

CARROLL COUNTY MH/MR/DD SERVICES MANAGEMENT PLAN

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Carroll County Community Services

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

This amended plan was adopted by the Carroll County Board of Supervisors following Public Hearing on 3/23/09.

Eugene Meiners, Chairman
Carroll County Board of Supervisors

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~VISION STATEMENT~

People with disabilities should live in and receive services in the least restrictive setting consistent with their individual needs and abilities based on the principles of choice, community and empowerment.

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

25.13-(1) System Management –

a. Plan Development

Carroll County shall utilize the local MH/DD Stakeholder’s Group to develop the policies and procedures manual, the strategic plan, and amendments to those documents. This Advisory Board involves stakeholders who include consumers and/or family members, county officials, advocates, and providers. The process for including stakeholders in the strategic plan process and the development of the final plan will be described in the strategic plan document. The process for the development of the policy and procedure manual amendments and three-year strategic plan will include at least one public hearing.

Amendments:

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

b. Plan Administration

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

c. Financial Accountability

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

Fund Disbursement:

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

Rate Setting:

The Carroll County Community Services Director is responsible for contracting with each service provider who is delivering 100% county funded services to an individual with residence in Carroll County. The CPC Administrator will make recommendations for service provider rate increases to the Board of Supervisors during the budget negotiation process based on the solvency of the current and projected service budgets and MH/DD fund balance. Carroll County will be responsible for negotiating rate increases annually for those providers for which they are host county.

Payments to Providers:

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

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

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

d. Risk Bearing Managed Care Contracts

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

e. Service Funding Policy:

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

Every possible resource available to meet the needs of the applicant will be pursued, with county funding being considered the resource of last resort. Other resources will include, but not be limited to, Medicaid, Medicare, MBC of Iowa, Social Security, Vocational Rehabilitation, State funding, private resources, private insurance, etc. If an individual qualifies for any of these funding streams, they must maximize these benefits prior to accessing county funding. Proof of income and resources will be required. Health insurance that may pay for services will be verified. Carroll County will not pay health insurance deductibles and coinsurances nor supplement Medicaid, Iowa plan (MBC of Iowa) or Medicare payments.

If MBC of Iowa determines a given community service or treatment is not appropriate or necessary for an individual under their managed care system and denies payment for that care, Carroll County will not pay for services with the exception of Case Management that may be funded under the Habilitation Services program.

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

f. Conflict of Interest

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

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

g. Provider Network Selection

a. Criteria and Process for Provider Designation

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

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

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

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

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

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

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

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

h. Delegated Functions

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

i. Designation of Access Points

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

Service funding is authorized by the Carroll County CPC Administrator. The Carroll County Targeted Case Manager or County Case Manager is assigned to individuals with Chronic Mental Illness, Mental Retardation, and Developmental Disabilities, who desire Targeted Case Management and are Medicaid eligible, to assess their needs and to monitor their ability to progress to a less restrictive, more cost-effective setting if appropriate. Referrals are made through the Community Services Department and the Targeted Case Management Unit.

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

j. Staffing Plan

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

k. Application Form

A Standard CPC Application will be utilized for all individuals wishing to access county funded services (See Appendix 1). The CPC will make every effort to be fully responsive to all individuals, including those with cultural and/or linguistic diversity.

l. Consumer Access

Access points will be open during normal working hours. Crisis services through The Richmond Center will be available after hours and weekends.

Carroll County will provide access to appropriate, cost-effective services and supports based on an assessment of the consumer's needs, level of functioning and desires. The Community Services staff will ensure that the least restrictive environment is always presented to the consumer as an alternative to facility based services. Services that promote the principles of choice, community and empowerment will be offered to the consumer in accordance with this plan. Service funding will be authorized according to the county of residence management plan. Once established, Carroll County will coordinate payment with the county of legal settlement.

m. Consumer Eligibility

In order to be eligible for funding through Carroll County, the applicant must meet the criteria of having a mental or physical disability as defined in the General Eligibility section below in addition to meeting financial guidelines and need for the service as outlined in the Plan Administration section of this plan.

1) General Eligibility Criteria:

- a. "Persons with a mental illness" means persons who meet the criteria for a diagnosis of a mental illness as defined in the Diagnostic and Statistical Manual, Third Edition—Revised (DSM III-R). 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. Also included are organic disorders such as dementias, substance-induced disorders, and other organic disorders which include physical disorders such as brain tumors. **(IAC Chapter 22 definition)**

- b. "Chronic mental illness" means the condition present in people aged 18 and over who have a persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. People with chronic mental illness typically meet at least one of the following criteria:
 1. They have undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (e.g., emergency services, alternative home care, partial hospitalization or inpatient hospitalization).
 2. They have experienced at least one episode of continuous, structured, supportive residential care other than hospitalization.

In addition, people with chronic mental illness typically meet at least two of the following criteria on a continuing or intermittent basis for at least two years:

1. They are unemployed, employed in a sheltered setting, or have markedly limited skills and a poor work history.
2. They require financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help.
3. They show severe inability to establish or maintain a personal social support system.
4. They require help in basic living skills.

5. They exhibit inappropriate social behavior that results in demand for intervention by the mental health or judicial system.

In atypical instances, a person who varies from these criteria could still be considered to be a person with chronic mental illness. (IAC Chapter 24 definition)

- c. "Persons with mental retardation" means persons who meet the following three conditions:

1. Significantly subaverage intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly subaverage intellectual functioning) as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, American Psychiatric Association.
2. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.
3. The onset is before the age of 18.
(Criteria from "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV)," 1994 revision, American Psychiatric Association) **(IAC Chapter 22 definition)**

- d. "Developmental Disability" means a severe, chronic disability that:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the age of 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and
5. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

A person from birth to the age of nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described above if the person, without services and supports, has a high probability of meeting those criteria later in life.

(IAC Chapter 24 definition)

- e. Brain Injured:

Brain injured persons with onset occurring at age 22 or over will not be covered by this plan. See Appendix 8 for a directory of brain injury services available through other.

2) Applicant must be a citizen of the United States of America or a qualified alien, have legal settlement or residence in Carroll County.

3) Meet the income, resource and contribution guidelines pursuant to IAC 441-25.20(331).

These individuals may be eligible for the following services:

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

Service Definitions are Attached (See Appendix 6)

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

25.20-(1) General Requirements –

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

There are **no co-payment requirements** for an eligible individual whose income is equal to or below 150% of the federal poverty level. Individuals above 150% of the federal poverty level are responsible for 100% of the cost of their services. The income and resource guidelines in this plan shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program, including general assistance guidelines adopted by the board of supervisors. Applicants who are subject to a Social Security interim assistance agreement shall not be relieved of their financial obligation to the county for any assistance paid on a provisional basis.

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

25.20(2) Basic Financial Eligibility Standards -

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

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

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

- ❖ Have a **gross income** of 150% or less of the current federal poverty level for the household size in question. The federal poverty level guideline is published by the United States Department of Health and Human Services annually and will be updated accordingly.
- ❖ The **resource limit** for eligibility for funding of services shall be \$2,000 for a single person household and \$3000 for a multi-person household on available liquid resources or resources which can be converted to cash within a reasonable period of time. If resources exceed that amount, the applicant will be private pay for necessary services until resources are reduced to below the applicable level. "Household" is defined as follows:

-For consumers 18 years of age or over, household means the consumer, the consumer's spouse or domestic partner, and any children, stepchildren, or wards under the age of 18 who reside with the consumer.

-For consumers under the age of 18, household means the consumer, the consumer's parents (or parent and domestic partner), stepparents or guardians, and any children, stepchildren, or wards under the age of 18 of the consumer's parents (or parent and domestic partner), stepparents, or guardians who reside with the consumer.

25.20(3) – Resource Standards –

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

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

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

Additional exemptions: If a person does not qualify for federally funded or state-funded services or other support, but meets all income, resource, and functional eligibility requirements of IAC 441 Chapter 25 OR this policy and procedures manual, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:

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

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

25.20(4) – Basic Co-payment Standards –

There are **no co-payment requirements** for an eligible individual whose income is equal to or below 150% of the federal poverty level. Individuals above 150% of the federal poverty level are responsible for 100% of the cost of their services. However, any co-payments or other client participation required by any federal, state, county, or municipal program in which the consumer participates shall be required. Such co-payments include, but are not limited to:

1. The financial liability for institutional services paid by counties as provided in Iowa Code sections 222.31 and 230.15 as well as the financial liability for attorney fees related to commitment per Iowa Code section 229.19.

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

2. Carroll County will not pay a copayment, deductible, or spenddown required by the Medicare or Medicaid programs or any other third-party insurance coverage.
3. Client participation for maintenance in a residential care facility through the state supplementary assistance program.
4. Client participation for an intermediate care facility or an intermediate care facility for persons with mental retardation.
5. A portion of rent in conjunction with a rental assistance program consistent with guidelines of the United States Department of Housing and Urban Development.

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

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

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

25.20(6) Extended Eligibility and Co-payment Standards

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

n. Confidentiality

The purpose of this section is to define a process which guarantees consumers, and, if applicable, the consumer’s family members or guardian, the right to privacy. Personally identifiable

information shall be released or disclosed only in accordance with applicable State and Federal regulations.

Personally identifying information is defined as the following:

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

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

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

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

Procedure

- a. When service funding is requested through Carroll County, the applicant shall be advised of their right to privacy, and how information is to be collected, stored and maintained, how it will be used and release of information procedure. The HIPAA law for Privacy and Security will be followed to ensure that every individual's protected health information remains confidential and secure.
- b. As needed, release of information shall be required before any identifying information shall be released or disclosed (see Appendix 3). Releases shall meet the following:
 - 1) One release per agency or individual.
 - 2) Release shall specify to whom information is to be released, with address.
 - 3) Specific purpose of the release shall be stated.
 - 4) Specific information needed shall be listed.
 - 5) The CPC shall not release third party information protected by State or federal law, such as substance abuse, mental health or HIV information.
 - 6) A copy of the release shall be given to the consumer/guardian.
 - 7) The release shall specify the date of expiration.
 - 8) If there is a guardian, guardian shall sign.
 - 9) Release shall state the consumer has the right to revoke at any time, and how this can be done, and that the consumer has the right to inspect information to be disclosed.

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

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

Office Standards for Confidentiality

- a. All employees have received education and training in confidentiality.
- b. CPC Applications are maintained in a locked file. Also when no one is in the office, the office door is locked as well as an outside door.
- c. Computer retaining CPC information can only be accessed through a password. If the computer is not in use for five minutes, the system switches over to a screen saver, which requires reentering a password.

o. Emergency Services:

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

Carroll County contracts with The Richmond Center for emergency services for weekends and after hour crisis situations.

- a. After hours, The Richmond Center can be contacted through the crisis line at 1-800-830-7099.
- b. If the consumer in crisis is already enrolled in the service system and has been approved for services by the CPC Administrator for Carroll County, The Richmond Center staff may proceed to recommend stabilization services and, if inpatient services are needed, may place the individual either in one of the four Mental Health Institutes or a private hospital if they have private health insurance, Medicaid or Medicare. Carroll County will not reimburse for inpatient treatment in a private hospital unless all of the Mental Health Institutes are at full capacity and the service is prior authorized by the Carroll County CPC Administrator. The four Mental Health Institutes will be accessed in order of this priority: Cherokee Mental Health Institute, Clarinda Mental Health Institute, Independence Mental Health Institute, Mount Pleasant Mental Health Institute.

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

- c. If the person in crisis is new to the county service system and legal settlement is not known, the mental health professional will obtain from that person, information regarding medical benefits and legal settlement if possible.
- d. Approval is given for emergency services until the first working day following crisis. By this time, the CPC must be consulted and an application initiated on behalf of the individual. The CPC shall make every effort to determine eligibility and approve ongoing funding as needed within five days from date of receipt of application. The patient may be visited in the hospital, if necessary, to obtain information needed to determine eligibility.

- e. If services are approved in a crisis and the applicant is found to have legal settlement in a county other than the county of residence, or if the county of residence is other than the county where the crisis services are provided, the county of residence shall be contacted immediately and assessment for services will be a cooperative effort between the two counties. Services shall be billed directly to the county of legal settlement. The emergency situation described above shall be the only circumstance when services may be authorized by mental health professionals prior to CPC authorization.
- f. If an individual is court committed to inpatient treatment in a private hospital out of another county due to no available beds at the Mental Health Institutes and legal settlement is found to be in Carroll County, services will be reimbursed based on the host county contract.

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

- g. A block grant will be provided to The Richmond Center to secure the following: Emergency Services, and Consultation/Public Education.

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

p. **Waiting Lists**

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

Adult Day Program, Work Activity Services, Supported Employment, Transportation, Supported Community Living, Residential Care Facility, Outpatient Services.

Carroll County will make every effort to maintain an individual's living situation with their residential services being the last to be considered for reductions in order to sustain basic needs. Service reductions and/or a waiting list will be utilized with respect to the least impact and quality of life towards the individuals being served. Decisions will be the result of collaboration with the consumer, families/guardians and service providers.

The following criteria will be used:

- a. No person may be placed on a waiting list if services requested are necessary to resolve a situation in which the applicant may be a danger to self or others.
- b. No person shall be placed on a waiting list if the alternative to community based services is the Mental Health Institute, a state institution or hospitalization.

- c. Waiting lists shall be reviewed every thirty days to determine if a change may allow services for the new applicant.
- d. When funding is available for the specific service applied for, the applicant shall be notified and to determine if the service is still desired and needed. If so, the services shall be approved and Notice of Decision sent to the consumer and/or their legal representative.
- e. The Notice of Decision, which places an applicant on a waiting list, shall be sent within thirty (30) days of the application and shall include an estimate of how long the applicant may expect to be on the waiting list. The applicant shall be informed of the time frames for contacting the CPC to determine his/her status on the waiting list, who to contact and the telephone number. Appeal rights shall be explained and given to the applicant in writing.

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

q. Quality Assurance

(1) System Evaluation:

Carroll County plans to include consumers and families in all aspects of program planning, operations and evaluations. Through the Carroll County Planning Council and Targeted Case Management Advisory Board, we will encourage active participation in the following:

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

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

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

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

(2) Quality of Provider Services:

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

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

r. Collaboration

Carroll County has an MH/DD Stakeholder’s Group comprised of a consumer, service providers, one board of supervisor member, and case managers that meets quarterly to review and ensure the continued quality of services provided in the county. The Case Management Advisory Board also meets three times per year to provide input regarding Case Management services and to discuss needed changes to guarantee successful outcomes.

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

- a. Income assistance, such as SSI, FIP, Food Stamps, Social Security, etc.
- b. Housing assistance, such as for rental subsidies, access to federal public housing, etc.
- c. Employment Assistance, such as access to vocational rehabilitation, and job training services.
- d. Primary medical care and medical assistance programs.
- e. Transportation
- f. Education, including special education and adult education.
- g. Court services (i.e., probate court services for guardianship, conservatorship, etc.).
- h. Substance abuse services.

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

Persons with mental illness occasionally require services for co-existing substance abuse problems. Since there are alternatives to county funding available across the State where persons with mental illness may be treated for substance abuse problems, treatment will be sought through such facilities whenever possible.

The CPC Administrator will continue to work with the court system on Iowa Code Chapters 129, 229 and 222 committals.

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

- a. Adult education through the local community college.
- b. Outpatient services through the Community Mental Health Center.
- c. Vocational services through the local vocational rehabilitation counselor.

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

s. Ongoing Education Process

Carroll County Community Services Department has brochures containing the following information:

- a. Definition of who is eligible to receive services in the county.
- b. Definition of services made available through the county management plan.
- c. Addresses and telephone numbers for the CPC and the designated access points.
- d. Information about how to obtain services in an emergency.
- e. Information about payment sources available.
- f. Information on other resources not provided directly through the county.

These brochures are distributed throughout the county, including Carroll County Hospital, all doctors' offices, Arrowhead Education Agency, Public Health Department, Provider Agencies, etc. In addition, a simplified consumer handbook into services (See Appendix 7) has been developed and is also distributed to the above listed entities.

The Carroll County CPC Administrator will engage in public speaking opportunities as requested in an effort to provide ongoing education for various groups regarding the services available in Carroll County.

25.13-(2) Plan Administration Section –

a. Application (Intake) Procedure:

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

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

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

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

If the intake worker has reason to believe that there is an issue of county of legal settlement or state case status, the individual will be referred to the CPC Administrator. The exception to this policy is when crisis services are needed to resolve a crisis situation.

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

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

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

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

b. Eligibility Determination

The following criteria will be considered when authorizing services:

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

Re-authorization/Utilization Management Process:

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

Responsiveness Standards:

a. Intake/Enrollment

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

b. Initial Service Authorization

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

c. Crisis Response and Resolution

Individual presenting in crisis at the MHC or any other access point, will receive face-to-face assessment and crisis resolution planning. If hospitalization is needed, the decision to admit, will be completed within four (4) hours of initial contact. The local police or other community resources may be involved in the initial response to the crisis.

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

c. Notice of Decision

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

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

d. Referral Process

The Carroll County Community Services Department receives referrals from all sources and provides intake, information and referral services for all applicants. The Community Services CPC may refer to the County Case Manager or the Targeted Case Manager for additional assessment and service planning.

For those eligible for services, the County Case Manager or Targeted Case Manager determines appropriate payment source. If the referral appears to need county-funded services, the County Case Manager or Targeted Case Manager performs an intake, then contacts the CPC Administrator.

If CPC Administrator approves, County Case Manager or Targeted Case Manager proceeds to complete assessment and treatment planning and will initiate referral to appropriate provider(s). Once an ICP is in place, the County Case Manager or Targeted Case Manager will present the plan to the CPC Administrator for funding approval.

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

The Targeted Case Manager and County Case Manager will continue efforts in developing natural community supports on behalf of priority consumers.

e. Consumer Plan Development

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

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

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

f. Request for Funding

Funding may be requested for mental health services at a mental health center through a completed CPC application and diagnostic sheet, which are forwarded to the CPC. For all other access points, a CPC application will be completed and forwarded to the CPC for processing. Carroll County will authorize county funding for up to twelve outpatient therapy sessions, one therapy evaluation, four medication checks and one psychiatric evaluation per year for eligible individuals covered under this plan. When additional services are needed, the provider may contact the CPC to discuss necessity and a Notice of Decision will be sent to the consumer and provider either approving or denying extension of outpatient funding.

g. Service Funding Authorization

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

The CPC Administrator may assign the County Case Manager or Targeted Case Manager to perform necessary assessments and service planning for some services. However, any case involving county funding must have final funding approval of the plan by the CPC Administrator. No services will be authorized for payment until completion of the application process as described in this plan. Carroll County will be responsible for funding only those services and supports that are authorized in accordance with the process described in the county management plan.

If an individual applies for services directly to the Targeted Case Manager, meets threshold criteria and is in need of Case Management as well as other services, the Targeted Case Manager may prepare a service plan and authorize services, with the exceptions noted above. For non-county funded services, the County Case Manager or Targeted Case Manager may process all service authorizations and then notify the CPC Administrator of enrollment and service authorization.

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

If MBC/HMO determines a given community service or treatment is not appropriate or necessary for an individual under their managed care system and denies payment for that care, Carroll County will not pay for services. This does not include institutional services.

EXCEPTIONS to POLICY: All exceptions to policy must be approved by the CPC of the county of legal settlement.

h. Service and Cost Tracking

Carroll County utilizes a computerized Management Information System which tracks services, supports and payments made on behalf of approved consumers. All approvals, denials, consumer numbers and expenditure data is recorded into this system. Service denials and explanations are also tracked by this system.

i. Service Monitoring

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

j. Appeal Process

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

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

Step One: Filing the Appeal

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

Step Two: Discussing the Problem

After the appeal is filed, the CPC Administrator will contact the consumer to schedule a meeting to discuss the appeal. This meeting will be held within fifteen business days, unless the parties agree to extend the time to meet. The consumer may bring a representative to the meeting to assist in explanation of why the decision should be reconsidered. At the meeting, the CPC Administrator will explain his or her reason for the decision. The consumer may ask questions or provide additional information that they feel is important. The consumer will request a proposed resolution. If the consumer and CPC Administrator reach an agreement, the CPC Administrator will issue a revised Notice of Decision within ten business days.

Step Three: The Appeal

If the parties are unable to resolve the problem at the meeting, within ten business days of the date of the meeting, the CPC Administrator will contact a neutral decision-maker, such as an Administrative Law Judge at the Department of Inspections and Appeals, Iowa Code 10A.801(Judge). The County shall pay the cost of the Judge. The Judge will set a prehearing conference to discuss hearing procedures and set a time for the hearing. The Judge will provide written notice of the prehearing conference and the hearing. The consumer 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 consumer may contact another person to assist with the appeal, such as an attorney, an organizational representative or friend/family member. The County will not provide legal assistance to the consumer. The consumer can request low-cost legal assistance through Legal Aid (1-800-532-1275) or Iowa Protection and Advocacy (1-800-779-2502).

SECTION II - ANNUAL REVIEW

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

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

SECTION III – STRATEGIC PLAN

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

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