

<i>Mental Health & Disability Services System Management Manual</i>	3
Overview	3
Introduction 441-25.10	3
Plan Development 441-25.13(1)a	4
Plan Administration 441-25.13(1)b	5
Financial Accountability 441-25.13(1)c	5
Managed Care Contract 441-25.13(1)d	5
Funding Policy 441-25.13(1)e	5
Conflict of Interest 441-25.13(1)f	6
Contract Management Program 441-25.13(1)g	6
Delegated Functions 441-25.13(1)h	8
Access Points 441-25.13(1)i	9
Staffing 441-25.13(1)j	20
Applications 441-25.13(1)k	21
Individual Access 441-25.13(1)l	21
Eligibility and Co-Payment Requirements 441-25(1)m	21
Confidentiality 441-25.13(1)n	24
Appeals	24
Waiting lists 441—25.13(1)p	25
Quality Assurance 441-25.13(1)q	26
Collaboration 441-25.13(1)r	27
Ongoing Education Process 441.25.13(1)s	28
<i>Emergency Program 441-25.13(1)o</i>	29
Emergency Program Covered Services	33
<i>Mental Health Program</i>	36
Intake for Mental Health Program	36
Designated Mental Health Centers	37
Eligibility Determination	37
Plan Development	38
Request for Funding	38
Service Funding Authorization	38
Service and Cost Tracking	38
Service Monitoring	38
Mental Health Program Covered Services	39

Mental Health Services in Jail..... 40

Disability Program 41

Diagnostic Category Criteria 41

Intake for Disability Program 43

Referral 441-25.13(2)d 44

Medicaid Services 44

Service Plan Development 441-25.13(2)e 46

Request for Funding 46

Service Funding Authorization 46

Resource Management..... 47

Service Monitoring 48

Non-Medicaid Disability Services..... 49

Required Data Collection 58

Technical Assistance 58

Annual Review 58

Appendix 60

Attachment A: Cost Recovery Process 60

Attachment B: Definitions (441-25.11)..... 61

Attachment C: Mental Health Center Sliding Fee Schedule for Outpatient Services 63

Attachment D: Application 64

Attachment E: Level of Care Determination Grid..... 65

Mental Health & Disability Services System Management Manual

Overview

This is the Mental Health & Disability Services Management Plan for counties who are members of the County Social Services Agreement.

This Mental Health & Disability Service Management Plan represents a partnership between the Department of Human Services, County government and the Legislature that authored pilot project legislation to encourage greater collaboration. Together this partnership is able to combine resources to form an integrated system of care built on the values of community, choice and empowerment.

January 1, 2009 five counties came together to further advance the vision of creating a more equitable service system, while retaining the principle of local control. Floyd, Butler, Cerro Gordo, Mitchell and Black Hawk County entered into this joint venture called "County Social Services" with the express intent of making funding and service availability more equitable across county lines. Since that time more counties have joined this initiative to test new system designs that will serve taxpayers and people with disabilities in the most effective and efficient manner possible.

County Social Services will apply greater emphasis on organizing around function rather than geography. The local county offices of County Social Services are the pillars of the agency and the link pins of the service delivery system.

A current manual is available in each local County Social Services office and on the County and DHS Websites. The manual is available through the County Social Services' Office of Contract Management, 319-292-2261.

Introduction 441-25.10

This Mental Health & Disability Services Management Plan (hereafter referred to as Plan) defines standards for member counties of the joint venture, called County Social Services, established January 1, 2009, including the single point of entry process for accessing services and supports paid from the county Mental Health & Disability Services Fund (Iowa Code section 331.424A). County Social Services will be the single point of entry with a designated County Social Services office in each member county. The Administrator, designated by the County Social Services Governing Board (hereafter referred to as the County Social Services Board), will mean the central point of coordination (CPC) referred to in the Administrative Code. The Administrator is an administrative gatekeeper to the service's fund but does not replace Case Management or Service Coordination.

The Plan describes how persons with disabilities receive appropriate services and supports within the financial limitations of federal, state, and county resources. In partnership with the state, the consortium of counties will develop a Plan that describes the capacity of County Social Services to manage the Mental Health & Disability Services Fund in a manner that is cost-efficient. The Plan would like to move away from barriers caused by legal settlement and toward a progressive funding agreement with the state that is equitable, predictable, capitated and produces measurable outcomes. County Social Services will pilot innovative approaches to collaboration across county lines, levels of government and collateral agencies. This Plan would like to give the consortium of counties maximum flexibility to manage the public Mental Health & Disability Service System.

The development and implementation of the Plan will follow the principles of choice, empowerment, and community.

The following is a Plan designed to deliver an array of cost-effective, individualized services and supports that assist the individual to be as independent, productive, and integrated into the community as possible within the constraints of the services fund. The Plan covers the full geographical area of the member counties and all the residents of the counties. The Plan also extends coverage to individuals who have established eligibility and are the financial responsibility of member counties that may reside outside of the consortium but within the state of Iowa as set forth in the agreement with DHS.

This Plan will not fund any individual residing outside of Iowa or any service provider providing services outside of Iowa.

The Plan will include policies and procedures, an annual plan review and a three-year strategic plan. The policies and procedures manual shall describe system management in the first section and then separate sections for Emergency Program, Mental Health Program and the Disability Program. Policies identified in this manual will require approval by the County Social Services Board, MHD Commission and Director of DHS.

The public will have access to the Plan, most recent annual review and current three-year strategic plan in a designated binder in each County Social Services Office. Paper and electronic copies will also be made available to the public.

Plan Development 441-25.13(1)a

County Social Services will identify a Communication Officer to coordinate external communication of the organization and to involve stakeholders in the development and implementation of the Plan in a meaningful way.

Mental Health & Disability Services Advisory Board

County Social Services Board will recognize all advisory boards established by member counties and accept their input and guidance to the Mental Health & Disability System. County Social Services will host a conference each year to present the annual report and to formally receive feedback and guidance. The composition of advisory boards shall be broadly representative of the demographic character of the region and shall include, but not be limited to, representatives of individuals and families, law enforcement, and other collateral agencies not directly funded by County Social Services.

The Annual Advisory Conference shall review and provide comments on plans and policies developed under this manual, provide local oversight regarding the activities of the consortium, and work with County Social Services to resolve significant concerns regarding service delivery and outcomes. The Annual Advisory Conference shall each year elect a representative to serve on the County Social Services Board..

Advisory Board members will not be MH/D providers or be paid for their time. They will receive the established mileage reimbursement and meal allowance of their host county.

Communication Officer General Duties

The Communication Officer will coordinate communication between County Social Services and our stakeholders; namely individuals, family members, county officials, advocates and providers.

Plan Administration 441-25.13(1)b

The member counties delegate administration of the Plan to “County Social Services,” a joint venture that will designate an Administrator to serve as the single point of entry for accessing services and supports paid under the Plan. County Social Services shall structure and provide adequate credentialed staffing to carry out the administration of this Plan as outlined under Staffing. The Administrator or staff delegated to the function shall have the required qualifications as designated by IAC 441.25.

County elected officials will not perform any administrative duties.

This is not a Managed Care Contract. County Social Services is a “county consortium” as allowed under Code of Iowa, 2007, Chapter 331, Section 331.440(3) “A county may implement the central point of coordination process as part of a consortium of counties and may implement the process beginning with the fiscal year ending June 30, 1995.”

Financial Accountability 441-25.13(1)c

County Social Services will assure financial accountability for the Mental Health & Disability System by monitoring use and costs of services; collaborating with stakeholders to manage services; implementing a waiting list as necessary; accessing non-traditional services and funding sources; collaborating with individuals and the inter-disciplinary team to review existing services and amend Individual Service Plans.

County Social Services will implement a Resource Management Program to objectively assess and monitor individual’s support needs using evidence based assessment tools i.e. LOCUS, SIS.

County Social Services will also explore opportunities to integrate with Iowa Medicaid Enterprise (IME).. County Social Services will build toward sufficient competency to accept outsourcing of the Home and Community Based Waiver for individuals with intellectual disabilities and Habilitation Waiver for individuals with chronic mental illness from IME.

County Social Services will implement a Contract Management Program to objectively assess and monitor the effective purchase and delivery of services through the Provider Network.

Managed Care Contract 441-25.13(1)d

County Social Services is a public entity and not a risk-bearing managed care contractor but it is a platform dedicated to exploring progressive funding arrangements with the state and member counties. Such arrangements may include risk bearing or capitated allocations that require minimum outcomes of numbers served and reward performance by allowing retention of reserves for future system reinvestment. Reinvestment may expand covered populations or services to members of the consortium.

Funding Policy 441-25.13(1)e

County Social Services will apply all applicable state, federal and county policies and procedures in administrating the Plan and fund only authorized services and supports. County Social Services will support the intake, eligibility, assessment, and service authorization of enrollees. Staff with a four-year degree in human services and the equivalent of two years’ experience with the covered population will conduct social service assessments for service plan development. Staff meeting the minimum criteria established by Chapter 25 for Central Point of Coordination will make funding decisions. The Plan will outline in detail the process for funding only authorized services or service access according to policy and procedure.

Resource Management Program

County Social Services will implement a Resource Management Program. The Resource Management Program will use evidence-based assessments (i.e. SIS, LOCUS), social history, service history, mental health professional determination and interdisciplinary team input to identify level of care/site and funding parameters for management of service funds.

Conflict of Interest 441-25.13(1)f

The Administrator or County Social Services Funding Coordinator shall make funding decisions under the authority of the County Social Services Board. It is the intent of County Social Services that an individual or organization that has a financial interest in the services or supports to be provided will not make funding decisions. In the event that such a situation occurs, that interest must be fully disclosed to the individuals, counties, and other stakeholders.

County Social Services Board Members shall abstain from deliberation and votes involving a conflict of interest or contract with the other entities that they may represent.

Contract Management Program 441-25.13(1)g

Providers who wish to join the County Social Services Provider Network must enter into a Participation Agreement under the terms and conditions of the Contract Management Program. Providers outside of County Social Services, who have executed a contract with their host county or host county designee, may be included in the Provider Network under the terms of their host county contract. The Contract Manager must receive a copy of the contract before any claims are reimbursed and the provider must be willing to comply with the terms of the Contract Management Program.

Non-traditional providers may apply for enrollment under the Contract Management Program or be approved “on the fly” for reimbursement of a properly executed claim for services or supplies. The Plan retains the right to authorize providers of service. Providers meeting one or more of the following criteria may be included in the service network:

1. Currently licensed or certified as a service provider by the State of Iowa.
2. Currently enrolled as a Medicaid provider, and/or state accredited through the MH/ID/DD/BI Commission.
3. Currently accredited by the Joint Commission of Accreditation of Healthcare Organizations (JACHO), the Council on Rehabilitation Facilities (CARF), or other recognized national accrediting body.
4. Currently in contract or agreement with another Iowa County Network.
5. Not barred from Medicaid reimbursement.

County Social Services may utilize the DHS template for contracted Consumer Directed Attendant Care to reimburse individuals contracted for direct services to an enrollee.

Non-traditional Providers

County Social Services will try to recruit and approve non-traditional providers in its service provider network. The following is the criteria and process for selecting and approving providers not currently subject to license, certification, or other state approval standards:

All applicants will have to provide:

1. a personal or organizational history,
2. a description of prior experience in working with priority individuals and
3. a description of special skills, education, and/or experience that qualifies them to provide the given service(s),
4. references,
5. evidence of applicable insurance, and will have to assert that there is no health or legal issue that negatively affects their performance or credibility.
6. Applicants must submit to a criminal and registered sex offender background check.
7. Not barred from Medicaid reimbursement.

The Administrator will screen applicants and interview those meeting threshold criteria.

Successful applicants will receive appropriate orientation and training.

Following a six-month probationary period, the Administrator will review performance and effectiveness. If performance is acceptable, the Administrator will grant one-year approval as a provider in the County Social Services provider network.

Exclusive Providers

County Social Services will only subsidize funding for Nursing Facility Services for persons with intellectual disabilities, mental illness, developmental disabilities, and brain injuries at Country View, a Black Hawk County owned and operated facility. County Social Services may require applicants to access appropriate services from Country View when prepaid capacity is available.

Contracting

The Administrator will negotiate provider contracts and the County Social Services Board will execute them.

The Contract Manager will record and monitor all active contracts.

Rate Setting

Providers must make rate or contract requests to the Office of Contract Management in the Black Hawk County Social Services Office, 319-292-2261. County Social Services will issue a signed rate schedule approving new rates. County Social Services will not reimburse new rates until the effective date on the signed rate schedule.

The Contract Manager will send approved rate schedules to all of the County Social Service Offices and Case Management Agencies designated by the provider.

County Social Services will match Medicaid approved rates for the same service offered to non-Medicaid individuals.

County Social Services will leverage current Medicaid costing strategies; outcome based contracting; market based purchasing; vouchers; request for proposal and bid contracting; nontraditional and natural support service purchasing and honor host county provider pricing agreements.

Exception to Policy

Requests for exceptions to rates or services will be granted only when all appropriate options for placements within the defined rate or service have been exhausted. In order to initiate the Exception process, an Access Point must demonstrate the following:

- Research of all possible appropriate placements.
- Reasons why placements have been denied.
- The individual's unique circumstances.

The basis for an Exception: A higher level of care will be required if this individual is unable to continue to access the service at his/her present level/site of care, and the present level/site of care is at a lower cost than the next level of care.

The Administrator will decide all Exception to Policy determinations and report to the County Social Services Board.

Termination

Providers wishing to terminate services will provide a 30-day notice of intent-to-terminate to the Administrator and will cooperate with discharge planning efforts to ensure the individual's health and safety.

Providers wishing to withdraw from the provider network will do so as outlined in the contract.

Delegated Functions 441-25.13(1)h

Medicaid Case Management Agencies

County Social Services shall designate Targeted Case Management Agencies allowed to offer services to resident individuals enrolled in the Medicaid Program. County Social Services shall establish criteria to ensure individuals have choice and access to cost effective Targeted Case Management through the consortium.

The Medicaid Case Management Agencies may perform the following functions:

1. Information and Referral
2. Complete Application for Mental Health or Disability Program
3. Complete Disability Program Assessment (SIS/LOCUS)

4. Case Manager Assignment
5. Comprehensive Plan Development and Monitoring
6. Peer Review

County Social Services Providers

Providers may perform the following functions:

1. Information and Referral
2. Complete Application for Mental Health or Disability Program
3. Complete Disability Program Assessment (SIS/LOCUS)

Community Mental Health Centers

Designated and accredited community mental health centers within the consortium are delegated to serve all functions outlined in the Mental Health Program including access, application, eligibility determination for mental health services, and medical necessity determination for approval of outpatient mental health services as overseen and reviewed by County Social Services.

County Jails

The Sheriff of each member county or their designee may complete applications and intakes for incarcerated individuals that they have determined require access to mental health treatment as set forth in the Mental Health Program. The Jail may perform the following functions:

1. Information and Referral
2. Complete Application for Mental Health or Disability Program

Access Points 441-25.13(1)i

County Social Services will offer regular training and support to Network Providers on how to assist individuals with accessing support services through the Plan.

Any provider or collateral agency may serve as an access point and assist applicants with completing an application for assistance. These access points will electronically submit applications for assistance by the end of the working day to the County Social Services Office.

The County Social Services Offices are the only entities designated to complete enrollment into the Disability Program. Individuals requesting disability services must complete an application, provide medical documentation of a covered disability, and complete an intake assessment interview with County Social Services.

Allamakee County Social Services Office

Allamakee Courthouse
110 Allamakee Street
Waukon, Iowa 52172
County Population: 14,274

Phone: (563) 568-6227
Fax: (563) 568-6417 (confidential)
Web: www.co.allamakee.ia.us

Mental Health and Disability Services Program is available in the Allamakee County Social Service Office. It also houses Allamakee Targeted Case Management Program.

The building is handicap accessible and is open 8:00 AM until 4:30 PM Monday through Friday.

Black Hawk County Social Services Office

Pinecrest Building
1407 Independence Ave.,
Waterloo, Iowa 50703
County Population: 127,446

Phone: (319) 292-2272
Fax: (319) 291-2628 (confidential)
Web: www.co.black-hawk.ia.us

The Pinecrest Building houses the regional offices for DHS, Public Health, DHS Case Management, Grin & Grow Day Care, and Veteran Affairs. The Black Hawk County Office is located on the east wing of the second floor. This office houses Black Hawk County General Assistance; Mental Health & Disability Services Help Center; Conservators' Office; and Mental Health Advocate for Black Hawk, Butler, Grundy and Jackson Counties.

The building is handicap accessible and is open 8:00 AM until 4:30 PM Monday through Friday.

Butler County Social Services Office

Butler County Resource Center
315 North Main St.
Allison, Iowa 50602
County Population: 14,660

Phone: 319-267-2663
Fax: (319) 267-2629 (confidential)
Web: www.butlercoiowa.org

The Resource Center houses Pathways Behavioral Services (mental health and substance abuse services, outreach); Cedar Valley Friends of the Family (domestic violence services); Promise Jobs (work services for FIP recipients); Butler County Drop-In Center (clubhouse services for individuals with mental illness); DHS Case Management (Medicaid Case Management for individuals with intellectual disability,

developmental disabilities, chronic mental illness, brain injury and children with intellectual disability or serious emotional disorders).

Butler County contracts with Pathways Behavioral Service for Office Management at the Resource Center so the same staff that assists with access to mental health and substance abuse services through Pathways can assist with individuals getting access to Butler County General Assistance, Butler County transportation for medical appointments, and Mental Health & Disability Services.

The building is handicap accessible and is open 8:00 AM until 4:30 PM Monday through Friday.

Cerro Gordo County Social Services Office

Cerro Gordo County Courthouse
355 South Eisenhower
Mason City, Iowa 50401
County Population: 44,016

Phone: 641-210-7015

Fax: (641) 201-3992 (confidential)

Web: www.co.cerro-gordo.ia.us/

Cerro Gordo Mental Health & Disability Services is located in the basement of the Courthouse across from Veteran's Administration and General Assistance.

The building is handicap accessible and is open 8:00 AM until 4:30 PM Monday through Friday.

Chickasaw County Social Services Office

Chickasaw County CPC Office
24 N. Chestnut
New Hampton, Iowa 50659
County Population: 12,449

Phone: 641-394-3426

Fax: 641-394-4612

Web: www.chickasawcoia.org

This office also houses the General Assistance, Chickasaw/Mitchell County Targeted Case Management and the WIA program. We are handicap accessible. We are open from 8:00 AM until 4:30PM Monday through Friday except holidays.

Clayton County Social Services Office

600 Gunder Road N.E. Ste. # 6
Elkader, Iowa 52043
County Population: 18,014

Phone: (563) 245-1865

Fax: (563) 245-2452 (confidential)

Web: www.claytoncountyyia.gov

This office is an access point for anyone needing mental health or disability services. Clayton County contracts with DHS for case management services and they have offices in the county building. Clayton County does not have a mental health center in-county. Clayton County residents may access mental health services by going directly to North East Iowa Behavioral Health Center in Decorah, Abbe Center, or Hillcrest Mental Health Center.

The building is handicap accessible and is open Monday, Tuesday, Wednesday and Friday – 8:00 to 12:00 and 12:30 to 4:00.

Fayette County Social Services Office

Fayette County Courthouse
114 N. Vine St., Box 269
West Union, IA 52175
County Population: 20,973

Phone: (563) 422-5047

FAX: (563) 422-6330

Web: www.fayettedcountyiowa.org

The Fayette County Community Services office is located on the first floor of the Fayette County Courthouse. This office provides Fayette County MH/DD services and Fayette County Targeted Case Management.

This office is handicapped accessible and is open 8 a.m. to 4 p.m. Monday through Friday, except holidays.

Floyd County Social Services Office

County Human Services Building
1206 South Main St., Suite D
Charles City, Iowa 50616
County Population: 16,306

Phone: 641-257-6363

Fax: 641-228-2948 (confidential)

Web: www.floydcoia.org

The Floyd County Office is co-located with the local Department of Human Services. The Floyd County Office also provides General Assistance, Representative Payee Services, Guardianship Services, Loan Closet for Mobility Aides (wheelchairs, walkers etc.), and Medicaid Case Management for individuals with intellectual disability, developmental disabilities, brain injury, chronic mental illness and children with intellectual disability or serious emotional disorders.

The office is handicap accessible and is open 8:00 AM until 4:30 PM, Monday through Friday.

Grundy County Social Service Office

Courthouse Annex
704 H Ave.
Grundy Center, Iowa 50638
County Population: 12,459

Phone: (319) 824-6779
Fax: (319) 824-6921(confidential)
Web: www.grundycounty.org

The Courthouse Annex houses a part-time office for DHS, & the Public Health Office. The Grundy County Office is located on the main floor of the Annex building. This office houses Grundy County General Assistance, Mental Health & Disability Services, Chemical Dependency Assistance, & Grundy County Case Management Services.

The building is handicap accessible and is open 8:00 AM until 4:00 PM Monday through Friday.

Hancock County Social Services Office

WHW County Social Services
126 South Clark
Forest City, Iowa 50436
County Population: 11,341

Phone: 641-585-2340
Fax: 641-585-9027

The WHW County Social Services is located in Forest City at the Winnebago County Courthouse. The office provides General Assistance, Medicaid Case Management, County Social Work, and access to Mental Health & Disability Services for Worth, Winnebago and Hancock Counties.

Howard County Social Services Office

Howard County Public Services Building
205 2nd Street East
Cresco, IA 52136
County Population: 9,566

Phone: 563-547-9207
Fax: 563-547-9216
Website: <https://www.co.howard.ia.us/>

The Howard County Public Services Building houses Northeast Iowa Community Action including the Howard County Food Pantry, Iowa Works and Promise Jobs, Juvenile Court Services, and also has DHS offices for when DHS is available by appointment only. The Howard County Office is located on the north wing.

This office houses Howard County Mental Health & Disability Services, Howard County General Assistance, and Howard County Targeted Case Management. The office is handicapped accessible and is open 8:00 AM until 4:30 PM, Monday through Friday.

Humboldt County Social Services Office

Humboldt County Courthouse
203 Main Street
PO Box 100
Dakota City, Iowa 50529
County Population: 9,815

Phone: (515) 332-5205

Fax: (515) 332-2289 (confidential)

Web: www.humboldtcountyia.org

The Humboldt County Court House houses offices for Upper Des Moines Opportunities and Humboldt County Social Services. The Humboldt County Office is located on the east wing of the third floor. This office houses the Humboldt County General Assistance; Mental Health & Disability Services Help Center; North Central Iowa Case Management; and Money Management Offices.

The building is handicap accessible (Elevator is in the basement with a ramp accessible on the north east side of the Court House) and is open 8:00 AM until 4:30 PM Monday through Friday.

Kossuth County Social Services Office

Kossuth County Annex
109 West State
Algona, Iowa 50511
County Population : 15,396

Phone: 515 295-9595

Fax: 515 295-3464

Web: www.co.kossuth.ia.us

Kossuth County Social Services is co-located with Juvenile Court Services, Veteran's Affairs and County Environmental Health Office. The Department of Human Services has a less than full-time office here. County Social services provides General Assistance and Medicaid Case Management for individuals with intellectual disabilities, developmental disabilities, brain injury, and chronic mental illness. Great efforts are made to link individuals with community and statewide partners to best need service needs.

Mitchell County Social Services Office

Mitchell County Service Center
415 Pleasant St.
Osage, Iowa 50461
County Population: 10,738

Phone: (641) 832-2615

Fax: (641) 832-2616

Web: www.mitchellcoia.us

The Mitchell County Service Center is a local collaboration that houses Mitchell County Public Health, Mitchell County Food Bank, Chickasaw-Mitchell County Case Management, Prairie Ridge Addiction

Treatment Center, Mental Health Center of North Iowa, Crisis Intervention, Iowa Vocational Rehabilitation Services, Mitchell County General Assistance and Mental Health & Disability Services.

The building is handicap accessible and is open 8:00 AM until 4:30 PM Monday through Friday.

Pocahontas County Social Services Office

Pocahontas County Annex
23 3rd Ave NE
Pocahontas, Iowa 50574
County Population: 7,310

Phone: (712) 335-3269

Fax: (712) 335-3929 (confidential)

Web: www.pocahontas-county.com

The Pocahontas County Annex houses the offices for DHS, Homemakers, DHS Case Management, and Veteran Affairs. The Pocahontas County Office is located on the east side of the building. This office houses Pocahontas County General Assistance; Mental Health & Disability Services Help Center; Chore Services and Payee Office.

The building is handicap accessible and is open 8:00 AM until 4:30 PM Monday through Friday.

Tama County Social Services Office

Tama County CPC Office
211 W. State St.
Toledo, Iowa 52342
County Population: 17,695

Phone: (641) 484-4191

Fax: (641) 484-8636 (confidential)

Web: www.tamacounty.org

The Tama County Office is located on the corner of HWY 63 & West State Street. The CPC Office houses a part-time office for Goodwill Industries of N.E. Iowa to provide employment services. In Addition this office houses, Mental Health & Disability Services, Chemical Dependency Assistance, Payee Services, & Tama County Case Management Services.

The building is handicap accessible and is open 8:00 AM until 4:30 PM Monday through Friday.

Webster County Social Services Office

Webster County Community Services
723 1st Ave. So.
Fort Dodge, IA 50501
County Population: 37,660

Phone: (515) 573-1485

Fax: (515) 573-1487 (confidential)

Web: www.webstercountyyia.org

Webster County Community Services is located on the second floor of the Bank of America Building. The Webster County Community Services office is home to Webster County Case Management, General Assistance, and Veterans Affairs. The Friendship Center (a drop-in center for individuals with chronic mental illness) is also located on the second floor.

Persons seeking services through Webster County Community Services may access the office using the stairs inside the north doors or the handicap accessible entry using the elevator in the lobby of the south entrance. Office hours are 8:00 AM – 4:30 PM, Monday through Friday.

Winnebago County Social Services Office

WHW County Social Services
126 South Clark
Forest City, Iowa 50436
County Population: 10,866

Phone: 641-585-2340

Fax: 641-585-9027

The WHW County Social Services is located in Forest City at the Winnebago County Courthouse. The office provides General Assistance, Medicaid Case Management, County Social Work, and access to Mental Health & Disability Services for Worth, Winnebago and Hancock Counties.

Winneshiek County Social Services Office

Courthouse Annex
204 W. Broadway Street
Decorah, Iowa 52101
County Population: 21,024

Phone: (563) 387-4144

Fax: (563) 568-6417 (confidential)

Web: www.winneshiekcounty.org

The Winneshiek County CPC/Case Management offers the CPC and DHS TCM services for Winneshiek County. Department of Human Service Targeted Case Management (DHS TCM)

Phone: 563-382-2867; FAX: 855-650-4863; DHS Crisis Line: 877-868-1188.

The building is handicap accessible and is open 8:00 AM until 4:30 PM Monday through Friday.

Worth County Social Services Office

WHW County Social Services
126 South Clark
Forest City, Iowa 50436
County Population: 7,598

Phone: 641-585-2340

Fax: 641-585-9027

The WHW County Social Services is located in Forest City at the Winnebago County Courthouse. The office provides General Assistance, Medicaid Case Management, County Social Work, and access to Mental Health & Disability Services for Worth, Winnebago and Hancock Counties.

Wright County Social Services Office

Wright County Annex
115 1st Street SE
PO Box 4
Clarion, Iowa 50525
County Population: 13,229

Phone: (515) 532-3309

Fax: (515) 532-6064 (confidential)

Web: www.co.wright.ia.us

The Wright County Annex houses the county offices of Public Health, Homemaker Health Aids, families forward and Hospice programs. The Wright County Office is located on the north end of the building. This office houses Wright County General Assistance and Veterans Affairs; Mental Health & Disability Services Help Center; and North Central Iowa Case Management offices.

The building is handicap accessible and is open 8:00 AM until 4:30 PM Monday through Friday.

Designated Mental Health Centers

Abbe Center for Community Mental Health

129 S. Vine St.
West Union, IA 52175

Phone: (563) 422-5344

Fax: (563) 422-5368

Abbe Center for Community Mental Health serves people living Benton, Buchanan, Delaware, Fayette, Jones and Linn Counties with satellite offices in Vinton, Belle Plaine, Independence, Manchester, West Union, Anamosa and Cedar Rapids.

Abbe Center for Community Mental Health offers psychiatric services, individual counseling, and community support services.

Berryhill Center for Mental Health

720 Kenyon Road
Fort Dodge, IA 50501

Phone: (515) 955-7171

24 hrs: (800) 482 8305

The Berryhill Center for Mental Health is affiliated with and located on the campus of Trinity Regional Hospital in Fort Dodge serving Calhoun, Franklin, Hamilton, Humboldt, Kossuth, Pocahontas, Webster and Wright Counties. Satellite offices are located each of these counties, except Calhoun, with appointments scheduled through the main office in Fort Dodge.

Black Hawk Grundy Mental Health Center

3251 West 9th St.
Waterloo, Iowa 50702

Phone: (319) 234-2893

24 hrs.: (800) 234-0354

Black Hawk Grundy Mental Health Center serves Black Hawk and Grundy County. BHGMHC provides outreach and community support services to the Waterloo and Cedar Falls area.

Mental Health Center of North Iowa

235 S. Eisenhower Ave.
Mason City, Iowa 50401

Phone: (641) 424-2075

24 hrs: (800)700-4692

The Mental Health Center of North Iowa serves the counties of Cerro Gordo, Franklin, Winnebago, Hancock, Worth, Floyd, and Mitchell. The MHCNI provides outpatient satellite service to Floyd and Mitchell County. The Center operates the Renew Center (drop-in for persons with mental illness) in Mason City and provides community outreach and community support services to the Mason City and Clear Lake area.

Mental Health Clinic of Tama County

1309 Broadway Street
Toledo, Iowa 52342

Phone: (641) 484-5234

Fax: (641) 484-5632(confidential)

The Clinic Office is located a little over 2 blocks south of old HWY 30 on Broadway Street. The Clinic Office Provides Outpatient Mental Health Services; as well as Supported Community Living Services, Employment Services , & Case Management Services for the Chronically Mentally Ill. .

The building is handicap accessible and is open 8:00 AM until 5:00 PM Monday through Friday.

Northeast Iowa Behavioral Health

“Promoting Recovery and Quality of Life”

905 Montgomery St.
Decorah, IA 52101
Phone: (563) 382 3649

Phone: (800) 400-8923

www.neibh.org

NEIBH offers mental health and substance abuse services in Howard, Allamakee, Fayette, Clayton and Winneshiek counties with satellite offices in Cresco, Elkader, West Union, Oelwein, Guttenberg and Waukon.

NEIBH offers psychiatric services, individual and group counseling, peer support, community support services, OWI education and operates the Phoenix Center; a peer facilitated drop in support center in Decorah.

Pathways Behavioral Services

111 10th St. SW, PO Box 114
Waverly, IA 50677

Phone: (319) 352-2064
24hrs: (800) 879-1372

Butler County Resource Center
315 Main St.
Allison, Iowa 50602
Phone: (319) 267-2629
Fax: (319) 267-2629

Pathways Behavioral Services serves the counties of Butler and Chickasaw. Pathways maintain a full-time office in Allison at the Butler County Resource Center. They provide substance abuse and mental health services. They also provide drop-in services at the Resource Center and at the Center in Waverly, provide community outreach, and behavioral support services to Butler County.

The designated Mental Health Centers answer their phones 24 hours a day, seven days a week and a licensed therapist is on call to respond to urgent phone calls. The designated MHCs will ask individuals to complete an application for assistance if they are unable to cover the cost of services.

The designated MHCs will make a preliminary eligibility determination then forward applications to a County Social Service Office by the end of the business day. Applicants will receive a notice of decision within 10 working days of the date received by County Social Services if the initial eligibility granted by the MHC is denied. The services provided prior to this denial will be reimbursed as approved by the MHC.

Staffing 441-25.13(1)j

County Social Services will hire and contract with member counties for sufficient staff that are qualified to perform the assigned functions. County Social Services shall designate at least one person who meets the qualifications of a central point of coordination administrator to implement the central point of coordination process.

County Social Services will not appoint an elected county or state official as the central point of coordination administrator.

All staff contracted or employed by County Social Services will be subject to the same credentialing, performance evaluation and disciplinary action. County Social Services will refer to the policies and procedures set forth by the respective county for any action that may result in termination or loss of compensation of a contracted employee.

Service Coordinators

County Social Services will retain Service Coordinators familiar with child welfare/juvenile justice, dual diagnosis, serious and persistent mental illness, developmental disabilities and serious emotional disturbances. They will assist with assessment and enrollment into behavioral supports services. They will perform resource management functions to ensure that individuals are receiving the most appropriate level of support based on an objective assessment of their needs. They will also provide information and referral to all residents of the consortium and provide access to programs for any disabled individual needing assistance.

Help Number (855) 266-1257

County Social Services will provide a 24 hour 800 number to coordinate timely response and connection to mental health & disability service assistance.

Applications 441-25.13(1)k

Applications are available in all County Social Services Offices, on-line at the county websites, County Social Services website, by mail and at any designated access point.

County Social Services will assist applicants with addressing language or disability barriers to completing the application process upon request. Plan applicants who are deaf or hard of hearing can access the Telephonic Device for the Deaf (TDD) by calling 1-800-787-1730, extension 5025. Applicants can also access interpreting services through Relay of Iowa at 1-800-735-2941. As necessary, County Social Services will connect applicants through the AT&T Language Line (1-800-752-6096) for immediate access to interpreters for non-English speaking applicants.

Applications will capture the minimum data set required by Chapter 25.

Individual Access 441-25.13(1)l

All residents are eligible for education, consultation, referral, and crisis services.

Individuals enrolled under the Mental Health Program of the Plan will have access to appropriate outpatient and emergency mental health services to meet an individual's needs in the least restrictive environment possible. Applicants who reside in the consortium are eligible for the Mental Health Program. Reimbursement for residents with legal settlement outside the consortium will be resolved through agreement between counties or with the DHS until legal settlement is replaced by residency as the means of establishing financial responsibility after July 1, 2013.

Individuals enrolled into the Disability Program of the Plan will have access to an array of services to meet their needs in the least restrictive environment possible based on an objective assessment of their behavioral service needs. The Disability Program will provide services and supports covered by the individual's level of care determination as assessed by an objective, evidence-based tool i.e. SIS or LOCUS.

Residents of the consortium that complete the application for assistance and who have provided all of the requested information will be issued an eligibility decision and provided access to services and supports, if eligible, regardless of legal settlement disputes between counties or the state payment program. The County will pursue resolution of legal settlement or residency after July 1, 2013 questions between counties or regions with the least impact on individuals.

Eligibility and Co-Payment Requirements 441-25(1)m

To be eligible for the Mental Health program an individual must be financially eligible for the sliding-fee schedule as set forth in the Mental Health Program and meet the diagnostic definition (Per Iowa Administrative Code, Chapter 22) for Mental Illness. An individual with income below 150% Federal Poverty Income Guidelines will have no co-payment.

To be eligible for the Emergency and Disability Programs an individual must be financially eligible with resources below \$2,000, or \$3,000 for a married couple, and household income below 150% of the Federal Poverty Income Guidelines. An individual also must meet the diagnostic definition for a person with Chronic Mental Illness (Per IAC, Chap 24); Intellectual Disabilities (Per IAC, Chap. 22); Developmental Disability (Per IAC, Chap. 24); or Brain Injury (Per IAC, Chap. 22).

An individual whose income exceeds the established guidelines will fund his/her services to the extent that the income exceeds the guidelines. If the individual does not pay the co-payment, service funding may be terminated.

Legal Settlement Must Be Determined

An individual must be a citizen of the United States of America or a Legal Alien and reside in, be temporarily located in, or have legal settlement or resident after July 1, 2013 in the consortium.

An individual is eligible under the Mental Health Program if he/she is a resident but not legally settled in the consortium until other county funding and service coordination is established.

An individual will only be denied assistance if he/she refuses to provide information to make a reasonable determination of legal settlement or residence after July 1, 2013.

If an individual moves to another Iowa county or region and retains legal settlement or residency after July 1, 2013 with County Social Services, services will be available under the new county/region of residence management plan. County Social Services will reimburse under the terms and conditions established by the county of residence management plan.

Basic Eligibility Standards

An individual shall be financially eligible for county funding when the individual meets the following standards:

1. If eligible for federally funded or state-funded services or supports, the individual has applied for, and accepted, those services and supports.
2. The applicant's household has:
 - Income that is equal to, or less than, 150% of the federal poverty guidelines as defined by the most recently revised poverty income guidelines published by the United States Department of Health and Human Services; and
 - Resources equal to, or less than, \$2,000 in countable value for a single-person household or \$3,000 in countable value for a multi-person household.

Resource Standards

Basic standards shall include the following provisions for determining financial eligibility:

1. The value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this policy.
2. A transfer of property or other assets within five years of the time of application with the result of, or intent to, qualify for assistance may result in denial or discontinuation of funding.

The following resources shall be exempt:

1. The homestead, including equity in a family home or farm that is used as the household's principal place of residence. The homestead shall include all land that is contiguous to the home and the buildings located on the land.

2. One automobile used for transportation.
3. Tools of an actively pursued trade.
4. General household furnishings and personal items.
5. Burial spaces.
6. Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.
7. Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.

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

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

Basic Co-payment standards

Any co-payments or other client participation required by any federal, state, county or municipal program in which the individual participates shall be required. Such co-payments include, but are not limited to:

1. Client participation for maintenance in a residential care facility through the state supplementary assistance program.
2. Client participation for an intermediate care facility or an intermediate care facility for persons with intellectual disability.
3. A portion of rent in conjunction with a rental assistance program consistent with guidelines of the United States Department of Housing and Urban Development.
4. A co-payment, deductible, or spend down required by the Medicare or Medicaid programs or any other third-party insurance coverage.
5. The financial liability for institutional services paid by counties as provided in Iowa Code sections 222.31 and 230.15.
6. The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.19.
7. A co-payment based on the County Social Services sliding fee scale for payee services not to exceed the maximum allowed by SSA.

Confidentiality 441-25.13(1)n

County Social Services will comply with all applicable state and federal statutes regarding the confidentiality of individual personal health information. County Social Services shall maintain a separate policy and procedure manual for the management of personal health information. Individuals previously enrolled under individual county confidentiality policy and procedures will be offered an updated privacy notice explaining the procedure for sharing personal health information within the new joint venture "County Social Services." Essentially the administrative and service coordination staff of all member counties will have access to all personal health information required to perform their assigned functions.

Appeals

County Social Services will implement an appeal process for individuals and providers. The appeal process will be based on an objective review of the decision. It will set forth specific periods to ensure due process. The information reviewed will be in accessible formats for all parties. Individuals may be assisted by their Service Coordinator and may request the participation of two additional representatives of the individual's choice.

The County Social Services Administrator, with the intent of facilitating a mutual resolution, will schedule all requests for a reconsideration meeting within ten (10) working days. The Administrator must then issue a decision in writing within ten (10) working days that must include the next step, which is the appeal process.

Responsibility for the final administrative decision will rest with an Administrative Law Judge for individual appeals following the procedures established in 441-Chapter 7.

Appeal Process

If County Social Services makes a decision adverse to an individual, the decision may be appealed. Adverse decisions may include decisions involving eligibility determinations, funding and/or service levels, or placements on waiting list for services.

The Administrator makes initial decisions regarding eligibility for services and whether an individual may be placed on a waiting list for the requested service. This Notice of Decision shall be in writing and shall explain the reason(s) for the decision. If a decision is appealable, the Notice of Decision will state that the individual has a right to appeal, and how to file an appeal.

Step One: Filing an Appeal

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

Step Two: Discussing the Problem

After the appeal is filed, the Administrator will contact the individual to schedule a meeting to discuss the appeal. This meeting must be held within 10 business days, unless the parties agree to extend the time to meet. The individual may bring someone to the meeting to help explain the position. The individual and the Administrator may ask another person to serve as a mediator. At the meeting, the Administrator will explain his or her reason for the decision. The individual may

ask questions or give the Administrator other pertinent information. The individual must tell the Administrator what he or she wants to happen (a proposed resolution). If the individual and the Administrator reach an agreement, the Administrator will issue a revised Notice of Decision within 10 business days. At the end of the meeting, the individual and the Administrator will sign a status agreement, indicating whether there is a resolution and a revised Notice of Decision issued or whether the appeal will continue.

Step Three: The Appeal

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

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

Legal Aid: 1-800-532-1275

Disability Rights Iowa: 1-800-779-2502

Waiting lists 441—25.13(1)p

County Social Services will implement a Resource Management Program and only use a waiting list as a last resort. If County Social Services projects the Mental Health & Disability Services expenditures will exceed resources for the fiscal year, County Social Services will implement a waiting list (see Waiting List Procedure). The waiting list will exclude emergency. Waiting list information is reported to the Iowa Department of Human Services' MH/D Division for posting on the DHS Website and is reported in detail on the annual report for future funding decisions.

Waiting List Procedure

Applicants for MH/D services funds who are found to meet eligibility criteria when funds are not available shall be placed on a waiting list located in the Black Hawk County Social Services Office and maintained by the Funding Coordinator.

The Funding Coordinator will issue a Notice of Decision affirming the individual's eligibility and including the date of application for funding, an estimate of how long the individual is expected to be on the waiting list and the process for obtaining information regarding his/her status on the waiting list.

A waiting list may be utilized for services, which are not:

- 1) Emergency Services
- 2) Entitlement programs
 - a) Attorney fees
 - b) Commitment costs
 - c) Court costs
 - d) Mental Health Advocate

- e) Sheriff's transportation
- 3) Supported Employment Follow-along once a person has reached Status 26 with Iowa Department of Vocational Rehabilitation

Changes in provision of services that are equal to, or less than, the current funding level may be approved by the Funding Coordinator and will be exempted from the Waiting List policy. The Case Managers/Service Coordinators will submit, and the Funding Coordinator will issue, a Notice of Decision within ten (10) working days of eligibility determination. Individuals currently receiving services and applying for additional services will be included on the Waiting List for the additional services only.

Decreases in client participation will not be viewed as an increase in County Social Services subsidized funding with regard to the waiting list. If an individual's ability to pay client participation decreases, then the individual will pay the new calculated amount regardless of the existence of a waiting list.

All other factors being equal, eligible individuals will, as financial resources become available, be approved for funding according to the date of the service request on the Notice of Decision. When application dates are the same, the individual with the earliest birthday (month and day) will be funded.

The Administrator may waive these criteria and authorize funding requests based on documented need as an Exception to Policy. When a requested service is not considered an emergency, but potentially serious implications are apparent, the Administrator will consult the appropriate qualified professionals for an assessment of the service request and recommendation. The funding decision remains with Administrator.

Waiting lists will be maintained and reviewed quarterly by the Administrator. The Administrator will present a waiting list status report to the MH/D Advisory Board on a quarterly basis. Waiting list data will be included in the Annual Report and considered in future plan development.

Requests for exceptions and appeals will follow the Appeal Process.

Quality Assurance 441-25.13(1)q

The Plan will integrate a continuous quality improvement process in all Plan programs for system evaluation and the Contract Management Program for quality of provider services. The process will provide objective measures of outcomes, cost analysis, satisfaction, and effective complaint resolution. County Social Services will measure outcomes monthly and report to stakeholders at least once a year.

County Social Services encourages individuals to communicate their satisfaction or dissatisfaction with the program by calling the Black Hawk County Social Services Office (319) 292-2272. Comments can be made anonymously.

County Social Services will review the following measures to assess the quality, effectiveness and timeliness of services provided.

Program Measures

Administration

1. Number of Notice of Decisions each month
2. Number of eligibility denials by reason
3. Number of Funding Decisions each month
4. Number of Funding Denials by reason
5. Number of Stakeholder Contacts by type (meetings, correspondence, media)

6. Number of collaborations by type and agency
7. Number of provider contacts by type
8. Appeals

Emergency Program

1. Inpatient admissions
2. Inpatient days
3. MHC after hour calls
4. Chapter 229 Commitments
5. Chapter 125 Commitments
6. Incident Reports

Mental Health Program

1. Number served under fee schedule
2. Dollars paid under fee schedule
3. Number of commitment hearings
4. Crisis support use
5. Average cost per person served under fee schedule
6. Number of consults
7. Number of public education
8. Number of individuals enrolled in patient assistance programs for medications
9. Number receiving purchase medications
10. Dollars spent on medication

Disability Program

1. Number of intakes with SIS/Locus
2. Number at each level of care
3. Average cost of services for each level of care

County Social Services will conduct at least one individual survey and provider survey every three years. The survey may be multiple formats; i.e. web based, mailer, focus groups, etc.

Collaboration 441-25.13(1)r

The Administrator will regularly participate in community efforts that provide an opportunity to collaborate with other funders, service providers, individuals and families, advocates and the courts in the interest of better serving individuals with mental illness and disabilities. The annual review will document and report these efforts.

The Mental Health Program specifically describes the process for collaboration with the courts. This is for individuals under court-ordered commitment pursuant to Iowa Code chapter 222 or 229.

County Social Services will seek to coordinate services within and outside of the region. County Social Services will work with the system for elderly, indigent, medically fragile and children to ensure a seamless system of care. County Social Services will work to assure that the special needs of minorities, the elderly, disabled, children and low-income persons are met within the priorities of the Plan.

County Social Services will meaningfully collaborate with law enforcement, criminal justice agencies and the chemical dependency treatment system.

County Social Services will collaborate to ensure that policies do not result in an adverse shift of mentally ill persons into state and local correctional facilities.

County Social Services will collaborate with counties through the Iowa Association of Counties and regular regional CPC meetings.

Ongoing Education Process 441.25.13(1)s

County Social Services will regularly provide ongoing education to the Provider Network as outlined in the Communication Program and Contract Management Program.

County Social Services will also make informational material available to the Access Points, on county websites, to civic groups and other public formats that describe the planning, intake and service authorization process.

Emergency Program 441-25.13(1)o

Intake for Emergency Program

Crisis mental health services or court ordered mental health services under Chapter 229 do not require prior authorization if the provider notifies County Social Services (319-292-2272 or the appropriate local office) within 24 hours of rendering the service. If admitted to a psychiatric inpatient unit, voluntarily or under court order (229), the hospital will need to secure the necessary release of information to County Social Services. The hospital or individual must forward a completed application for assistance to County Social Services (either the Black Hawk Help Center or the appropriate local office) within five (5) days.

The designated Mental Health Centers shall provide a 24 hour answering service for urgent mental health needs. The answering service will put the individual in contact with an on call Licensed Health Practitioner of the Healing Arts (LPHA) as soon as possible.

If the emergency is life threatening, call 911 or go to the nearest hospital emergency room.

The hospital may refer individuals to Service Coordination by calling 319-292-2272. These individuals may require Disability Services to transition successfully back into the community.

Crisis Stabilization Services

County Social Services shall provide resources and services as alternatives to psychiatric inpatient care when deemed not medically necessary.

All residents will have access to crisis services.

County Social Services Contracted Psychiatric Hospitals

Mercy Medical Center-North Iowa
1000 4th St. SW, Mason City, IA 50401

General Information
Behavioral Health Unit

Phone: 800-433-3883
Phone: 641-422-6070
Fax 641-422-7518

Allen Memorial Hospital
1825 Logan Ave., Waterloo, IA 50703

General Information
Clinic (for doctor on call)
Adult & Adolescent unit

Phone: 319-235-3629
Phone: 319-233-3351
Phone: 319-235-3624
Phone: 319-235-3941
Fax 319-235-3958

Covenant Medical Center
3421 W. 9th St, Waterloo, IA 50702

General information
Adult & Adolescent Unit
Adult & Adolescent

Phone: 319-272-8000
Phone: 319-272-8585
Fax 319-272-8597

Sartori Memorial Hospital
515 College St.
Cedar Falls, IA 50613
Senior Adult Unit
Senior Adult Unit

Phone: 319-268-3800
Fax 319-268-3525

Mental Health Institutes:

1200 E. Washington, Mt Pleasant, IA 52641
General Information
Admissions

Phone: 319-385-7231
Phone: 319-385-7231 x 2381
Fax 319-385-8465

1800 N 16th St., Clarinda, IA 51632
General Information
Admissions

Phone: 712-542-2161
Phone: 712-542-2161 x 3359
Fax 712-542-2012

2277 Iowa Ave, Independence, IA 50644
General Information
Admissions

Phone: 319-334-2583
Phone: 319-334-2583 x 8408
Fax 319-334-5252

1251 W. Cedar Loop, Cherokee, IA 51012
General Information
Admissions

Phone: 712-225-2594
Phone: 712-225-2594 x 6914
Fax 712-225-6925

IF AN MHI BED CANNOT BE LOCATED
MHI Liaison (Aaron Baack)

Phone: 515-281-5838

Out of Network Psychiatric Hospitals

St. Luke's Hospital
1026 A Ave NE
Cedar Rapids, IA 52402
General Information
Emergency Room
Adult Unit
Older Adult Unit
Adolescent Unit

Phone: 319-369-7211
Phone: 319-369-7105
Fax 319-368-5943
Fax 319-369-8105
Fax 319-369-8812

Mercy Medical Center
701 10th St SE, Cedar Rapids, IA 52403
General Information
Behavioral Health Unit

Phone: 319-398-6011
Phone: 319-398-6772
Fax 319-369-4679

Ellsworth Community Hospital
110 Rocksylvania Ave., Iowa Falls, IA 50126
Inpatient Unit-Hospital Phone: 800-933-5169
Freedom House (outpatient) Phone: 800-648-5481
Fax 641-648-7088

Broadlawns Medical Center
1801 Hickman, Des Moines, IA 50314
General Information Phone: 800-373-2806
Crisis Team Phone: 515-282-5752
Sans Unit Fax 515-282-5732

Iowa Lutheran Hospital
700 E. University Ave., Des Moines, IA 50316
Mental Health Access Center Phone: 515-263-5249
Emergency Room Fax 515-263-5164

Mercy Franklin Medical Center
1818 48th St., Des Moines, IA 50266
Help Line (Adult & Adolescent Mental Health) Phone: 515-271-6111

Mary Greeley Medical Center
1111 Duff Ave., Ames, IA 50010
General Information Phone: 515-239-2011
Adult & Adolescent unit Phone: 515-239-2682
Fax 515-239-6760

Mercy Medical Center
250 Mercy Dr., Dubuque, IA 52001
General Information Phone: 563-589-8000
Behavioral Health Unit Phone: 563-598-9299
Fax 563-598-9297

University of Iowa Hospitals and Clinics
200 Hawkins Dr., Iowa City, IA 52242
General Information Phone: 319-256-1616
Adult Unit Phone: 319-353-6952
Adolescent Unit Phone: 319-356-1481
Med/Psych Unit Phone: 319-356-2200
Fax 319-384-9396

ADDITIONAL INPATIENT HOSPITALS

Great River Medical Center
1221 S. Gear Ave
West Burlington, IA 52655 Phone: 319-768-4675
Keokuk Area Hospital
1600 Morgan Street
Keokuk, Iowa 52632 Phone: 319-524-7450

Genesis – West Central Park 1401 W. Central Park Ave. Davenport, IA 52804	Phone: 463-421-2947
Mercy Medical Center 1410 N. 4th. St. Clinton, IA 52732	Phone: 563-244-5555
Finley Hospital 305 N Grandview Ave. Dubuque, Iowa 52001	Phone: 563-582-1881
Mercy Hospital 500 E. Market St. Iowa City, IA 52245	Phone: (319) 339-0300
Cass County Memorial Hospital 1501 E 10th. St. Atlantic, IA 50022	Phone: 712-243-3250
St. Anthony Regional Hospital 311 Clark St. Carroll, IA 51401	Phone: 712-792-3581
Alegent Health Mercy Hospital 800 Mercy Drive Council Bluffs, IA 51503	Phone: 712-328-5132
Jennie Edmundsen Memorial Hospital 933 E. Pierce St. Council Bluffs, IA 51503	Phone: 712-396-6044
Mercy Medical Center 801 5th. Street Sioux City, IA 51101	Phone: 712-279-2438
St. Luke's Regional Medical Center 2720 Stone Park Blvd. Sioux City, IA 51104	Phone: 712-279-3500
Spencer Municipal Hospital 1200 1st Avenue E. Spencer, IA 51301	Phone: 712-264-6198
Buena Vista Regional Medical Center 1525 W. 5th. Street Storm Lake, IA 50588	Phone: 712-732-4030

Veteran's Hospitals

Des Moines VMAC
3600 30th Street
Des Moines, IA 50310

Phone: 515-699-5999

Iowa City VMAC
601 Hwy 6 West
Iowa City, IA 52246

Phone: 319-338-0581

Knoxville VMAC
1515 W. Pleasant St.
Knoxville, IA 50138

Phone: 641-842-3101

Emergency Program Covered Services

Voluntary Psychiatric Inpatient

Inpatient hospital care to stabilize a psychiatric condition. Individuals must cooperate with making application to County Social Services to be eligible for assistance. The hospital must notify County Social Services within 24 hours of admission.

Limits: Individuals referred to a more appropriate level of care that choose not to access it are responsible for the cost of their hospital care from that point forward. Individuals voluntarily admitted to a psychiatric unit primarily for detoxification from substance use is not reimbursable under the Plan. **Reimbursement is limited to (5) five days for all voluntary admissions. Voluntary psychiatric inpatient services may be limited in any fiscal year based on available resources.**

Court Ordered Psychiatric Inpatient

Individuals admitted to a psychiatric unit (MHIs or Private Hospitals) by court order under chapter 812, 229 or 125 will be authorized from the date of admission to the date of hearing. The psychiatric unit will notify County Social Services of admission and possible need of assistance.

Limits: Hospital stays beyond the hearing date without order of the court must have prior approval for reimbursement.

Hospital Referee

County Social Services may fund a Hospital Referee through the court system as resources permit. The Hospital Referee will review applications and petitions for civil commitment to determine the appropriate level of intervention; conduct the hearing and preside over all on-going commitment orders.

Limits: Limited to available resources.

Mental Health Advocate for Civil Commitment

The court assigns a Mental Health Advocate to individuals determined mentally impaired under Iowa Code Chapter 229. The judge will appoint an advocate upon discharge of the court appointed attorney. The advocate represents the legal rights of committed individuals.

Limits: Not available to individuals under substance abuse commitment.

Legal Counsel for Civil Commitment Hearing

A judge will appoint an attorney for individuals who are unable to afford their own representation. The attorney will prepare for the hearing and represent the individual through the hearing. The judge will discharge the attorney following the hearing and appoint Mental Health Advocate if mental impairment is substantiated.

Limits: Legal fees are limited to the hourly rates set by court rules. The judge must approve attorney charges that exceed (3) three hours per hearing.

Psychiatric Evaluation for Civil Commitment

A psychiatrist will complete a psychiatric evaluation and make recommendations to the court prior to the civil commitment hearing. A physician may complete the evaluation and recommendation if a psychiatrist is not available.

Limits: If the judge does not order immediate custody under a civil commitment, County Social Services will assist with gaining access to a physician to complete an evaluation prior to the hearing.

Sheriff Transportation for Civil Commitment

The Sheriff will provide emergency transportation to the hospital and transportation between facilities as ordered by the court for appropriate treatment under civil commitment.

Limits: County Social Services will not reimburse for ambulance service unless ordered by the Sheriff when officers are unable to meet the medical needs of the individual.

Ambulance Transportation for Civil Commitment

The Plan will only reimburse for eligible individuals transported under a Chapter 229, Mental Impairment Order that the Sheriff has determined are not medically stable for law enforcement transport.

Limits: County Social Services will not reimburse for ambulance service unless ordered by the Sheriff under Chapter 229. County Social Services will not reimburse for individuals with Medicare, Medicaid or other private insurance. Reimbursement will be limited to an amount established by the respective County Board of Supervisors per transport for eligible individuals.

Non-Sheriff Transportation

County Social Services may coordinate and reimburse non-Sheriff transportation for individuals determined sufficiently stable.

Youth Shelter

The Plan may reimburse the non-state portion of youth shelter care for children with a mental health diagnosis transitioning out of an inpatient mental health unit or diverted from admission to an inpatient mental health unit or that meet the criteria for “serious emotional disorder.”

Limits: County Social Services will not reimburse in excess of 30 days per episode. The youth shelter must submit a completed application for assistance to County Social Services and notify the County Social Services office within 24 hours of admission.

Mental Health Program

The Community Mental Health Centers are the backbone of the mental health delivery system for the County Social Services consortium. They are the lead agencies charged with early intervention of presenting mental health disorders, urgent intervention to avoid unnecessary custodial care, and community outreach to help individuals with chronic mental illness live successfully in the community.

Mental health is a general term referring to not only the absence of mental disorder, but also the ability of a person to handle the daily challenges and social interactions of life. Mental health and mental disorders can be affected by numerous factors ranging from biologic and genetic vulnerabilities to acute and chronic physical dysfunction to environmental conditions and stresses. More than 52 million Americans have a mental disorder in a given year, although only about 8 million (16%) seek treatment. One of every five adults, or about 40 million Americans, experience some type of mental disorder every year.

The combined indirect and related costs of mental illness are immense and include the costs of lost productivity, lost earnings due to illness, and societal costs, such as increased criminal justice and family-caregiver costs. Clinical depression alone costs the United States \$43.7 billion annually; anxiety disorders, \$68 billion; and schizophrenia, \$65 billion.

Mental health and mental disorders also have a significant impact on the total health care system. Up to half of all visits to primary care physicians are due to conditions caused by, or made worse by, mental or emotional problems. People with depression are more than four times as likely to have a heart attack as those without such a history. Roughly 37% of alcohol abusers and 53% of drug abusers also have at least one serious mental illness.

The good news about mental health care within the total health care picture is that mental illness is highly treatable. The treatment success rate for schizophrenia is 60%; bipolar disorders, 80%; major depression, 63%. This contrasts with the treatment success rate for heart disease, which ranges from 41% to 52%. In spite of these positive treatment rates, more than 41 million Americans lack health insurance, and even those who do have coverage generally do not have any kind of meaningful parity (equality) in coverage and payment for mental health disorders. (Healthy Iowans 2010, Chapter 12, Mental Health and Mental Disorders)

Intake for Mental Health Program

Individuals wishing to access outpatient mental health services may apply directly to a designated Mental Health Center. The Mental Health Center will make the eligibility determination and only forward sufficient applicant information to County Social Services for coordination of benefits.

Individuals will only receive a Notice of Decision from County Social Services if the decision by the Mental Health Center is overturned. In the event the individual is determined ineligible, he/she will not be responsible for charges incurred for the period between Mental Health Center approval and the County Social Services denial. Any individual dissatisfied with the eligibility decision of the Mental Health Center or County Social Services will have a right to appeal the decision.

Individuals who wish to access mental health services outside of the designated Mental Health Centers must complete the enrollment process for service under the Disability Program and will be referred to County Social Services for assessment and prior approval.

Designated Mental Health Centers

To access outpatient mental health treatment services individuals may call or go directly to any of the following Mental Health Centers:

Black Hawk Grundy Mental Health Center Phone: 319-234-2893
3251 West 9th St. 24 hrs: 800-234-0354
Waterloo, Iowa 50702

Mental Health Center of North Iowa Phone: 641-424-2075
235 S. Eisenhower Ave. 24 hrs: 800-700-4692
Mason City, Iowa 50401

Pathways Behavioral Service Phone: 319-352-2064
111 10th St. SW, PO Box 114 24 hrs: 800-879-1372
Waverly, IA 50677-0114

Berryhill Center for Mental Health Phone: 515-955-7171
720 Kenyon Road 24 hrs: 1-800-482 8305
Fort Dodge, Iowa 50501

Northeast Behavioral Services Phone: 563-382-3649
905 Montgomery St.
Decorah, Iowa 52101

Tama County Mental Health Clinic Phone: 641-484-5234
1309 S. Broadway
Toledo, IA 52342

Mason City Clinic Phone: 641-494-5480
250 S. Crescent Dr.
Mason City, Iowa 50501

The telephone at the designated Mental Health Centers is answered 24 hours a day, seven days a week and a licensed therapist is on call to respond to urgent phone calls.

Eligibility Determination

All residents are eligible for education, consultation, referral, and crisis services.

County Social Services will subsidize outpatient mental health services up to 350% federal poverty guideline (see Appendix Sliding Fee Scale). There is no client participation for individuals with income below 150% federal poverty guideline.

Resources are exempt under the Mental Health Program for <i>outpatient services only</i> provided by the designated Mental Health Center.

Individuals must have a mental illness diagnosed by a Licensed Practitioner of the Healing Arts (LPHA):

Persons with a Mental Illness (Per IAC, Chap.22) are persons who meet the criteria for a diagnosis of a mental illness as defined in the Diagnostic and Statistical Manual, Fourth Edition – Revised (DSM IV).

Diagnoses, which fall into this category, include, but are not limited to, the following: schizophrenia, major depression, manic-depressive (bipolar) disorder, adjustment disorder, and personality disorder

The Mental Health Center shall assess and provide only the level of mental health services deemed medically necessary.

Designated Mental Health Centers are responsible for timely access to necessary and immediate services as designated access points.

Caregiver Exemption

The Mental Health Program will exempt a caregiver or family member of an individual with a persistent mental illness from the requirement of a mental health diagnosis. They may receive family education counseling to help them support their loved one with a mental illness.

Plan Development

An integrated treatment plan is required for all outpatient mental health services for the most effective recovery intervention. The Mental Health Center will assign a clinician to coordinate each individual's treatment plan under the Mental Health Program.

Request for Funding

Outpatient mental health services under a designated Mental Health Center do not require prior authorization or a funding request from County Social Services.

Service Funding Authorization

Outpatient mental health services will not require a funding authorization unless the individual is requesting services from mental health provider that is not a Community Mental Health Center.

Ongoing review of all service funding will be performed under the Resource Management Program to ensure that all individual service plans are developed in a cost effective manner.

Service and Cost Tracking

County Social Services will track all information through a centralized web-based management information system that meets the requirements of the Iowa Administrative Code. The system shall track services, supports, and payments made on behalf of all approved individuals. The tracking system shall provide an unduplicated individual count and expenditure data. The tracking system shall also record denials of services and supports and indicate the reason for denials.

Service Monitoring

The Mental Health Center will provide an annual report of service outcomes as part of the contracting process and be subject to the Resource Management Program.

Mental Health Program Covered Services

Information & Referral

All Consortium residents are eligible for free mental health information and referral services regardless of clinical or financial need. Individuals may call for an appointment or stop in the County Social Services office or at any designated MHC.

Consultation

All consortium residents are eligible for free consultation with a mental health professional regarding mental health issues by contacting any designated MHC.

Public Education Services

Public education on prevention, intervention and health maintenance is available to all county residents through various public forms of communication.

Medication

Medication prescribed for primary treatment of a psychiatric condition. Individuals must request samples from their physician and make application to all available Patient Assistance Programs.

Limits: County Social Services will only approve a supply up to 30 days of patented medication if waiting delivery from a Patient Assistance Program. County Social Services will only approve ongoing assistance with generic psychotropic medication no longer under patent. Medication is only available from a County Social Services designated pharmacy. Medications must be pre-approved by the Community Mental Health Center prescribing the medication or County Social Services. **This service requires prior approval for reimbursement. This service may also be subject to a formulary.**

Exclusions: Medicare & Medicaid (IowaCare) eligible individuals, nonprescription medication, smoking cessation medication, birth control medication, impotency medication, pain medication, and suspected abuse of prescribed medication.

Individual Outpatient Mental Health Counseling

This is a planned process in which the therapist uses professional skills, knowledge and training to enable individuals to realize and mobilize their strengths and abilities, take charge of their lives, and resolve their issues and problems. This would include crisis intervention programs.

Limits: A Licensed Health Practitioner of the Healing Arts (LPHA) for a Network Mental Health Provider will assess and approve the need for therapy. Individuals who fail to attend scheduled sessions and actively participate in recovery may be terminated from services. If outpatient mental health services extend beyond the average treatment period for the presenting diagnosis, services may be reviewed with County Social Services to coordinate a more effective service plan.

Group Outpatient Mental Health Counseling

This could be day treatment, intensive psychiatric rehabilitation activities designed to increase an individual's ability to function independently. It may be group sessions focused on resolution of common mental health issues or family therapy focused on resolution of common mental health issues.

Limits: A Licensed Health Practitioner of the Healing Arts (LPHA) for a Network Mental Health Provider will assess and approve the need for therapy. Individuals who fail to attend scheduled sessions and actively participate in recovery may be terminated from services.

Outpatient Medication Management, MD

This service will be performed by a licensed psychiatrist, or physician extender under the supervision of a licensed psychiatrist.

Limits: A Licensed Health Practitioner of the Healing Arts (LPHA) for a Network Mental Health Provider will assess and approve the need for medication management. Reimbursement to a licensed physician or extender outside of the Provider Network would require prior approval from County Social Services.

Psychiatric Evaluation, MD

This service will be performed by a licensed psychiatrist, or physician extender under the supervision of a licensed psychiatrist. The psychiatrist is expected to provide a summary evaluation in the Axis format of the current DSM. This evaluation may be used to establish the existence of a chronic mental illness, developmental disability or brain injury for the purposes of enrollment into the Disability Program.

Limits: A Licensed Health Practitioner of the Healing Arts (LPHA) for a Network Mental Health Provider will assess and approve need for a psychiatric evaluation or the evaluation must be ordered by the court under chapter 229. Reimbursement to a licensed physician or extender outside of the Provider Network would require prior approval from County Social Services.

Outpatient Medication Management, RN

This service will be performed by a licensed registered nurse under the supervision of a licensed psychiatrist.

Psychological Testing

This is an evaluation performed by a psychologist (Ph.D) to screen, diagnose and assess level of functioning, needs, abilities, and disabilities, and determining current status and functioning, recommendations for services, and need for further evaluations. Evaluations consider the emotional, behavioral, cognitive, psychosocial, and physical information as appropriate and necessary. This evaluation may be used to establish the existence of a developmental disability, intellectual disability or brain injury for the purposes of enrollment into the Disability Program.

Limits: This service requires prior approval for reimbursement.

Outreach

This is an array of activities to connect individuals to recovery. Mental Health Centers will designate a primary contact for coordination of children's mental health outreach and for coordination of adults with persistent mental illness outreach.

Mental Health Services in Jail

The Sheriff or Sheriff's agent will assess mental health needs of jail inmates. The Sheriff will notify County Social Services of their determination by submitting an application for assistance from the inmate with the

minimum data necessary to appropriate funds from the Plan. All eligible inmates of the consortium may receive reimbursed mental health services regardless of residence or legal settlement.

The Sheriff or Sheriff's designee will determine who is entitled and who will provide mental health services to inmates. The Sheriff may request service coordination from County Social Services if he/she determines that an inmate would benefit from community based mental health services upon discharge.

Limits: All approvals or denials of mental health services to inmates are at the discretion of the Sheriff. These services are subject to budgetary limits.

Disability Program

Living with a disability is a unique experience; one that cannot be fully understood until it is experienced. Disability is a natural part of the human experience that does not diminish the right of the individual to enjoy the opportunity to live in and contribute to the mainstream of American society.

Disability encompasses a wide range of experiences. A disability can begin anytime during one's life span: at conception, during pregnancy, at birth, during childhood or adulthood, or as the result of aging. It may affect one or more areas of a person's functions—mobility, personal, care, communication, or learning. A disability can be hidden, as with dyslexia, or obvious, as with a spinal cord injury or Down syndrome. It may be mild or severe, or it may be progressive, chronic, or intermittent, as in the beginning stages of multiple sclerosis.

There are many different types of disability: physical, cognitive, psychiatric, behavioral, or sensory. However, it is not the "diagnosis" that makes a condition a disability. People with disabilities do not need to have their disability removed or fixed to be whole and contributing members of society. Often, whether a person with a disability participates in, and contributes to, society is determined by that individual's access to society's goods and services and the availability of individualized, "individual-controlled" services and supports. For a person with a disability, services and supports must include health promotion, primary and specialized health care, transportation, assistive technology (devices that help the disabled person to function), personal assistance, and peer support. (Excerpt from Healthy Iowans 2010, Chapter 4)

Diagnostic Category Criteria

County Social Services will give priority in the allocation of resources to diagnostic categories in the following order:

Persons with intellectual disabilities (ID) (42) (per Iowa Administrative Code, Chapter 22)

A person with ID means a person who meets the following three conditions:

Significantly sub-average intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly sub-average intellectual functioning as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, American Psychiatric Association).

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 areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work leisure, health, and safety.

The onset is before the age of 18.

Persons with chronic mental illness (CMI)(41): (per Iowa Administrative Code, Chapter 24)

County Social Services will classify individuals with a mental health diagnoses and functional limitations that require community support services as CMI for the purposes of resource management.

Chronic Mental Illness means a person 18 years and over with a persistent or emotional disorder that seriously impairs his/her functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. Persons with chronic mental illness will typically have histories that meet at least one of the treatment history criteria and at least two of the functioning history criteria and can demonstrate that benefit can be gained through services.

A. Treatment History 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); or
2. Have experienced at least one episode of continuous structured supportive residential care other than hospitalization, and

B. Functioning History Criteria on a continuous or intermittent basis for at least two years:

1. Are unemployed, employed in a sheltered setting, or have markedly limited skills and a poor work history.
2. Require financial assistance or out of hospital maintenance and may be unable to procure such assistance without help.
3. Show severe inability to establish or maintain a personal support system.
4. Require help in basic living skills.
5. Exhibit inappropriate social behavior with results in demand for intervention by the mental health and/or judicial system.

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

Persons with mental disorders resulting from Dementia including Alzheimer's disease or substance abuse shall not be considered chronically mentally ill.

Persons with Developmental Disabilities (DD)(43): (per Iowa Administrative Code, Chapter 24)

DD means persons with a severe, chronic disability which:

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

5. reflects the person's need for a combination and sequence of services which are of lifelong or extended duration.

A person from birth to age 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 one of the criteria described above if the person, without services and supports, has a high probability of meeting those criteria later in life.

Persons with a Brain Injury (BI)(47): (per Iowa Administrative Code, Chapter 22)

Persons with a brain injury mean 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.

A licensed physician, psychiatrist, or psychologist must establish primary diagnosis.

Intake for Disability Program

The County Social Services office is the only place to complete enrollment into the Disability Program. To apply for the Disability Program an individual must complete an application for assistance and sign the necessary releases of information to obtain primary source verification of the existence of a chronic mental illness, intellectual disabilities, developmental disability or brain injury. A Service Coordinator will schedule an intake interview within 10 days of receiving the application to assess service and support needs and to complete the following enrollment process:

1. Review application to see that it is complete.
2. Request third party verification of information provided if needed.
3. Complete a brief assessment of needs and request (LOCUS, SIS etc).
4. Complete a legal settlement tree to determine the county of financial responsibility. After July 1, 2013 establish place of residence.
5. Request releases to verify the existence of a covered disability and to coordinate the necessary referrals.
6. Provide information on the Plan, services available and other community resource.
7. Assess the ability of the individual to independently access their service needs and recommend the most appropriate level of service coordination i.e. Case Management, Service Coordinator, family, provider, or self.
8. When the Service Coordinator refers an individual to another agency, he/she should follow up within 30 days to ensure that the individual connected with the appropriate resources.
9. If eligible for Disability Program the Service Coordinator will enter the individual into the MIS system and forward to the County Social Services Funding Coordinator under one of the following categories:

Mental Illness (40)	Mental Health Program Emergency Program
Chronic Mental Illness (41)	Mental Health Program Emergency Program Disability Program
Intellectual Disabilities (42)	Mental Health Program Emergency Program Disability Program
Developmental Disabilities (43)	Mental Health Program Emergency Program Disability Program
Brain Injury (47)	Mental Health Program Emergency Program Disability Program

Referral 441-25.13(2)d

County Social Services may refer disability service applications for individuals with Medicaid to a Medicaid Case Management Agency to assist with the enrollment process. The individual will receive a Notice of Decision that the application is pending enrollment in Medicaid Case Management to assist with assessment of needs and development of service plan. Medicaid Case Management is an entitled service for Medicaid eligible individuals that meet level of care.

County Social Services may refer Disability Program applications for individuals with or without Medicaid to a Service Coordinator to assist with assessment of needs and development of service plan.

The Service Coordinator or Case Manager may refer the applicant to another program outside of the Plan that is more appropriate for the individual's needs.

Medicaid Services

The Iowa Medicaid Enterprise manages and funds the following services that must be accessed if eligible to remain eligible for Mental Health & Disability Services covered by County Social Services:

Home and Community Based Waiver Services for Individuals with Intellectual Disability (HCBS/ID Waiver)

The HCBS/ID Waiver provides services for individuals with a primary diagnosis of intellectual disability who require the level of care available in an intermediate care facility for the mentally retarded.

Individuals can choose to live at home or in assisted living arrangements. This program encourages total community integration. Services provided under the intellectual disability waiver are: adult day care, individual-directed attendant care, day habilitation, home and vehicle modifications, home health aide, interim medical monitoring and treatment, nursing, personal emergency response, prevocational service, respite, supported community living, residential-based supported community living, supported employment, and transportation.

Consumer Choices Option

The Consumer Choices Option is an option that is available under the HCBS/ID waiver. This option gives the individual control over a targeted amount of Medicaid dollars. The individual uses these dollars to develop a budget plan to meet his/her needs by directly hiring employees and/or purchasing other goods and services. The Consumer Choices Option offers more choice, control and flexibility over an individual's services, as well as more responsibility.

Additional help is available if an individual chooses this option. The individual will choose an Independent Support Broker who will help him/her in developing a budget and help recruit employees. The individual will also work with a Financial Management Service that will manage the budget and pay workers on the individual's behalf.

If an individual feels the Consumer Choices Option is right for him/her, the Case Manager/services worker can provide help with accessing this option.

More information can also be found at the website:

www.ime.state.ia.us/HCBS/HCBSConsumerOptions.html

Medicaid Case Management

Case Management services are covered when provided by Case Management provider organizations certified eligible to participate in the Medicaid program. Persons eligible for Case Management services must have a primary diagnosis of intellectual disability, developmental disability, or chronic mental illness. Case Management services are not available to persons residing in an ICF/ID.

Habilitation Services

Habilitation services are designed to assist members who have functional deficits typically seen in persons with a chronic mental illness. These home and community based services assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. Services available through the program include: Case Management, home-based habilitation, day habilitation, prevocational services and supported employment.

Intermediate Care Facilities for Intellectual Disability (ICF/ID)

Medicaid covers care and services in an ICF/ID setting if prescribed and certified by the attending physician and supported by an interdisciplinary evaluation. The individual served must be mentally retarded or otherwise developmentally disabled, be substantially handicapped, and be able to benefit from an active treatment program.

This includes services provided by the State Resource Centers at Woodward and Glenwood. Institutional care providing active treatment and psychological, medical, pharmacy, dental, ophthalmology, audiology, speech, occupational therapy, physical therapy, dietary, behavior, vocational, educational, residential, community, and recreational services and supports.

Brain Injury Waiver

The brain injury waiver serves individuals who are under 65 years of age and have a diagnosis of brain injury. To be eligible, an individual must require the level of care provided in a nursing facility or an intermediate care facility for the mentally retarded.

The services available under the brain injury waiver are: adult day care, behavioral programming, Case Management, consumer-directed attendant care, family counseling and training, home and vehicle modifications, interim medical monitoring and treatment, personal emergency response system, prevocational services, respite, specialized medical equipment, supported community living, supported employment, and transportation.

Service Plan Development 441-25.13(2)e

County Social Services assigns a Service Coordinator to an individual once the individual is eligible for the Disability Program. A Service Coordinator may be a Medicaid Case Manager, Service Coordinator, Conservator or a provider contracted to perform service coordination. The Service Coordinator is responsible for the development of the service plan based on the individual's choice of providers, psychosocial necessary needs (assessed by an evidence-based tool i.e. LOCUS or SIS) and collaboration with an interdisciplinary treatment team.

The Service Coordinator will submit the service request to the Funding Coordinator for prior approval. The Funding Coordinator may request a review by a licensed professional of the healing arts (LPHA) or County Social Services Medical Director.

Request for Funding

All Disability Program services and supports require that the Service Coordinator request funding in writing or online to County Social Services. Funding requests should include the service requested, units of service needed, cost per unit, begin date, end date and, if the request is significantly different from the previous request, an explanation for the change in level/site of care.

Any party to a service request may ask for a Peer Review for additional input.

If the individual is not satisfied with the funding determination, the Service Coordinator may assist the individual with appealing the funding decision.

Service Funding Authorization

The County Social Services Administrator or Funding Coordinator will authorize service funding. Both positions are required to exceed the criteria set forth in Chapter 25 for Central Point of Coordination. The Funding Coordinator will respond to service requests within 10 working days. Service Coordinators or Case Managers may call or e-mail the Funding Coordinator, for verbal approval of urgent requests to ensure the health and safety of individuals.

Any resident of the consortium may use the Plan to access needed services under new rules that give the county of residence precedence over service decisions while the state payment program or county of legal settlement remain responsible for reimbursement of services. County Social Services will collaborate with other counties and DHS to ensure that they receive sufficient information for processing reimbursement. County Social Services will also collaborate with individuals and other counties to decide if the county of settlement or county of residence will coordinate their services.

Service Coordinators will conduct ongoing reviews of all service funding under the Resource Management Program to ensure cost effective service plans.

County Social Services will not assume financial responsibility retroactively for services provided before eligibility is determined and funding is approved.

County Social Services will not assume responsibility for reimbursement of any unpaid, unauthorized, or ineligible service under the Medicaid Program. County Social Services will not be responsible for any obligation of a provider to repay the Medicaid Program.

County Social Services will be the payer of last resort. Providers, Case Managers, and individuals will pursue and exhaust all other potential funding sources before requesting County Social Services funding. Individuals eligible for Medicaid programs will only be funded with discretionary funds while waiting for Medicaid services to start.

Resource Management

Service Coordinators will ensure that individuals are receiving the optimal level/site of care for their assessed needs and that this is reimbursable under the Plan. Services for individuals with mental health needs must be medically necessary as defined by IAC 441-79.9(2).

The Resource Management Program will use national recognized evidence based standardized assessment tools to assign individuals to one of six levels of care. Each level of care has a progressively intense array of service interventions to address individual behavioral health needs. (Appendix Level of Care Determination Grid)

The level of care determination does not fix or cap services entitled to an individual.

The Service Coordinator will look at service plans, review level of functioning, social history and clinical assessment (psychological testing or psychiatric evaluation or History and Physical) and may also complete, or request that the Case Manager complete, a standardized assessment tool.

If warranted the Service Coordinator may conduct a peer review with the assigned Medicaid Case Manager or Service Coordinator.

Service Coordinators will conduct resource management in a supportive manner to enhance the quality of care and build consensus. Objective tools and analysis will be included in the review. The Service Coordinator Reviewer and Case Manager must agree to any service changes. A qualified licensed professional may be used by the parties for additional clinical input.

Medical Necessity

The services must be medically necessary as defined in IAC 441-79.9(2):

- Be consistent with the diagnosis and treatment of the individual's condition.
- Be in accordance with standards of good medical practice.
- Be required to meet the medical need of the individual and be for reasons other than the convenience of the individual or the individual's practitioner or caregiver.
- Be the least costly type of service that would reasonably meet the medical need of the individual.
- Be eligible for federal financial participation unless specifically covered by state law or rule.
- Be within the scope of the licensure of the provider.
- Be provided with the full knowledge and consent of the individual or someone acting in the individual's behalf unless otherwise required by law or court order or in emergencies.

- Be supplied by a provider who is eligible to participate in the Medicaid program. The provider must use the billing procedures and documentation requirements described in 441-Chapters 78 and 80.

Peer Review

Peer review is an opportunity for Service Coordinators responsible for managing a population of people with disabilities and an assigned Case Manager or Service Coordinator responsible for an individual with disabilities to work toward the optimal level/site of care. The process must not pressure any party to act outside of their scope of practice or ethical commitment to serve the individual's best interest.

Procedure

Service Coordinators will collaborate with Medicaid Case Management to implement a Peer Review project as an "evidence based" practice of professional quality assurance.

County Social Services and Medicaid Case Management may submit cases for peer review. The Resource Management Program will select cases that are outliers under the Level of Care Grid. These cases are using resources beyond their initially assigned level of care.

The Funding Coordinator and Case Management Supervisors will identify cases for peer review:

1. Once a case has been referred, the assigned Case Manager and the assigned Service Coordinator will work together to complete an objective assessment of the individual's needs
2. Once the assessment is complete, a Case Management Supervisor will schedule the peer review meeting.
3. Only the Case Manager, Service Coordinator and a Case Management Supervisor, who the Case Manager does not report to, will attend.
4. The Service Coordinator will bring information regarding average levels of service for the identified disability and the perspective from their scope of practice. The Case Manager will bring information regarding the unique needs or desires of the individual and the perspective from their scope of practice. The Case Management Supervisor will facilitate the process to keep it professional, timely and effective.
5. The objective of the peer review is to reach consensus that best serves the interest of the individual and the intent of the taxpayers (law).
6. A brief outcome report will be completed and copied into County Social Services database.

Service Monitoring

Service Coordinators will regularly review services authorized, services used and an individual's current needs to ensure only medically necessary services continue. Individual service plans must be reviewed annually at a minimum and as put forth in the Resource Management Program. The Administrator at any time can call for a service plan review. This review may be a review of the Service Coordinator and provider's records or may be a review with team members including the individual served.

The Mental Health Center will provide annual report of service outcomes as part of the contracting process and be subject to the Resource Management Program.

Non-Medicaid Disability Services

Purpose

County Social Services will use resources to:

- fill the gaps of the Medicaid health-related support service system;
- bridge individuals into the appropriate Medicaid health-related support services while pending enrollment or a Social Security disability determination; or
- provide rehabilitative services that help individuals to recover their ability to live independently.

Level of Care

Each level of care has a progressively intense array of services to meet the behavioral needs of enrollees. Each higher level of care identifies additional services to the total from all lower levels of care.

The assessment scores will be used in combination with social history, service history, clinical assessment, and interdisciplinary team recommendations to formulate a level of care determination. The Administrator will make the final decision subject to the client's right to appeal. The Administrator will make a level of care determination to comply with the physician ordered treatment under Iowa Code Chapter 229.

County Social Services Board will set the annualized dollar caps for each level of care. This will be calculated using historical data and projected utilization and provider rates.

Individuals identified as primarily developmentally disabled or brain injured are not eligible for covered services beyond Level 3 without an administrative exception. These populations may be placed on a waiting list or denied services if there is not sufficient funding since there is no mandate to serve these populations.

County Social Services must pre-approve all covered services beyond Level 1.

Individuals accessing services at Level 2 and above must make application to the Social Security Administration for disability. They must also sign and place on file with County Social Services an Interim Assistance Agreement.

Level 1: Recovery Maintenance Health Management

The Emergency and Mental Health Programs cover this level of care. See Covered Services for Emergency and Mental Health for an itemized list of services.

Level 2: Low Intensity Community Based Services

Locus: 10-13

Service Coordination

Case Management for activities designed to help individuals and families identify service needs and coordinate service delivery but which do not constitute Case Management as defined by the Mental Health and Mental Retardation Commission.

Transportation

Transportation services may be provided for individuals: to conduct business errands or essential shopping, to receive medical services not reimbursed through medical transportation, to travel to and from work or day programs, to reduce social isolation.

A unit of service is either per mile or per trip. Transportation may not be reimbursed simultaneously with supported community living service.

The following providers may provide transportation: Community action agencies, regional transit agencies, nursing facilities, area agencies on aging or providers subcontracting with area agencies on aging or with letters of approval from the area agencies on aging stating the organization is qualified to provide transportation services.

Mileage Reimbursement

For individuals to conduct business errands or essential shopping, to receive medical services not reimbursed through Medicaid, to go to and from work, recreation, education or day programs, and to reduce social isolation.

Protective Payee Services

This service manages Social Security benefits as directed by SSA. The Social Security Administration makes designation of a representative payee.

Limits: Private payee agencies must deny an individual before accessing County Social Services Payee Services. Individuals must be at risk for exploitation or homelessness. Individuals will pay a portion based on the established sliding-fee-scale not to exceed SSA guidelines. This service will be subject to budget and staff limitations.

Home Health Aide Services

Home health aide services are unskilled medical services that provide direct personal care. Service may include: observation and reporting of a person's physical or emotional needs, helping with a person's bath, shampoo, or oral hygiene, helping with toileting, helping with ambulation, helping a person in and out of bed, and reestablishing activities of daily living.

Limits: This service will be subject to budget limitations.

Chore Service

Chore services include window and door maintenance including hanging screens, replacing windowpanes and washing windows, minor repairs to walls, floors, stairs, railings and handles, heavy cleaning which includes attics or basements to remove fire hazards, moving heavy furniture, extensive wall washing, floor care or painting and trash removal, and yard work such as moving lawns, raking leaves and shoveling walks.

Limits: Must be a matter of health and safety and the individual's ability to preserve their place or residence. This service will be subject to budget limitations.

Emergency Shelter

Shelter for a homeless individual without suitable alternatives; i.e. motel, residential, advance on rent or deposit. Ongoing rent assistance for individuals with a validated pending disability claim.

Limits: Individual must exhaust alternative community resources i.e. Community Action, Salvation Army, Veteran's Affairs.

Emergency Food and Clothing

Credit provided through a retailer to provide emergency food and clothing for an individual in need.

Limits: Individual must exhaust alternative community resources i.e. food stamps, food pantry.

Emergency Utility Assistance

Temporary assistance with utilities to prevent disconnect of essential services.

Limits: Individual must exhaust alternative community resources i.e. Community Action, Salvation Army, Veteran's Affairs.

Diagnostic Evaluation

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

Drop-In Center, Clubhouse and /or Peer Support Services

Self-directed peer support program to enable individuals to live and work in a community setting.

Conference and Continuing Education Stipends

County Social Services will annually budget a limited number of stipends to assist individuals wishing to attend conferences or continuing education programs to increase self-advocacy, health management, and peer support training.

Community Support Programs

Comprehensive programs to meet individual treatment and support needs, which enable individuals with a chronic mental illness, intellectual disability, or a developmental disability to live and work in a community setting.

Supported Community Living (<3hrs per week)

Services and supports determined necessary to enable individuals to live and work in a community setting. Services are directed to enhancing the individual's ability to regain or attain higher levels of independence, or to maximize current levels of functioning.

Supported Employment Services

Ongoing intermittent services provided by a job coach to an individual who has been successfully placed in competitive employment. Individual must be considered at risk of losing their job without this service.

Level 3: High Intensity Community Based Services

Locus: 17-19

Rent Subsidy

The rent subsidy program is available for individuals who are at risk of facility placement.

This program is designed to provide rent assistance to help individuals live successfully in their own home and community. An eligible person may receive assistance in meeting rental expense. An eligible person must participate in the payment of their rent to the extent established by the individual comprehensive plan.

Personal Emergency Response System

The personal emergency response system allows an individual experiencing a medical emergency at home to activate electronic components that transmit a coded signal via digital equipment over telephone lines to a central monitoring station. The necessary components of a system are: An in-home medical communications transceiver, a remote, portable activator, a central monitoring station with backup systems staffed by trained attendants 24 hours per day, seven days per week, and current data files at the central monitoring station containing response protocols and personal, medical and emergency information for each individual.

This may include providing a prepaid cell phone (track phone) to access essential needs and services to restore a previous level of independent functioning.

Limits: Temporary funding until available under Medicaid support services.

Home Modification

Home modifications are physical modifications to the individual's home environment which are necessary to provide for the health, welfare, and safety of the individual, and which enable the individual to function with greater independence in the home. County Social Services will limit this service to the annual budgeted allowance.

Nursing Services

Nursing care services are services provided by licensed agency nurses to individuals in the home that are ordered by, and included in the plan of, treatment established by the physician. The services must be reasonable and necessary to the treatment of an illness or injury. Services should be based on medical necessity of the individual and included in the Iowa Board of Nursing scope of practice guidelines.

Providers must be home health agencies certified under Medicare. Reimbursement is based on the provider's maximum Medicare rate converted to an hour. A unit of service is one hour.

Adult Day Care

Adult day care services provide an organized program of supportive care in a group environment to individuals who need a degree of supervision and assistance on a regular or intermittent basis in a day care center. A unit of service is either: An extended day (8 to 12 hours), A full day (4 to 8 hours), or A half-day (1 to 4 hours).

Adult Day services include medical emergency services, rehabilitative services, personal care services, nutrition services, social work services, patient activities services, transportation services.

Day Habilitation

Day habilitation services are services that assist or support the individual in developing or maintaining life skills and community integration. Services must enable or enhance the individual's intellectual functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self advocacy skills, or mobility.

The unit of service may be an hour, a half-day (1 to 4 hours), or a full day (4 to 8 hours).

The following are exclusions for this service: Services shall not be provided in the individual's home. However, services may be provided in a residential care facility where the consumer lives. Services shall not include vocational or prevocational services and shall not involve paid work. Services shall not duplicate or replace education or related services defined in Public Law 94-142, the Education of the Handicapped Act. Services shall not be provided simultaneously with Medicaid-funded services.

Family training option is also available. Day habilitation services may include training families in treatment and support methodologies or in the care and use of equipment. Family training may be provided in the individual's home. The unit of service is an hour.

Prevocational Services

Prevocational services are services aimed at preparing an individual for paid or unpaid employment, but which are not job task oriented. Service activities are not primarily directed at teaching specific job skills, but more at generalized habilitative goals.

These services include teaching the individual concepts necessary as job readiness skills, such as following directions, attending to tasks, task completion, problem solving, safety and mobility training.

Prevocational services are intended to have a more generalized result, as opposed to vocational training for a specific job or supported employment. Services are reflected in a habilitative plan that focuses on general habilitation rather than specific employment objectives.

Providers of prevocational services must meet the Commission on Accreditation of Rehabilitation Facilities standards for work adjustment service providers.

Prevocational services do not include services that are otherwise available to the individual through a state or local education agency or vocational rehabilitation services.

Enclave

Enclave provides on-site supervision from a job coach that supports a team of individuals competitively employed or performing contract work. Individual must have been in Sheltered Work or be unemployable in a competitive setting.

Supported Employment Services

Supported employment services are individualized services associated with obtaining and maintaining competitive paid employment in the least restrictive environment possible, provided to individuals: for whom competitive employment at or above minimum wage is unlikely, and who need intense and ongoing support to perform in a work setting because of their disability.

Individual placements are the preferred service model. Covered services address the disability-related challenges to securing and keeping a job. They may include: activities to obtain a job, such as: initial vocational and educational assessment to develop interventions, job development activities, on-site vocational assessment before employment, disability-related support for vocational training or paid internships, assistance in helping the individual learn the skills necessary for job retention.

Employer Supported Employment Subsidy

Direct support payment to employers who provide the necessary supervision and support to maintain an individual in a competitive job.

Limits: Subsidy can not exceed 25% of the individual's monthly gross wage.

Respite Services

Respite care services are services provided to the individual that give temporary relief to the usual caregiver and provide all the necessary care that the usual caregiver would provide during that period. The purpose of respite care is to enable the individual to remain in their current living situation.

A residential care facility or designated nursing facility may provide out-of-home respite services not to exceed 14 days.

Consumer-Directed Attendant Care

Consumer-directed attendant care services are service activities performed by a person to help an individual with self-care tasks that the individual would typically do independently if he/she were otherwise able. Consumer-directed attendant care services must be cost-effective and necessary to prevent institutionalization.

Individuals who request consumer-directed attendant care (CDAC) and for whom the interdisciplinary team agrees that CDAC is an appropriate service shall have CDAC included in their individualized service plan.

Supported Community Living (<24hrs per day)

Services and supports determined necessary to enable individuals to live and work in a community setting. Services are directed to enhancing the individual's ability to regain or attain higher levels of independence, or to maximize current levels of functioning.

Family-Life Home

Family-life home service is a program to provide a protective family living arrangement for an adult. This program provides a family home for adults who are not able or not willing to maintain themselves adequately in an independent living arrangement.

In exchange for payment, the family provides the adult with a private room, board, laundry, supervision, and personal assistance. The family offers the adult opportunities for participation in the social, cultural, educational, and other activities of the household. Payment will be limited to the State Supplemental Assistance guidelines.

Level 4: Medically Monitored Non-Residential Services

Locus: 20-22

Guardian/ Conservator

Activities provided as required by the court system to handle the personal business of individuals who are abandoned or have been determined victims of dependent adult abuse by DHS.

Limits: This service is limited to County Social Services' capacity and annual budget allocation.

Psychiatric Rehabilitation

Psychiatric rehabilitation promotes recovery, full community integration and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. Psychiatric rehabilitation services are collaborative, person directed and individualized. These services are an essential element of the health care and human services spectrum, and should be evidence-based. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice. Reimbursement is limited to the current Medicaid Mental Health Carve Out Program and designated providers.

Day Treatment / Partial Hospitalization Services

These are structured day programs (less than 24 hours per day) that use a multidisciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services provided based on the needs of the individual.

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

Partial hospitalization programs (PHPs) are to provide intensive psychiatric care of an acute nature, utilizing the clinically recognized therapeutic items and services identified in §1861(ff) of the Act. The treatment program of a PHP is:

1. Similar to that of a highly structured, short-term hospital inpatient program;
2. At a level more intense than outpatient day treatment or psychosocial rehabilitation;
3. Active treatment that incorporates an individualized treatment plan which describes a coordination of services wrapped around the particular needs of the patient;
4. Provided through a multi-disciplinary team approach to patient care under the direction of a physician, who certifies the patient's need for PHP services;
5. The program reflects a high degree of structure and scheduling;
6. In accordance with current practice guidelines, the treatment goals developed for each partial hospitalization patient should be measurable, functional, time-framed, medically necessary, and directly related to the reason for admission.

To be covered by Medicare, PHPs must be distinct from other outpatient, day treatment, or psychosocial rehabilitation programs.

The Medicare statutory requirements applicable to PHP are set forth in §1861(ff) of the Act. Based on that section, the term "partial hospitalization services" means the items and services that are prescribed by a

physician provided under a program under the supervision of a physician pursuant to an individualized written plan of treatment established and periodically reviewed by a physician (in consultation with appropriate PHP staff), which sets forth the physician's diagnosis, the type, amount, frequency, and duration of services provided under the PHP treatment plan and the goals for treatment.

Limits: This may be limited to individuals who are Medicaid eligible under the spend-down program as required.

Assertive Community Treatment

ACT is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness such as schizophrenia.

A team of professionals whose backgrounds and training include social work, rehabilitation, counseling, nursing and psychiatry provide Assertive Community Treatment services. Among the services ACT teams provide are: Case Management, initial and ongoing assessments; psychiatric services; employment and housing assistance; family support and education; substance abuse services; and other services and supports critical to an individual's ability to live successfully in the community. ACT services are available 24 hours per day, 365 days per year.

Limits: This service is limited to available programs and their respective capacity and service area.

Level 5: Medically Monitored Residential Services

Locus: 23-27

Supported Community Living (24hrs per day)

Services and supports determined necessary to enable individuals to live and work in a community setting. Services are directed to enhancing the individual's ability to regain or attain higher levels of independence, or to maximize current levels of functioning.

Residential Care Facility

Room, board, supervision, care and personal assistance. Basic social and independent living skills training, health screening, leisure-time, recreational, special treatment, behavior therapy, support, transportation and transition services. Must need supervision, assistance or care on a daily basis in order to be reasonably safe and must not require ongoing care from a nurse.

Residential Care Facility for Persons with Intellectual disability

Room, board, supervision, care and personal assistance. Basic, social, and independent living skills training, health screening, leisure-time, recreational, special treatment, behavior therapy, support, transportation and transition services. Must need supervision, assistance or care on a daily basis in order to be reasonably safe and must not require ongoing care from a nurse.

Residential Care Facility for Persons with Persistent Mental Illness

Room, board, supervision, care and personal assistance. Basic, social, and independent living skills training, health screening, leisure-time, recreational, special treatment, behavior therapy, support, transportation and transition services. Must need supervision, assistance or care on a daily basis in order to be reasonably safe and must not require ongoing care from a nurse.

Level 6: Medically Managed Residential Services

Locus: 28 or more ICAP:

Iowa Juvenile Home at Toledo

The Iowa Juvenile Home at Toledo, which receives male and female youth who are court ordered as children in need of assistance or for an evaluation.

Limits: The child must meet the diagnostic criteria for “serious emotional disorder” and is limited to 14 days. After 14 days if continued stay is warranted the county of settlement will pay from their General Fund.

Nursing Facility

Programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or DHS as licensed/certified living arrangements with an ICF, SNF or ICF/PMI license.

Limits: County Social Services will only reimburse Country View, a Black Hawk County owned and operated ICF, SNF, ICF/PMI and ICF/ID.

Inpatient Psychiatric Care at Community Hospitals

Treatment for an acute psychiatric illness for individuals who meet the criteria for medical necessity.

Limits: Reimbursement is limited to the terms of the Emergency Program.

Inpatient Psychiatric Care at State Mental Health Institute

Treatment for an acute psychiatric illness for individuals who meet the criteria for medical necessity.

Required Data Collection

To fully enroll and fund services for an individual, County Social Services will attempt to collect and keep current the following data:

- a. Basic client information including a unique identifier, name, address, county of residence and county of legal settlement.
- b. The state I.D. number for state payment cases.
- c. Demographic information including date of birth, sex, ethnicity, marital status, education, residential living arrangement, current employment status, monthly income, income sources, type of insurance, insurance carrier, veterans' status, guardianship status, legal status in the system, source of referral, DSM IV diagnosis, ICD-9 diagnosis, disability group (i.e., intellectual disability, developmental disability, chronic mental illness, mental illness), central point of coordination (county number preceded by a 1), and central point of coordination (CPC) name.
- d. Service information including the decision on services, date of decision, date client terminated from MH/D services and reason for termination, residence, approved service, service beginning dates, service ending dates, reason for terminating each service, approved units of services, and unit rate for service.
- e. County Social Services shall not be penalized in any fashion for failing to collect data elements in situations of crisis or in outreach efforts to identify or engage people in needed mental health services.

This information will be submitted to DHS as requested.

Technical Assistance

County Social Services will use technical assistance provided and available through the MHDS Division.

Annual Review

The County Social Services Administrator shall prepare an annual review for the county stakeholders, the Department of Human Services and the state MH/ID/DD/BI Commission. By December 1st the annual review will be sent to the Department of Human Services for informational purposes.

The annual review shall incorporate an analysis of the data associated with the services managed by County Social Services during the preceding fiscal year. The annual review shall include, but not be limited to:

1. Progress toward goals and objectives of the Strategic Plan;

2. Documentation of stakeholder involvement;
3. Current provider network;
4. Actual expenditures for the previous fiscal year as reported by the County Auditors to the Department of Management (634C) and expenditure reports from the management MIS system;
5. Scope of services provided through the fiscal year (do not include unused covered services);
6. Appeals, number, type, and resolution;
7. Quality assurance implementation, findings and impact on plan, outcomes as captured by each program;
8. Waiting list information



Appendix

Attachment A: Cost Recovery Process

County Social Services will take the following steps if billed for your unauthorized treatment:

Step One: Notice You will be asked to complete an Application for Assistance, a Financial Disclosure Form and to attend a scheduled interview.

Step Two: Interview Information needed to determine your ability to pay your bill will be gathered. Then based on 150% Federal Poverty Level for unearned income and 170% for earned income and a resource limit of \$2,000 for singles and \$3,000 for couples a preliminary decision of your ability to pay will be made.

Step Three: Board Action The County Social Services Board will make a formal decision on your ability to pay. If they decide that you do not have the ability to pay your account, it will be zeroed out. If they decide that you do have the ability to pay they will send a letter asking for payment. You have the right to present your argument to the Board before they act.

Step Four: Collection County Social Services will make every effort to cooperate with you in setting a reasonable payment plan and to avoid legal action. If the agreed upon payment plan is not met or you do not cooperate with the cost recovery program it will be assumed that you have the ability to pay and following a cure of default notice, legal action will be taken through the courts to collect on your account.

Attachment B: Definitions (441-25.11)

The Mental Health & Disability Services Management Plan will use the terms as defined in the Iowa Administrative Code:

"Access point" means a part of the service system or the community that shall be trained to complete applications for persons with a disability and forward them to the central point of coordination. Access points may include, but need not be limited to, providers, public or private, institutions, advocacy organizations, legal representatives, and educational institutions.

"Administrator" means the administrative entity designated by the board, or the boards of a consortium of counties, to act as the single entry point to the service system as required in Iowa Code section 331.440.

"Applicant" means a person who applies to receive services and supports from the service system.

"Authorized representative" means a person designated by the individual or by Iowa law to act on the person's behalf in specified affairs to the extent prescribed by law.

"Board" means the County Social Services 28E Governing Board.

"Central point of coordination (CPC)" means the administrative entity designated by a board, or the boards of a consortium of counties, to act as the single entry point to the service system as required in Iowa Code section 331.440, in this document the term "Administrator" will be used instead of CPC.

"Clinical assessment" means those activities conducted by a qualified professional to identify the individual's current level of functioning and to identify the appropriate type and intensity of services and supports.

"Consortium" means two or more counties that join together to carry out the responsibilities of this division.

"County" means a single county or a consortium of counties legally organized to develop and implement the county management plan.

"Management Plan" means the Mental Health & Disability Services Management Plan, developed pursuant to Iowa Code section 331.439 as amended by 1999 Iowa Acts, chapter 160, division IV, for organizing, financing, delivering, and evaluating mental health, intellectual disability, and developmental disabilities services and supports in a manner that deliberately seeks to control costs while delivering high-quality mental health, intellectual disability, and developmental disabilities services and supports. The plan shall consist of three parts: (1) a policies and procedures manual, (2) a three-year strategic plan, and (3) an annual plan review.

"Administrator" means a person who possesses a baccalaureate degree from an accredited school and has demonstrated competency in human services program administration and planning and has two years of experience working with people with disabilities. A person continually employed by a county to implement a central point of coordination process or to perform similar duties, prior to April 1, 1996, shall be considered to be a qualified CPC administrator. This exemption shall only be valid for a person initially appointed as CPC administrator for fiscal year 1997. An individual employed under this exemption and continually employed as a CPC administrator may be employed by any county as a CPC administrator.

"Department" means the Iowa department of human services.

"Director" means the director of the Iowa department of human services.

"Emergency service" means a service needed immediately to protect the life or safety of a individual or others.

"Evaluation" means evaluation services as described in 441-subrule 24.3(8).

"Individualized services" means services and supports that are tailored to meet the individual needs of the individual.

"Legal settlement" is as defined in Iowa Code sections 252.16 and 252.17.

"Managed care" means a system that provides the coordinated delivery of services and supports that are necessary and appropriate, delivered in the least restrictive settings and in the least intrusive manner. Managed care seeks to balance three factors:

- 1. Achieving high-quality outcomes for participants.*
- 2. Coordinating access.*
- 3. Containing costs.*

"Managed system" means a system that integrates planning, administration, financing, and service delivery. The system consists of the financing or governing organization, the entity responsible for care management, and the network of service providers.

"Management organization" means an organization contracted to manage part or all of the service system for a county.

"Provider" means a person or group of persons or agency providing services for people with disabilities.

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

"Screening" means the process used by the central point of coordination to determine eligibility for the service system.

"Service Coordinator" means a person as defined in rule 441-22.1(225C). For purposes of these rules this may include department social workers providing social casework as defined in rule 441-130.6(234), county caseworkers, county social workers, or qualified case managers as defined in rule 441-24.1(225C).

"Services fund" means the county mental health, intellectual disability, and developmental disability services fund created in Iowa Code section 331.424A, subsection 2.

"Service system" refers to the services and supports administered and paid from the county mental health, intellectual disability, and developmental disability services fund.

"State case status" is the status of a person who does not have a county of legal settlement as defined in Iowa Code sections 252.16 and 252.17.

"System principles" means:

- 1. "Choice" which means the individual or authorized representative chooses the services, supports, and goods needed to best meet the individual's individual goals and accepts the responsibility and consequences of those choices.*
- 2. "Community" which means that the system ensures the rights and abilities of all individuals to live, learn, work, and recreate in natural communities of their choice.*
- 3. "Individual empowerment" which means that the service system ensures the rights, dignity, and ability of individuals and their families to exercise choices, take risks, provide input, and accept responsibility.*

"Unique identifier" means the social security number or the personal identifier for a individual determined using a methodology adopted by the Mental Health & Disability Commission.

Attachment C: Mental Health Center Sliding Fee Schedule for Outpatient Services

Household Size:

Client Co-Payments	1	2	3	4	5	6	7	8	Add for each additional member	% Poverty
No Fee	\$ 1,396	\$ 1,891	\$ 2,386	\$ 2,881	\$ 3,376	\$ 3,871	\$ 4,366	\$ 4,861	\$ 495	150%
\$10.00	\$ 1,582	\$ 2,143	\$ 2,704	\$ 3,265	\$ 3,826	\$ 4,387	\$ 4,948	\$ 5,509	\$ 561	170%
\$20.00	\$ 1,769	\$ 2,396	\$ 3,023	\$3,650	\$ 4,277	\$ 4,904	\$ 5,531	\$6,158	\$ 627	190%
\$30.00	\$ 1,955	\$ 2,648	\$ 3,341	\$ 4,034	\$ 4,727	\$ 5,420	\$ 6,113	\$ 6,806	\$ 693	210%
\$40.00	\$ 2,141	\$ 2,900	\$ 3,659	\$ 4,418	\$ 5,177	\$ 5,936	\$ 6,695	\$ 7,454	\$ 759	230%
\$50.00	\$ 2,327	\$ 3,152	\$ 3,977	\$ 4,802	\$ 5,627	\$ 6,452	\$ 7,277	\$ 8,102	\$ 825	250%
\$60.00	\$ 3,218	\$ 4,043	\$ 4,868	\$ 5,693	\$ 6,518	\$ 7,343	\$8,168	\$ 8,993	\$ 891	270%
\$70.00	\$ 4,175	\$ 5,000	\$ 5,825	\$ 6,650	\$ 7,475	\$ 8,300	\$ 9,125	\$ 9,950	\$ 957	290%
\$80.00	\$ 5,198	\$ 6,023	\$ 6,848	\$ 7,673	\$ 8,498	\$ 9,323	\$ 10,148	\$ 10,973	\$ 1,023	310%
\$90.00	\$ 6,287	\$ 7,112	\$ 7,937	\$ 8,762	\$ 9,587	\$ 10,412	\$ 11,237	\$ 12,062	\$ 1,089	330%
Full Fee	\$ 7,442	\$ 8,267	\$ 9,092	\$ 9,917	\$ 10,742	\$ 11,567	\$ 12,392	\$ 13,217	\$ 1,155	350%

*monthly gross income

Attachment D: Application

1. Please provide identifying information:

Name: First	Middle	Last	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number		Birth date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		Apt. #	Race
City	State	Zip	County
Home Phone		Cell No. / Work No. / email / Message No.	
Employment Status (i.e. FT,PT,retired,student,unemployed)		Employer	
Marital Status			
Highest School Grade Completed			

2. Please list everyone living in your home:

Name	Sex	Relationship to You	Age

3. Please list all income for the household: (Must not leave blank or application will be denied.)

Name of Person with Income	Source of Income (i.e.wages, child support,SSI,SSDI, SS, FIP)	Gross Amount per Month

4. Please provide your best estimate of each asset you own. (Must fill each box with 0 or dollar amount.)

Cash	\$	Checking	\$	Savings	\$	Burial	\$
Stocks & Bonds	\$	Real Estate	\$	Vehicles	\$	Life Insurance	\$

5. Please check all of the health insurance coverage that applies to you.

<input type="checkbox"/> None	<input type="checkbox"/> Medicaid/Title 19 State ID#:	<input type="checkbox"/> Medicare A/B/D	<input type="checkbox"/> Private Health Insurance Name:
-------------------------------	--	---	--

6. Are you waiting for a Social Security disability determination? No Yes

7. Do you have a social security representative payee? No Yes, If yes, who is your payee?

Name	Address	Phone

8. Who is your emergency contact; court appointed guardian; or parent? (List at least one.)

Name	Address	Phone

9. Who helped you with this application or referred you to us?:

Name	Address	Phone

10. How long have you lived in this county?

I hereby attest that the information I have provided is true and I also give the County permission to release this information to verify and/or communicate eligibility for the assistance requested. I also understand that this is a government document and I maybe subject to prosecution if knowingly provide false information.

Applicant's Signature: X _____ Date: _____
(Application must be signed or witnessed and dated to be considered for assistance.)

For Office Use Only

<input type="checkbox"/> Copy of ID	<input type="checkbox"/> Income Verification	<input type="checkbox"/> Rapid Plan completed
<input type="checkbox"/> Signed Releases	<input type="checkbox"/> Guardianship Papers	<input type="checkbox"/> Service Meeting _____
<input type="checkbox"/> Privacy Notice	<input type="checkbox"/> Verification of Diagnosis	Service Coordinator: _____

Attachment E: Level of Care Determination Grid

Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Recovery Maintenance Health Management	Low Intensity Community Based Services	High Intensity Community Based Services	Medically Monitored Non-Residential Services	Medically Monitored Residential Services	Medically Managed Residential Services
Locus: 10-13	Locus: 14-16	Locus: 17-19	Locus: 20-22	Locus: 23-27	Locus: 28 or more
	ICAP: 80-90+	ICAP: 60-79	ICAP: 40-59	ICAP: 20-39	ICAP: 1-19
Universal Access	Service Coordination	Case Management	Assertive Community Treatment	Residential Care Facilities	Acute Inpatient Hospitalization
Education	Transportation	Supported Community Living (<24hrs per day)	Psychiatric Rehabilitation	Residential Care Facilities for Persistent Mental Illness	Nursing Facility for PMI
Consultation	Peer Support Services	Pre-vocational Day Habilitation	Partial Hospitalization	Supported Community Living 24 hr homes	Nursing Facility
Outpatient Psychological Services.	Supported Community Living (<3hrs week)	Day Program for CMI (skills training & skills development)			ICF/MR
Medication	Supported Employment	Respite Services			
Crisis Services	Payee Services	Adult Day Services			
Commitment Services	Home Health Aide Services Chore Services Emergency Basic Needs	Rent Subsidy Personal Emergency Response Home Modification			
	Drop-In	Family-Life Home			
	Community Support Programs				
The following are annualized monthly caps for the respective levels of care established each fiscal year:					
\$100 / mo	\$300 / mo	\$850 / mo	\$1,200 / mo	\$3,300 / mo	\$7,500 / mo