, work rules have been established to deal with the occasional instances of unsatisfactory conduct (see **Working Rules**).

In the event of such unsatisfactory conduct by an employee, the Employer will normally try to correct the situation first through discussion with the employee. If this fails, additional steps will be taken. In all cases, the Employer reserves the right to adjust its action to suit the circumstances.

The following steps will only be taken in an attempt to resolve problems of unsatisfactory conduct.

1. The Employer will give the employee a verbal warning and shall place a written notation of this in the employee's personnel file.
2. If unsatisfactory conduct continues, a written warning will be issued by the Employer. This copy will be placed in the employee's personnel file.
3. If such conduct persists, the employee may be suspended without pay.
4. If such conduct is repeated, the Employer will terminate employment of the employee. A written report of this action and the reasons for it will be placed in the employee's file.

In cases of serious misconduct, the Employer shall have the right to suspend without pay or discharge immediately.

ION AND DEDUCTIONS

Wage Compensation

Pay Period: Both hourly and salaried employees of Tama County are paid every other week. Distribution of paychecks shall be made through the employee's Department Head.

Payroll Deductions: Deduction of federal and state income withholding tax are made routinely on the basis of the number of exemptions claimed by the employee. Additional deduction shall be made for Social Security tax, IPERS, and applicable health insurance premiums. All court ordered garnishments of wages will be deducted from the employees pay and forwarded to the proper authority. Further deductions from an employee's paycheck may be made upon an employee's written request and the consent of the Board of Supervisors. All requests made by the employee concerning payroll deductions must be kept on file.

Lost Checks or Warrants: In the case where an employee has lost his/her check/warrant, a report of the loss should be made immediately to the Auditor's office. The procedure followed in issuing a new check/warrant will be explained to the employee and upon completion of this procedure, a new check/warrant will be issued.

Training and Educational Reimbursement

Education: The Board of Supervisors encourages the development of each employee to his/her fullest potential. One means of obtaining this goal is through education. Participation in and successful completion of special training programs in job related courses shall be considered in promotions. Evidence of successful completion of training programs should be filed by the employee with the Department Head and be placed in the employee's personnel file.

Learning Sessions: Instructional meetings and schools presented by different organizations inside and outside the County may provide a beneficial learning experience to certain employees. This training may be used to improve the operating efficiency of the department. Employees desiring to attend one of these meetings must receive prior approval of the Department Head. The County shall reimburse the County employee for all reasonable travel expenses, meal tickets and registration fees charged. A paid voucher will be needed for reimbursement. The Board of Supervisors may approve an increase in funding in exceptional or unusual cases where funding has not been appropriated or where extra funding is needed.

Official Business Outside the County: Reasonable expenses for food, travel, tuition and lodging incurred on official County business will be reimbursed within the guidelines adopted by the Board of Supervisors. However, discretion should be used with this expense privilege.

EMPLOYEE BENEFITS

Health Insurance

The County will pay the county share of the premium for each eligible full-time employee toward a Health and Major Medical group plan chosen by the County Board of Supervisors. The current plan includes dental coverage and a prescription drug program. The County's policy will cover the individual and all eligible dependents. A copy of the group plan will be provided to each employee.

Deductions for applicable health insurance premiums will be deducted from the employee's pay check.

An employee's health service coverage commences after he/she has been employed sixty (60) days.

Regular part-time employees are eligible for Tama County's Health Insurance group plan by following the procedures listed on page 1-2.

A full-time appointed official, upon losing his/her appointment, may continue on our County Group Plan in accordance with COBRA or the plan document. Upon obtaining other health coverage, this benefit will stop. This benefit will extend to the employee and his/her spouse.

Persons leaving employment with Tama County for any reason (e.g., voluntary or involuntary termination, retirement) will not be able to continue on the Tama County health insurance plan. The only exceptions to this will be those instances where Federal or State law (e.g., COBRA, Iowa Code 509A.13, etc.) or union contract prohibits this. Elected officials who leave office will be allowed to remain on the plan until they become eligible for Medicare. The cost of this coverage must be paid one month in advance, by the first day of the month, to the Tama County Auditor. Failure to receive payment will terminate coverage.

Life Insurance

The County will pay the premium for each full-time employee towards a \$5,000 Term Life Insurance policy. This coverage terminates at the time employment terminates.

The insurance programs referred to in this handbook are subject to all terms and conditions of the contract with the insurance carrier.



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RECEIPT OF EMPLOYEE HANDBOOK

**Acknowledgment of Receipt of
Tama County Employee Handbook**

I hereby acknowledge and confirm that on the date stated below that I have been provided with a copy of the Tama County Employee Handbook and that I have had a reasonable opportunity to review the policy and ask any questions regarding the handbook.

Name (signature required)

Date

Please return this form to your department head.



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NOTICE

This handbook is presented as matter of information only, it shall not be construed to form a contract between Tama County, and the employee. Tama County reserves the right to change or eliminate any or all of the policies, procedures or benefits described herein at any time.

Just as you retain the right to terminate your employment at any time for any reason, Tama County retains a similar right. No policy or practice of Tama County should be construed to change this relationship. Only the Board of Supervisors has the right to modify or change this practice, and all employees will be given written notice of all changes.

All employee handbooks and amendments issued prior to July 1, 2007 are replaced by this handbook. Documents issued prior to this date should be discarded.

APPENDIX V

SURVEY REPORT

PROVIDER: Tama County Case Management
SERVICES ACCREDITED: Case Management
SURVEY TEAM LEADER: Cheri Reisner
SURVEY TEAM MEMBERS: Cheri Reisner
DATE OF SURVEY: March 31st & April 1st, 2009
DATE OF REPORT: May 8, 2009

PURPOSE OF THE SURVEY

The goal of the survey was to ensure that the provider furnishes high quality services within a framework of accountability to the consumers that it serves. The objectives of the survey were to 1) to assess compliance of the provider with standards for organizational activities, and case management services as set forth in 441--24, Iowa Administrative Code; and 2) to provide the provider with information and technical assistance relating to the above standards. The survey included review of personnel records, policy and procedures, client records and interviews with staff and clients.

GENERAL OBSERVATIONS - OVERVIEW OF PROVIDER

Tama County provides case management services to the mentally retarded, developmentally disabled and now the CMI population groups. They currently serve 56 individuals.

Todd Rickert is the county CPC and case management administrator. Supervision is shared with Grundy County and is provided by Andie Nichols on a part time basis.

SUMMARY OF SURVEY FINDINGS

1. PROVIDER STRENGTHS

This agency has made the corrections identified on their plan of corrective action May 2005 in the areas of confidentiality and case management services. Since the last survey, they have moved into their new office building. It is in a good location and has individual offices, a conference room, secure storage and a comfortable waiting area. Staff was very helpful during the survey process and the personnel and consumer records were well organized and complete.

2. CORRECTIVE ACTION

There are three sections of indicators that are scored during an accreditation site visit, Policy and Procedures, Organizational Activities and the specific Service. The Policies and Procedures section has three indicators and a possible score of 15. For the Organizational Activities section, there are 34 indicators with each carrying a weight of .44 for a maximum score of 15. For the Case Management Service section, there are 51 indicators with each carrying a weight of 1.37 for a maximum score of 70.

For service and human resource indicators, if 25 percent or more of the files reviewed do not comply with the requirements for a performance indicator, then that indicator is considered out of compliance and corrective action is required. Corrective action is required when any indicator under policies and procedures or organizational activities is not met. The surveyor reviewed four

(4) service records. Consequently, when one (1) or more service records were out of compliance for an indicator, corrective action is required. The surveyor reviewed two (2) personnel records. Consequently, when one (1) or more of these records were out of compliance for an indicator, corrective action is required. The following standards require a corrective action plan to be submitted by the provider.

This provider was out on zero (0) indicators for Policy, Procedures, zero (0) indicators for Organizational Activities and four (4) indicators for the Case Management Service and they are discussed below. The scoring calculation based on the number of indicators that were in compliance is shown in Section 4, scoring, of this report.

441—24.4(225C) Standards for services

24.4(1) Social history.

a. Performance benchmark. The organization completes a social history for each individual served.

b. Performance indicators.

(2) The social history includes:

1. Relevant information regarding the onset of disability.
2. Family, physical, psychosocial, behavioral, cultural, environmental, and legal history.
3. Developmental history for children.
4. Any history of substance abuse, domestic violence, or physical, emotional, or sexual abuse.

One of the individual records was out of compliance and the other three were found to be needing improvement. Social histories written were missing information required. The areas not found consistently covered were psychosocial, behavioral, cultural and legal history. The social history did discuss the individual's current legal status, but did not review the individual's legal history. **Corrective action is required** to ensure that case managers address these areas in the initial and updated social histories.

24.4(3) Individual service plan.

a. Performance benchmark. Individualized, planned, and appropriate services are guided by an individual-specific service plan developed in collaboration with the individual using the service, staff, and significantly involved others as appropriate. Services are planned for and directed to where the individuals live, learn, work, and socialize.

b. Performance indicators.

(9) Staff develop a separate, individualized, anticipated discharge plan as part of the service plan that is specific to each service the individual receives.

One record contained an anticipated discharge plan that did not meet the standards and one record was found to be needing improvement. Information was very general, not individualized or specific to the individual. You will need to identify in **your plan of corrective action** how you will ensure that case managers identify what the individual's situation will look like when discharge would be appropriate. What needs to be achieved or what supports need to be in place for the individual to not require case management services.

24.4(4) Documentation of service provision.

a. Performance benchmark. Individualized and appropriate intervention services and treatments are provided in ways that support the needs, desires, and goals identified in the service plan, and that respect the rights and choices of the individual using the service.

b. Performance indicators.

(2) Responsible staff document the individual's progress toward goals, the provision of staff intervention, and the individual's response to those interventions.

Two of the individual records reviewed did not consistently contain information regarding the provision of the service intervention. There were many contacts with providers, however, the content of the notes did not identify "what" or "how" they were providing the service. Most commonly how they were teaching a skill. **Corrective action** is required to ensure that the documentation in the record discusses not only the individual's progress toward their goal(s), but what the staff is doing and how the individual is responding.

24.4(5) Incident reports.

a. Performance benchmark. The organization completes an incident report when organization staff first become aware that an incident has occurred.

b. Performance indicators.

(2) The staff who were directly involved at the time of the incident or who first became aware of the incident prepare and sign the incident report before forwarding it to the supervisor.

Two records contained information that incidents had occurred and incident reports would be required. In one of the records there had been an incident involving contact with law enforcement where an incident report had not been completed. **Corrective action is required** to ensure that case managers complete an incident report when they first become aware of an incident or ensure that the provider has completed the report and provided them a copy.

3. NEED FOR IMPROVEMENT

The following standards do not require corrective action; however, this service agency should note these areas in need of improvement.

24.4(3) Individual service plan.

(3) The service plan includes interventions and supports needed to meet those goals with incremental action steps, as appropriate.

Several of the service plans reviewed did not identify incremental action steps needed to meet the goal. Under a goal about completing 3 step requests, the action steps include "understand and follow 2 step requests, understand and follow 3 step requests". What are you requesting the provider do? This needs to be included in the action steps.

24.4(9) Case management services. "Case management services" means those services established pursuant to Iowa Code section 225C.20.

(1) Staff clearly define the need for case management and document it annually.

Two records reviewed did not clearly describe why case management services were needed. There was information about what the case manager would be doing and the

services they would provide, but you need to write a brief statement of the need for the service.

(10) Documentation shows that individuals using the service are informed about their choice of providers as provided in the county management plan.

In three of the individual records it was difficult to determine if and/or how the consumer was given their choice of providers. You identify that this choice is given at the time of intake and should be found in the intake documentation. This was found in one record and very general reference to choice in the others.

(12) The case manager communicates with the team and then documents in the individual's file a quarterly review of the individual's progress toward achieving the goals.

In two of the records reviewed, there were quarterly progress reports, however, one did not answer the question as to where is he/she at regarding achieving the identified goal, which of the action steps have been completed or are there specific barriers to meeting the goals? The other record discussed the goal, but did not answer the question of How is the provider assisting the individual toward progress.

4. SCORING

There is a possible total of 15% for Policy and Procedures, 15% for Organizational activities and 70% for the Case Management Service scores.

Service Name

SCORES:

Policy & Procedures: There are 3 indicators in this category. You were in compliance for all three indicators and have an overall score of: **15%**

Organizational Activities: There are 34 indicators in this category. You were in compliance in 34 of the 34 indicators for a score of: **15%**

Service score: The total indicators for case management service is 51. You were in compliance in 47 of the 51 indicators for a score of: **64.51%**

Overall Score: Your overall score is the total of these categories for a total score of: **94.51%**

5. REQUIRED ACTION

Instances of noncompliance with the standards were found in the data reviewed. This provider has 30 working days from receipt of this report to submit a plan of corrective action and implementation. This plan must include the steps that will be taken to come into compliance, the time frame for completion of each corrective action, and a description of the corrective measures that will be taken to develop and implement the procedures required by the standards. If the plan is acceptable, the provider will be reviewed by the Mental Health, Mental Retardation, Developmental Disabilities and Brain Injury Commission for accreditation.

Tama County Case Management Corrective Action Plan

PROVIDER:	Tama County Case Management
SERVICES ACCREDITED:	Case Management
SURVEY TEAM LEADER:	Cheri Reisner
SURVEY TEAM MEMBERS:	Cheri Reisner
DATE OF SURVEY:	March 31 st & April 1 st , 2009
DATE OF REPORT:	May 8, 2009

CORRECTIVE ACTION

There are three sections of indicators that are scored during an accreditation site visit, Policy and Procedures, Organizational Activities and the specific Service. The Policies and Procedures section has three indicators and a possible score of 15. For the Organizational Activities section, there are 34 indicators with each carrying a weight of .44 for a maximum score of 15. For the Case Management Service section, there are 51 indicators with each carrying a weight of 1.37 for a maximum score of 70.

For service and human resource indicators, if 25 percent or more of the files reviewed do not comply with the requirements for a performance indicator, then that indicator is considered out of compliance and corrective action is required. Corrective action is required when any indicator under policies and procedures or organizational activities is not met. The surveyor reviewed four (4) service records. Consequently, when one (1) or more service records were out of compliance for an indicator, corrective action is required. The surveyor reviewed two (2) personnel records. Consequently, when one (1) or more of these records were out of compliance for an indicator, corrective action is required. The following standards require a corrective action plan to be submitted by the provider.

This provider was out on zero (0) indicators for Policy, Procedures, zero (0) indicators for Organizational Activities and four (4) indicators for the Case Management Service and they are discussed below. The scoring calculation based on the number of indicators that were in compliance is shown in Section 4, scoring, of this report.

441—24.4(225C) Standards for services

24.4(1) Social history.

a. Performance benchmark. The organization completes a social history for each individual served.

b. Performance indicators.

(2) The social history includes:

1. Relevant information regarding the onset of disability.
2. Family, physical, psychosocial, behavioral, cultural, environmental, and legal history.
3. Developmental history for children.
4. Any history of substance abuse, domestic violence, or physical, emotional, or sexual abuse.

One of the individual records was out of compliance and the other three were found to be needing improvement. Social histories written were missing information required. The areas not found consistently covered were psychosocial, behavioral, cultural and legal history. The social history did discuss the individual's current legal status, but did not review the individual's legal history. **Corrective action is required** to ensure that case managers address these areas in the initial and updated social histories.

Corrective Action Plan: TCCM will add this section to the Social History form. TCCM will look for direction from trainers on appropriate information to add to this area. The TCCM Director and Supervisory will take special note to ensure this area is addressed, when reviewing files. TCCM will also address this issue during team unit meetings.

24.4(3) Individual service plan.

a. Performance benchmark. Individualized, planned, and appropriate services are guided by an individual-specific service plan developed in collaboration with the individual using the service, staff, and significantly involved others as appropriate. Services are planned for and directed to where the individuals live, learn, work, and socialize.

b. Performance indicators.

(9) Staff develop a separate, individualized, anticipated discharge plan as part of the service plan that is specific to each service the individual receives.

One record contained an anticipated discharge plan that did not meet the standards and one record was found to be needing improvement. Information was very general, not individualized or specific to the individual. You will need to identify in **your plan of corrective action** how you will ensure that case managers identify what the individual's situation will look like when discharge would be appropriate. What needs to be achieved or what supports need to be in place for the individual to not require case management services.

Corrective Action Plan: TCCM will also address this issue during team unit meetings. The TCCM Director and Supervisor will offer guidance, by giving the Case Managers questions they can ask at the individual's team meeting, giving the entire team an opportunity to contribute to the persons discharge plan. TCCM will look for guidance through the TA services from CCMS during scheduled TA visits. The TCCM Director and Supervisory will take special note to ensure this area is addressed, when reviewing files.

24.4(4) Documentation of service provision.

a. Performance benchmark. Individualized and appropriate intervention services and treatments are provided in ways that support the needs, desires, and goals identified in the service plan, and that respect the rights and choices of the individual using the service.

b. Performance indicators.

(2) Responsible staff document the individual's progress toward goals, the provision of staff intervention, and the individual's response to those interventions.

Two of the individual records reviewed did not consistently contain information regarding the provision of the service intervention. There were many contacts with providers, however, the content of the notes did not identify "what" or "how" they were providing the service. Most commonly how they were teaching a skill.

Corrective action is required to ensure that the documentation in the record discusses not only the individual's progress toward their goal(s), but what the staff is doing and how the individual is responding.

Corrective Action Plan: TCCM will also address this issue during monthly team unit meetings. The TCCM Director and Supervisor will offer guidance, by suggesting they refer directly to the Individual Comprehensive Plans when completing updates on the people they support. TCCM will question providers on the strategies they are using to meet those incremental steps. The TCCM Supervisor will also take special note to ensure the incremental steps to the goals are being addressed, the strategies being used, and the results of the skill training; when completing monthly reviews of Case Management progress notes. .

24.4(5) Incident reports.

a. Performance benchmark. The organization completes an incident report when organization staff first become aware that an incident has occurred.

b. Performance indicators.

(2) The staff who were directly involved at the time of the incident or who first became aware of the incident prepare and sign the incident report before forwarding it to the supervisor.

Two records contained information that incidents had occurred and incident reports would be required. In one of the records there had been an incident involving contact with law enforcement where an incident report had not been completed. **Corrective action** is required to ensure that case managers complete an incident report when they first become aware of an incident or ensure that the provider has completed the report and provided them a copy.

Corrective Action Plan: TCCM will develop a desk guide to assist Case Managers with identifying what's considered to be a major incident. TCCM as a unit reviews all incident reports received, during monthly unit meetings. Beginning June 2009, as the unit reviews each of our individual cases, we will also discuss if incident reports were generated, if it appears that a major incident may have occurred with a particular consumer. If the team feels an incident report should have been generated, and wasn't, the Case Manager will either generate the report or request the provider of service complete the report. The information will be documented in the unit meeting notes.

CPC Emergency Action Plan

Purpose: To provide a coordinated plan of action in response to fires, explosions, severe weather/tornadoes, medical emergencies, spills or other natural disasters at this location.

Emergency coordination: Lyle Brehm Back-up coordinator: Dirk Henle

Emergency numbers: Police/Fire/Ambulance dial 9-1-1

Poison Control Center dial 1-800-272-6477

Trained Medical Personnel (The following persons have been trained in CPR and Basic First Aid. They can be called on for assistance prior to Emergency Medical Services arrival): Any County sheriff's Deputy.

Outside Personnel Evacuation Location: follow emergency evacuation route and meet in the parking lot at the mailbox.

Evacuation Accountability Procedure: Each department head is responsible for evacuation of all personnel and public in their area and conducting roll call at the destination. Office Manager is back-up.

Severe Storm/Tornado Shelter Area: Follow emergency evacuation route and meet in the building restrooms.

Severe Storm/Tornado Procedure: Each department head is responsible for evacuating all personnel and public in their area and conducting roll call at destination. Office Manager is back-up.

Injuries: Report all injuries immediately to your supervisor no matter how slight. Assistance with treatment of injury should be handled only by personnel trained in first aid.

Fire/Facility Evacuation Situations: In the event it is necessary to evacuate for a fire or emergency practice drill, personnel will be notified for these situations by alarm horn or intercom system. Move quickly to your designated evacuation location outside the facility at parking lot mailbox. Do not re-enter the building until you get the all-clear.

Severe Storm/Tornado-Personnel Notification Means:

External-National Weather Service will be used to monitor weather/storm situations.

Internal-Intercom system will be used to alert personnel inside the facility. National Weather Service radio located in work room.

All personnel are reminded to be familiar with necessary shutdown procedures in your area, so you are prepared to move quickly and quietly to the shelter area when an emergency is announced. It is imperative that personnel understand what to do and where to go when alerted. As the occasion arises, new employees to your department must be informed of these procedures.



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Appendix X

Management Comprehensive Assessment

Section A: Consumer Information

Consumer

Name: (First, M.I., Last)		Medicaid State ID#	Date Of Birth:
Current Address:			
County of Residence:		County of Legal Settlement:	
Home Phone:	Work Phone:	Cell Phone:	
E-mail:			

Assessor

Name:		Title:	
Agency:			
Address:			
Phone:		E-Mail:	
Signature			Date

Type of Assessment

- Initial
 Annual
 Special
 Demographic Change Only
 Discharge
- Date: _____ Reason: _____

Basis of Case Management Eligibility

- CMI MR DD BI Waiver Elderly Waiver CMH Waiver Habilitation MFP

VERIFICATION OF HCBS WAIVER CONSUMER CHOICE: Complete this section for consumers applying for HCBS Brain Injury Waiver, Children's Mental Health Waiver, Intellectual Disability Waiver.	
Home- and Community-Based Services (HCBS)	
My right to choose a Home- and Community-Based program has been explained to me. I have been advised that I may choose: (1) Home- and Community-Based Services or (2) Medical Institutional Services.	
I choose: <input type="checkbox"/> HCBS <input type="checkbox"/> Medical Institutional Services	
Signature of Consumer or Guardian or Durable Power of Attorney for Health Care	Date

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Interdisciplinary team members consulted (including consumer):

Name	Title (if applicable)	Relationship to Consumer

Additional records reviewed:

Consumer Demographics

Gender: Female Male

Language:

	Yes	No
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>
Understands English	<input type="checkbox"/>	<input type="checkbox"/>
Needs interpreter services	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

Monthly Income: (Please check all that apply)

Source	Amount
<input type="checkbox"/> SSI	\$
<input type="checkbox"/> SSDI	\$
<input type="checkbox"/> Employment	\$
<input type="checkbox"/> Other (specify):	\$
Comments:	

Court Involvement:

<input type="checkbox"/> Involuntary Commitment
<input type="checkbox"/> Probation or Parole
<input type="checkbox"/> Child in Need of Assistance (CINA)
<input type="checkbox"/> Child Protection
<input type="checkbox"/> Delinquency
<input type="checkbox"/> Foster Care
<input type="checkbox"/> Other (Identify)
<input type="checkbox"/> None
Comments:

Management Comprehensive Assessment

Legal decision maker: (Please check all that apply)

None Guardian Attorney-in-fact Other (Specify):

Name: (First, M.I., Last)		
Address:		
Home Phone:	Work Phone:	Cell Phone:
E-mail:		

Co-Decision Maker (if applicable):

Guardian Attorney-in-fact Other (Specify):

Name: (First, M.I., Last)		
Address:		
Home Phone:	Work Phone:	Cell Phone:
E-mail:		

Financial Decision Maker: (e.g. Conservator or Attorney-in-fact) No Yes (complete below)

Name: (First, M.I., Last)		
Address:		
Home Phone:	Work Phone:	Cell Phone:
E-mail:		

Payee: No Yes (complete below)

Name: (First, M.I., Last)		
Address:		
Home Phone:	Work Phone:	Cell Phone:
E-mail:		

Emergency Contacts:

Primary Contact

Name: (First, M.I., Last)		Relationship:
Address:		
Home Phone:	Work Phone:	Cell Phone:
E-mail:		

Management Comprehensive Assessment

Secondary Contact (if applicable):

Name: (First, M.I., Last)		Relationship:
Address:		
Home Phone:	Work Phone:	Cell Phone:
E-mail:		

Complete This Section For Adults (Age 18 and Over)

Veteran: Yes No

Marital Status:

Never Married
 Married
 Divorced
 Legally Separated
 Widowed
 Unknown or Other - Specify

Spouse's Name:

Comments:

Complete This Section For Children (Age 17 and Under)

With whom does the child live?
(If the child currently lives in a institutional setting, please make note in the comments section below.)

What are the child's parent's names?

Parents marital status: Married Divorced Never married

If the parent's are not living together, what is the non-custodial parent's name and address?

Name:
Street:
City, State, Zip:

Parent's contact information (if different from the child's):

Home Phone:
Work Phone:
Cell Phone:
E-Mail:

Are there siblings in the home? Yes No

Are any siblings receiving waiver services? Yes No

Are there any individuals who are not supposed to have contact with the child? Yes No
If yes, specify:

Other Comments:

Management Comprehensive Assessment

Consumer Name:

Medical Information

Diagnoses:

Medical:

Diagnosis	
Name and credential of professional making diagnosis:	Date of diagnosis:
Comments:	

Mental Health (DSM-IV-TR)

Axis 1:	
Axis 2:	
Axis 3:	
Axis 4:	
Axis 5:	
Name and credential of professional making diagnosis:	Date of diagnosis:
Comments:	

Complete this section for consumers applying for or receiving HCBS Intellectual Disability Waiver.
List the most current IQ score, or if the IQ isn't listed, give the consumer's level of functioning within the range of mental retardation (mild, moderate, severe, profound):

IQ: _____ Range: _____ Date of Evaluation: _____

Complete this section for consumers applying for or receiving HCBS Brain Injury Waiver.

Diagnosis: _____ Date Injury Occurred: _____

Health Care Provider Information:

Who is your regular doctor? None

Name	Address	Phone
Date of last visit (if known):	Reason:	

Who is your regular dentist? None

Name	Address	Phone
Date of last visit (if known):	Reason:	

Are you seeing any other doctors, such as a psychiatrist, or specialists of any kind?

Yes (list below) No Don't know

Name	Specialty	Address	Phone

gement Comprehensive Assessment

Section B: Medical and Physical Health

Health Conditions

B1. Overall, how would you rate your physical health?

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> No Response
Comments:				

B2. Do you have any health problems that require assistance to manage?

<input type="checkbox"/> Cardiac <input type="checkbox"/> Skin Related <input type="checkbox"/> G.I. Disorders <input type="checkbox"/> Urinary Tract <input type="checkbox"/> Weight problems <input type="checkbox"/> Evidence of communicable disease <input type="checkbox"/> Other - Specify <input type="checkbox"/> None
How do they affect you and how long have you had them?
Comments:

B3. Any respiratory problems that require assistance to manage?

<input type="checkbox"/> Ventilator <input type="checkbox"/> Oxygen <input type="checkbox"/> Suctioning <input type="checkbox"/> Tracheotomy <input type="checkbox"/> Cardiorespiratory monitor <input type="checkbox"/> Chest physiotherapy <input type="checkbox"/> Nebulizer treatment <input type="checkbox"/> Other - Specify <input type="checkbox"/> None
How do they affect you and how long have you had them?
Comments:

B4. Do you regularly receive any of the following medical treatments?

	<input type="checkbox"/> no	<input type="checkbox"/> yes	Days per week	Hours per day
Nursing	<input type="checkbox"/>	<input type="checkbox"/>		
Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		
Supervision for Safety	<input type="checkbox"/>	<input type="checkbox"/>		
Diabetes Education	<input type="checkbox"/>	<input type="checkbox"/>		
Dialysis	<input type="checkbox"/>	<input type="checkbox"/>		
Respiratory Treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Catheter Care	<input type="checkbox"/>	<input type="checkbox"/>		
Colostomy Care	<input type="checkbox"/>	<input type="checkbox"/>		
Nasogastric Tube Care	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Management Comprehensive Assessment

Consumer Name:

B5. Hearing

- No hearing impairment.
- Hearing impairment, but managed through assistive devices
- Hearing difficulty at level of conversation.
- Hears only very loud sounds.
- No useful hearing.
- Not determined.

Comments:

B6. Vision

- Has no impairment of vision.
- Vision impairment, but managed through assistive devices
- Has difficulty seeing at level of print (far-sighted).
- Has difficulty seeing obstacles in environment (near-sighted).
- Has no useful vision.
- Not determined.

Comments:

B7. Speech/Communication

- Communicates independently or impairment has been compensated to function independently.
- Communicates with difficulty but can be understood.
- Communicates with sign language, symbol board, written messages, gestures or an interpreter.
- Communicates inappropriate content, makes garbled sounds, or displays echolalia.
- Does not communicate.

Comments:

B8. Sensory Perception (e.g. – taste, smell, tactile, spatial)

- No impairment
- Impaired – Specify

Comments:

B9. Cognitive Status

- Alert and fully oriented
- Alert and oriented with significant alteration on self-concept/mood
- Generally oriented through use of assistive techniques
- Cognitive deficits (e.g. orientation, attention/concentration, perception, memory, reasoning)
- Exhibits mental status changes consistent with psychiatric disorder
- Comatose, but responsive
- Comatose, but unresponsive
- Other – Specify

Comments:

B10. Musculoskeletal/Fine or Gross Motor Skills

- No Impairment of Musculoskeletal/Fine or Gross Motor Skills
 - Impaired muscle tone
 - Contractures
 - Scoliosis
- Paralysis: Hemiplegia Paraplegia Quadriplegia Other (Specify)

Comments:

Management Comprehensive Assessment

Complete This Section For Adults (Age 18 and Over)

B11. Do you have someone who could stay with you for a while if you were sick or needed help?
 Yes (Complete below) No
 Name: _____ Relationship: _____
 Address: _____
 City, State, Zip code: _____
 Phone: _____

B12. Is there anybody you would not want to be involved with your care if you were sick or needed help?
 Yes (Complete below) No
 Name: _____ Relationship: _____

HEALTH CONDITIONS RISK FACTORS	YES	NO
R1. Has the consumer had a seizure in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
R2. Does the consumer have a diagnosis of any other serious medical conditions or other serious health concerns (i.e., diabetes, cerebral palsy, heart condition, etc.)? If yes, list all conditions/concerns: _____	<input type="checkbox"/>	<input type="checkbox"/>
R3. Does the consumer have any life threatening allergies (such as peanuts, bee stings, or shellfish)?	<input type="checkbox"/>	<input type="checkbox"/>
R4. Is the consumer in need of a primary health care provider (or the provider's contact information is unknown)?	<input type="checkbox"/>	<input type="checkbox"/>
R5. Is the consumer in need of a dentist (or dentist's contact information is unknown)?	<input type="checkbox"/>	<input type="checkbox"/>
R6. Is the consumer in need of a specialist (or the specialist's contact information is unknown)?	<input type="checkbox"/>	<input type="checkbox"/>
R7. Has the consumer had difficulty making, keeping, or following through with appointments in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
R8. In the past year, has the consumer gone to a hospital emergency room? If yes, how many times? _____ Why? _____	<input type="checkbox"/>	<input type="checkbox"/>
R9. In the past year, has the consumer stayed overnight or longer in a hospital? If yes, how many times? _____ Why? _____	<input type="checkbox"/>	<input type="checkbox"/>
R10. Is the consumer in need of someone to help if he or she was sick or injured?	<input type="checkbox"/>	<input type="checkbox"/>
Comment on any risk factors marked as "Yes" and address the issue in the Crisis Intervention Plan. Comments: _____	No. of risks: _____	

Management Comprehensive Assessment

Complete this section only if the consumer is taking medications.

B15. Are any of your medications kept in a special place, like a locked container or the refrigerator?
 Yes No
 Comments:

B16. What pharmacy do you use?

B17. How do you remember to take your medications? (Check all that apply.)
 By following directions Calendar RN Set-up
 Caregiver gives them Bubble wrap/Blister Pack Pill Minder
 Medpass Machine Egg Carton, envelopes Other:
 Comments:

B18. How well do you self-administer medication?
 With no help or supervision
 With some help or occasional supervision
 With a lot of help or constant supervision
 Unable to administer own medications/caregiver gives them
 Comments:

MEDICATION ERROR RISK FACTORS	YES		NO	
	3	2	1	0
3 = Frequently, 2 = Sometimes, 1 = Rarely, 0 = Never				
R11. Has the consumer had problems with not taking or not receiving medications on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R12. Has the consumer had problems with taking or being given the incorrect number of medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R13. Has the consumer had problems with medications not being refilled on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R14. Have there been issues with medications not being re-evaluated timely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R15. Has the consumer had significant side effects from medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R16. Has the consumer had significant medication changes in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R17. Has the consumer refused or spill out medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R18. Have there been problems with drug interactions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R19. Has the consumer experienced health problems because of missing/refusing medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R20. Has the consumer misused prescription or over-the-counter medications (i.e., taken too many at once)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R21. Has the consumer taken another person's prescription medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R22. Has the consumer used out-dated medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R23. Has the consumer used multiple pharmacies or multiple physicians in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment on any risk factors marked as "Yes" and address the issue in the Crisis Intervention Plan. Comments:	No. of risks:			

Management Comprehensive Assessment

Assistive Devices/Special Equipment
 B19. Do you use (or need) any of the following special equipment or aids? None
 (If a consumer doesn't have an item but needs it, mark the "Needs" box)

Uses	Needs		Uses	Needs	
<input type="checkbox"/>	<input type="checkbox"/>	Dentures	<input type="checkbox"/>	<input type="checkbox"/>	Hospital bed
<input type="checkbox"/>	<input type="checkbox"/>	Cane	<input type="checkbox"/>	<input type="checkbox"/>	Medical phone alert
<input type="checkbox"/>	<input type="checkbox"/>	Walker	<input type="checkbox"/>	<input type="checkbox"/>	Supplies, e.g. incontinence pads
<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair (manual, electric)	<input type="checkbox"/>	<input type="checkbox"/>	Bedside commode
<input type="checkbox"/>	<input type="checkbox"/>	Brace (leg, back)	<input type="checkbox"/>	<input type="checkbox"/>	Bathing equipment
<input type="checkbox"/>	<input type="checkbox"/>	Helmet	<input type="checkbox"/>	<input type="checkbox"/>	Lift chair
<input type="checkbox"/>	<input type="checkbox"/>	Communication Devices	<input type="checkbox"/>	<input type="checkbox"/>	Transfer equipment
<input type="checkbox"/>	<input type="checkbox"/>	Hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	Adaptive eating equipment
<input type="checkbox"/>	<input type="checkbox"/>	Glasses/contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	Harness/gait belt
<input type="checkbox"/>	<input type="checkbox"/>	Weighted blankets or vest	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify):

Comments:

ASSISTIVE DEVICES RISK FACTORS	YES		NO	
	3	2	1	0
3 = Frequently 2 = Sometimes 1 = Rarely 0 = Never				
R24. Is the consumer in need of assistance with adaptive equipment (need it purchased, need training, need repairs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R25. Would a power outage interfere with the consumer's necessary adaptive equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment on any risk factors marked as "Yes" and address the issue in the Crisis Intervention Plan.	No. of risks:			
Comments:				

Nutrition
 B20. How is your appetite?

Good
 Fair
 Poor

Comments:

B21. Has there been an unexplained weight loss or weight gain in the past year?

Yes (specify in comments)
 No

Comments:

B22. Are there health concerns related to your nutrition?

Yes (specify in comments)
 No

Comments: