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**PAGE COUNTY
MENTAL HEALTH & DEVELOPMENTAL DISABILITY
SERVICES
COUNTY MANAGEMENT PLAN**

POLICY AND PROCEDURES MANUAL

Adopted July 1, 2000

INTRODUCTION

The purpose of this manual is to explain how we provide, fund and deliver mental health and developmental disability services in Page County. It is written as a guide for individuals with disabilities, their families, friends and advocates. It is also a guide for state agencies, service providers, administrators, service planners, and others interested in these important matters.

This introduction has been written to answer many of the basic questions and concerns you may have about how these programs work in Page County. The planning and funding of services is an ongoing process that has to adapt to the changing needs of eligible individuals. Whether you are applying for the first time, or asking us to renew services and funding, we want to continue to work closely with you. Our goal is to ensure that services are cost effective and meet your particular strengths, abilities, priorities and needs. Regrettably, our resources and funding are limited. Because of this, we cannot honor or fund every request for services or supports.

We encourage you to contact us if you need more information, help or referrals. This Policy and Procedures Manual, the Annual Report, the Strategic Plan, as well as consumer handbooks and brochures, are available through our office. Alternate formats will be made available to the public upon request.

This manual is divided into three sections for your convenience. SECTION ONE is an explanation of new terms or processes. There is also a brief description of all services and supports provided under this plan. SECTION TWO, in plain language, describes plan administration, which is the process you will go through if you apply for services. SECTION THREE describes system management. This section is technical in nature and it describes all processes utilized and components required by law.

SECTION ONE

NEW TERMS

Access Point - a place that has been designated by Page County to accept applications to receive disability-related services provided under this plan. Access points are listed in the plan.

Appeals Process - the process under the county management plan for individuals to appeal a decision regarding county funded disability-related services.

Assistive Technology Device - a product, a piece of equipment, or a system that is used to increase, maintain, or improve the capabilities of an individual with a disability to move about, communicate, or perform manual tasks.

Board of Supervisors - the individuals elected by the residents of Page County to oversee the local county government process. The Board of Supervisors must approve the County Management Plan and have the final administrative decision in the appeals process at the local level. A decision by the Board of Supervisors can be appealed to the Iowa District Court for the county. This is sometimes called a "Chapter 17A" Appeal under the Iowa Administrative Procedures Act.

Central Point of Coordination (CPC) - the administrative "gatekeeper" for service requests each county must have under Iowa's County Management Plan system. All service requests must go through the CPC and be approved by the CPC for funding. Each county has a CPC Administrator who is the person responsible for determining the eligibility of applicants and approving or denying service requests.

Choice, Community & Empowerment - County Management Plans are required, by law, to follow the principles of choice, empowerment and community. **Choice** is "the ability of consumers, their families, and authorized representatives to exercise informed choices about the amounts and types of services and supports received."; **Empowerment** means that "the service system reinforces the rights, dignity, and ability of consumers and their families to exercise choices, take risks, provide valuable input, and accept responsibility"; and **Community** means that "the system supports the rights and abilities of all consumers to live, learn, work, and recreate in natural communities of their choice".

Consumer - an individual with disabilities who is eligible for services and supports under the County Management Plan system. A consumer may also be referred to as a **participant, resident, patient** or **client**.

Consumer Rights - the consumer has specific rights under the County Management Plan process. Those rights include the:

- ❖ right to participate in the development of the county management plan
- ❖ right to attend public meetings or hearings on the county plan
- ❖ right to ask questions or make comments at public meetings or hearings
- ❖ right to special assistance or accommodations needed to participate in the planning process
- ❖ right to examine and review the county management plan and obtain a copy
- ❖ right to apply for publicly funding services
- ❖ right to receive a written notice of decision after applying for services
- ❖ right to receive an explanation of the county's process for appealing a decision
- ❖ right to receive assistance in filing an appeal or requesting a hearing
- ❖ right to have personal information kept confidential and used only for the purpose it was given

Co-Payment - the plan includes financial eligibility guidelines. Under these guidelines, it may be determined that you will be required to pay some or all of the costs for your services and supports. If a co-payment is required, it will be based on an individual's ability to pay, taking into account your income and any other resources (money or property).

County Management Plan - a written plan developed by each Iowa county for organizing, financing, delivering, and evaluating services and supports for individuals with mental retardation, developmental disabilities, mental illness, and chronic mental illness. In Iowa, services and supports are made available to people with disabilities by using public funding. Public funds for services come from the federal government, the state government, and Iowa's county government. Beginning July 1, 2000, each county must complete a Policy and Procedures Manual, a three year Strategic Plan, and an annual Plan Review. Together, all three of these make up the County Management Plan. County Management Plans must be approved by the County Board of Supervisors and also be submitted to the Iowa Department of Human Services for approval. Any "amendments" or changes to the plan must be approved by the Board of Supervisors and the Department of Human Services. County Management Plans are public records that are made available to the general public.

Anyone may request a copy of the plan and the county is allowed to charge a reasonable fee for photocopying. A County Management Plan must explain:

- ✓ what services are offered
- ✓ who can receive services
- ✓ how to ask for and receive services
- ✓ future plans for the services system
- ✓ how to appeal if you are turned down for services
- ✓ how private information about you will be protected

County of Residence - the county where you live.

Crisis Services - services and supports necessary to stabilize a crisis situation. In an emergency, services may be authorized to stabilize a situation and ensure the safety of a consumer and others even if an application for services has not yet been processed and approved. Also called **Emergency Services**.

CPC Application - the application which must be completed to apply for services and supports. The application requests a great deal of information, but all of this information is required according to Iowa law.

DHS - the Iowa Department of Human Services. The DHS is the state agency that oversees disability-related services, social services, and services provided through federal Medicaid programs.

Eligibility - the plan describes each of the eligibility groups covered under the plan. The eligibility groups included under the plan rules are persons with mental illness, chronic mental illness, mental retardation, and developmental disabilities. To be "eligible" to receive services means that your disability and your needs for services and supports fits within the range that the county plan covers. Eligibility requirements will include the type of disability you have, the type of treatment you have been receiving, and the areas where you need assistance (for example: learning, working, daily care). There are also financial eligibility standards, to determine if you have the ability to pay for your own services.

Home and Community Based Services Waiver (HCBS) - a Medicaid program which funds medical and disability-related services that provide necessary support to people living in their homes, or in home-like community living situations, who would otherwise need care in a more restrictive setting. Also referred to as "Waiver Services".

Legal Settlement - a method created by state law to determine which Iowa county is responsible for funding disability-related services needed by a particular individual. The county responsible for funding services is called your **County of Legal Settlement**.

Managed Care - a system of health care, mental health, or disability-related services that is managed by an administrator in an effort to keep costs down and still deliver high-quality services. Managed care systems usually place limits on the amount, type, and length of services, and on the providers who are approved to receive payments for delivering services.

Medicaid - a federal program that provides necessary medical care and medical services to individuals who meet financial eligibility requirements. Each state that receives Medicaid money must "match" the dollars paid by the federal government with a certain amount of state dollars. This state "match" is paid with money budgeted by the state from taxes collected within the state. For disability-related services that are not covered by Medicaid, a large share of the funding in Iowa has traditionally come from county property taxes.

Mental Health Advocate - an individual appointed by district court to represent the interests of a person with mental illness who has been involuntarily hospitalized.

Mental Retardation Waiver - a Medicaid program that funds medical and disability-related services for children and adults who have a primary diagnosis of mental retardation.

MH/DD (Mental Health & Developmental Disabilities) Council – a group of interested people representing stakeholders in the Page County Management Plan system. This group oversees the development and administration of the plan. They also make recommendations to the Board of Supervisors regarding the plan.

MHI - one of the four state Mental Health Institutes located at Cherokee, Clarinda, Independence, and Mount Pleasant.

Notice of Decision (NOD) - after the county CPC administrator has reviewed an individual's application for services, the CPC Administrator must send a written notice to the applicant or to a person authorized to represent the applicant. The written Notice of Decision must explain whether the requested services have been

approved or denied and the reasons why. The Notice of Decision must also explain the county's appeal process.

Open Meetings - meetings of "governmental bodies" that are required by law to be open to the public, so that both the decisions made by those bodies and the reasons for those decisions are easily accessible to people.

Person Centered Planning / Person Centered Services - Planning for services and supports which are individualized to meet each person's needs. The County Management Plan provides for an "array", or selection of various types of services and supports to assist individuals with disabilities. These services and supports are designed to help the consumer be (1) as independent as possible, (2) as productive as possible, and (3) as integrated into their chosen community as possible. Also referred to as **Customer Designed Services, Consumer Driven Services, Individualized Services, and Self-Determination.**

Public Hearing - an opportunity for any interested person to ask questions or make comments about a proposed plan. The county must inform county residents about the time and place a public hearing will be held. This is done by posting a notice in the courthouse and publishing a notice of the hearing in the local newspaper.

Self-Advocacy - speaking for yourself, asking for the things you need and want, standing up for your rights, and taking responsibility for your own choices.

Senate File 69 - legislation passed by the Iowa General Assembly in 1995 that created the system of County Management Plans for the funding and delivery of disability-related services. This change in the law gave counties more flexibility in how to spend public funds, but also limits the total amount of money counties have available to spend for services.

Service Planning - the job of coordinating various services and supports needed by an individual, including communicating with service providers and funding sources on behalf of the individual. Depending upon how this service is funded, it may be called **Service Planning, Service Coordination, Targeted Case Management, or Medicaid Case Management.**

Stakeholders - any person interested in the County Management Plan system and who assists in the development of the plan. All counties must involve individuals

with disabilities and family members in the development of the plan, and show how their input was considered in the final plan.

State Hospital School (SHS) - one of Iowa's two State Hospital Schools located at Glenwood and Woodward.

Support Services - services available to individuals with disabilities and their families to assist them in living more independently (for example: supported community living services, respite care, and transportation.)

Title Nineteen (XIX) - refers to federal Medicaid services or funding. The Medicaid program was created under the federal Social Security Act.

Transition Planning - part of the planning process used by the school and the county to help students with disabilities (usually age 14 or older) to explore his or her long-term goals and map out ways to reach those goals.

Waiting List - The plan allows for waiting lists for services if funding is not available to pay for the cost of services and supports. If a waiting list is used, the plan will describe how and when a consumer will be placed on a waiting list.

Waiver Services - services provided by the Medicaid Home and Community Based Waiver Program. The purpose of these services is to support people with disabilities living in their own homes or home-like community settings, when without such services they would need to live in a care facility or state hospital-school to receive the level of care they require.

SERVICES AND SUPPORTS

Adult Day Program - Structured activities provided in a setting specifically designed to serve persons with disabilities. A unique component of this service is its emphasis on life exploration activities and its heavy reliance on community activities.

Case Management- Medicaid Match - Activities designed to help individuals and families develop, locate, access and coordinate a network of supports and services that will allow them to live a full life in the community. The county pays 50% of the non-federal share of Medicaid funded case management services. Also referred to as “Title XIX Case Management”, or “Targeted Case Management”.

Consultation - Advisory activities directed to a service provider to assist the provider in delivering services to a specific person. Advisory activities may also be directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems. Under this plan, portions of the **Crisis Stabilization / Emergency Services** are included in this category, as a consultative service to the CPC process.

Day Treatment Services - Individualized services emphasizing mental health treatment and rehabilitation activities designed to increase the consumer’s ability to function independently or facilitate transition from a residential placement.

Diagnostic Evaluations Related To Commitment - Used when an evaluation is performed related to a mental health commitment under Iowa Code.

Enclave - Support provided to a consumer at a competitive job site where two or more individuals with disabilities are receiving support services simultaneously. The support staff maintains continuous presence on the job site. This service is also provided under the Home and Community Based Waivers.

Guardian/Conservator - Activities provided, as required by the court system, to handle the personal business of the ward.

Home Management Services - Personal emergency response systems covered under the Home and Community Based Waivers.

Home/Vehicle Modification - Physical modifications to the participant's home environment and/or vehicle which are necessary to provide for the health, welfare, and safety of the individual with disabilities. These supports enable the participant to function with greater independence in the home or vehicle. Home/vehicle modifications are covered under Home and Community Based Waivers.

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

Inpatient/State Hospital Schools - State Hospital Schools located at Glenwood and Woodward, which provide intermediate care for individuals with mental retardation.

Inpatient/State Mental Health Institutes - State Mental Health Institutes located at Cherokee, Clarinda, Independence, and Mount Pleasant that provide diagnosis, evaluation and treatment for the mentally ill and chronically mentally ill.

IPR (Intensive Psychiatric Rehabilitation) - Services delivered to participants who are chronically mentally ill, which are designed to promote both success and satisfaction in the areas of living, learning and working. This program is based on the concept of "role recovery" and the belief that consumers can recover from mental illness. Services are time limited and include the components of Readiness Assessment, Readiness Development, Goal Setting, Goal Achieving and Good Keeping. This service is a type of **Psychiatric Rehabilitation**.

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

Legal Representation for Commitment - Legal services that are provided related to a mental health commitment under Iowa Code.

Prescription Medication - Medication prescribed for psychiatric conditions.

Psychiatric Rehabilitation - Individualized services designed to increase the consumer's ability to function independently. Psych Rehab services are intended to prevent or reduce the need for services in a hospital or residential setting, and promote the consumer's recovery of the ability to perform a valued role in society.

Psychotherapeutic Evaluation - Screening, diagnosis and assessment of individual and family functioning, Identifies needs, abilities, and disabilities, and determines current status and functioning, recommends services, and need for further evaluations. Evaluations consider the emotional, behavioral, cognitive, psychosocial, and physical information deemed appropriate and necessary.

Psychotherapeutic Outpatient Services - Planned processes in which the therapist uses professional skills, knowledge and training to enable participants to realize and mobilize their strengths and abilities; take charge of their lives; and resolve their issues and problems.

Public Education Services - Activities provided to increase awareness and understanding of the causes and nature of conditions or situations that affect a person's functioning in society. Services focus on the following:

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

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

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

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

Respite - Temporary care to an individual with disabilities to provide relief to the usual informal caregiver and provide all of the care the usual caregiver would provide. This service is provided under the Home and Community Based Waiver.

Services Management - 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.

Sheltered Workshop Services - Vocational services provided by an agency carrying out a recognized program of rehabilitation, habilitation, or education for persons with disabilities. Services are designed to lead to competitive employment, or provision of long-term, paid employment.

Sheriff Transportation - Transportation provided related to a mental health commitment under Iowa Code.

SCL (Supported Community Living) - Treatment, or services and supports determined necessary to enable a person with disabilities to live and work in a community setting. The participant must live with family, alone, or with other individuals with disabilities in a house or apartment. Services are directed to enhancing the participant's ability to regain or attain higher levels of independence, or to maximize current levels of functioning. Home and Community Based Waiver services are included under this category.

Supported Employment Services - Activities designed to support paid, competitive employment for consumers with a demonstrated inability to gain and maintain traditional employment. Support provided to an individual in a competitive job is on a one-to-one basis. Supported employment occurs in a variety of normal, integrated business environments. To access this service, consumers must be paid at least the federal minimum wage. Support may be provided to obtain and maintain jobs and promote career development and workplace diversity. Job Mentorship and Home and Community Based Waiver services are included under this service description.

Transitional Living Program - Intensive community based services provided to persons who are chronically mentally ill. Typically, these services are provided to participant's who may be experiencing exacerbation of symptoms, and who without these services might require more intensive in-patient treatment. More often, they are provided to participants to facilitate earlier discharge from a hospital or residential settings who might not otherwise successfully transition to independent living. This service includes residential and vocational components.

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

Work Activity Services - Vocational services for those individuals whose impairment severely reduces their productive capacity. Services are designed to enable participants to function in appropriate training programs or employment.

SECTION TWO: PLAN ADMINISTRATION

HOW OUR SYSTEM WORKS

Consumer empowerment is our goal. It is essential that individuals have freedom of choice, and take an active role in deciding what services and supports they need and how those services are to be delivered. In all cases, excluding the civil mental health commitment process, the consumer will be the driving force and must give informed consent and approval to the process. If the consumer is an adult, and has no guardian or conservator, s/he may elect to involve family members in the process. 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 process. In all cases, consumers may be represented by advocates, other consumer representatives, or friends and family.

Our office is called the **Central Point of Coordination (CPC)**. We act as the gatekeeper to a countywide system of services and supports for individuals with disabilities. We take applications, make eligibility decisions, evaluate the needs of individuals, and work to create and implement a service funding plan. We are part of the county's Central Point of Coordination process, and we report to the Board of Supervisors.

We also cooperate and enter into contracts with other agencies, organizations and service providers. Providers are public and private companies, professionals and facilities that deliver a wide range of services. They might be businesses that operate transportation systems; agencies providing habilitation, rehabilitation, mental health, vocation or residential services; practitioners such as counselors and therapists, home health care or waiver agencies, or local businesses. Most providers in this county can assist you in finding an access point to begin the application process.

Enrollment & Planning Process

The First Step: Intake, Eligibility and Enrollment:

You can receive services if you meet our four (4) eligibility requirements. The first requirement is that you have a diagnosed disability covered by the plan. We currently cover persons with a diagnosis of:

· **Mental Illness**

· **Chronic Mental Illness**

· **Mental Retardation**

· **Developmental Disability**

The second requirement is that you meet our financial eligibility guidelines, which look at your income and financial resources. The third requirement is that the requested service or support is covered by the plan. The fourth requirement is that Page County is required to pay for those services.

To start the process, a written CPC Application must be completed. You can do this at our offices, or at any one of the access points listed in our plan. We can also mail an application directly to you. Staff members can help you fill out the applications. If you like, you can bring along a friend, family member or other person familiar with your personal matters.

You will be asked to provide information about your disability, health, education, work history, income, benefits, insurance, and other matters. The application process also requires us to gather information about others who live in your household or who are responsible for your support. We will also want to know where you have lived in the past, so we can determine if Page County has the responsibility to pay for the services and supports for which you qualify.

We want to assure you that your privacy will be respected and protected both in and out of our offices. No personal information will be shared with others unless you give us written permission or we are required by law to do so. You will be asked to sign release forms that authorize us to talk with other persons and organizations and to freely exchange information and records about you.

In medical and psychological emergencies, however, you may be unable to give your consent to the release of information. When this happens, our first priority is to see that you receive emergency services. We will only release information that is necessary and required by law to address the crisis. We will keep track of the information. After the emergency ends, we will tell you who received the information and why they were entitled to receive the information. More information about our confidentiality and privacy policies and safeguards, can be found in Section Three of the Policy and Procedures Manual.

All necessary information, including verification of a disability, must be included in, or attached to, the CPC application to determine if you are eligible for services. When all necessary information has been obtained, we will review the application information and decide, within ten (10) business days, whether or not you are eligible for county services and funding. If you meet our eligibility criteria, you are entitled to receive county funding. If you fail to meet the financial eligibility requirements, you may still be eligible with a consumer co-payment agreement. A written Notice of Decision will be sent to you which explains how and why we made that decision. If you are not eligible, you will receive a Notice of Decision which explains why we denied your request. You have the right to appeal any part of the decision. If your eligibility situation changes in the future, you need to reapply. The appeals process is discussed later in this section.

The Second Step: Service Planning and Funding:

Once we decide that you are eligible to receive services and supports, the next step is to develop a service plan individualized to your unique circumstances and priorities. To do that, we must learn more about you by assessing your needs, such as health care, treatment, employment, and transportation. A copy of your Notice of Decision and a Referral for Service Planning will be given to a service planner approved under the plan within ten (10) working days of your eligibility determination. The service planner will work with you and others to create a service plan tailored to your specific strengths, abilities and needs. If you agree, they may also speak with your family members, doctors, therapists, services providers, or other people involved in your day-to-day affairs. Service planners approved under the plan are a Medicaid case manager, a Page County social worker, or a Mental Health Center SCL specialist.

When the plan is fully developed, the service planner will submit a Request for Services Funding form and a service plan to the CPC Administrator. The Request for Services Funding will be approved, adjusted, or denied. In any event, the form will be

signed and returned to the service planner who submitted the request. This signed Request for Services Funding form will serve as a Notice of Decision and will be sent to the service planner and the consumer and/or his/her representative. The Request for Services Funding form will set forth the services and supports you requested, your current income level, provider information, the cost of each service, length/duration of services requested, the actions we have taken on your request, and the reasons why we were able or unable to fund your service and funding requests. Many of the services are provided without cost to you. In some circumstances, depending on your income and resources, you will have to pay some of the costs. A list of county funded services and supports can be found in Section Three of the Policy and Procedures Manual.

The CPC Administrator may request a review of the service plan by a qualified professional at any time during the planning or utilization process. The process for determining the qualified professional will vary with the needs of the individual. The level of the professional's qualifications will meet the level needed to review the presenting situation, the level of plan and outcomes required, and licenser necessary to meet regulations. The CPC Administrator may contract with a qualified professional to make the necessary review.

The Third Step: Continued Service Coordination:

Even after you begin to receive services, we will keep working with you to make sure that your services and supports continue to meet your changing needs. Case reviews will also be conducted on your service plan. We are always open to suggestions, and we welcome your comments on how we can better serve you and others in our community. Feel free to contact us if you have any questions, complaints or compliments about us, about your providers, or about anyone else involved in our county's mental health and developmental disability service system.

Each service plan will specify the time frames for utilization review and re-authorization of services. The length of time funding is approved will be indicated on the Request for Services Funding Form and re-authorization for continued funding will be through presentation of another Request for Services Funding form. The CPC administrator is responsible for all utilization review and service re-authorization, unless there is a specific exception to policy in other sections of this manual.

An Available Alternative: Individualized Budgeting

Individualized Budgeting allows even greater consumer control. In an individualized budgeting process, the consumer is allocated a specific amount of money for a fiscal year. The consumer may chose to spend the money as they wish, as long as the following conditions are met.

For those consumers who choose to participate, a consumer driven team approach will be utilized. The team will be chosen by the individual. The team will advocate in acquiring the services and supports necessary for the consumer to succeed in their community. Service authorization and utilization management by the CPC Administrator will only be required on an annual basis. To qualify for this type of service planning and utilization the individual must:

- ◇ request an individualized annual budget from the CPC Administrator,
- ◇ be involved in long term vocational, residential or support services where there is historical data on usage of county funds,
- ◇ participate in Medicaid case management services and develop a multidisciplinary planning team,
- ◇ participate in service planning utilizing functional assessment, essential lifestyle, personal history and goal identification tools.

When a consumer requests an individualized budget, they will be notified by the CPC administrator of the amount of funds they may access in a fiscal year for their services and supports. If they choose services and supports not currently in the network of providers or a currently funded service, the Page County MH/DD Council must approve their request. After the completion of the planning process (functional assessment, essential lifestyle, personal history, and goal identification tools), the service plan must be submitted to the CPC Administrator for service authorization. The individual will not be allowed to access additional funds for the fiscal year. An exception to this policy may be granted by submitting a written request stating the reasons for a severe personal need beyond their annual allocation. This request will be presented to the MH/DD Council for consideration.

SERVICE MONITORING AND COST TRACKING

It is our responsibility to assure that we have the funds to pay for all of the services which you are approved to receive. To do that, we must monitor services and costs. To assist us, we maintain a central consumer enrollment file. The system tracks supports, payments, service data and basic client data of all approved consumers. The system will provide an unduplicated client count and expenditure data, record denials of services and supports, and indicate reasons applicants were denied. The CPC Administrator will maintain this central consumer enrollment file. All intake and enrollment data will be forwarded to the CPC for data entry. Upon intake, consumers or their representatives will be asked to give informed consent that the access points share intake information in the system. It is essential to assure that currently enrolled consumers will be identified if they present at any of the access points in the county management system. However, consumers will be assured that no clinical records will be available through the enrollment file, unless through informed consent.

WHAT IF I HAVE A COMPLAINT, OR I DISAGREE WITH A DECISION ABOUT ELIGIBILITY, SERVICES OR FUNDING?

Overview of Decision-Making and Appeals:

The purpose of this section is to describe in detail how decisions are made and communicated, who the people are that make the decisions, and how decisions can be appealed. It also provides information about the rights consumers enjoy and the help that is available to consumers during each and every stage of the appeals process.

We do our best to make sure that applications are completed and decisions are made as quickly as possible. Written notices of decision will be mailed and/or communicated in person to consumers and providers. Emergency services are to be provided immediately, with funding decisions to be made afterward. Appeals at the county level, which may involve as many as three different stages, should take no

longer than one month from the time a written request for appeal is received by us. The process is designed to resolve disputes promptly and informally. Strict rules of evidence and procedures do not apply to the hearings and meetings used to decide appeals at the county level. Different people are involved, and slightly more formal procedures might be employed, as an appeal advances from one stage to another.

The first stage involves initial decisions, which are made by Central Point Of Coordination (CPC) staff. Any appeal or complaint regarding a CPC staff decision will be heard and decided by the Central Point of Coordination administrator, who supervises the delivery of services in our county.

The second stage involves decisions made by the Central Point Of Coordination Administrator regarding eligibility, funding or services. Any appeal or complaint regarding the CPC Administrator's decision will be heard and decided by the Page County MH/DD Council, which is comprised of stakeholders interested in mental health and developmental disability issues.

The third stage involves decisions made by the Page County MH/DD Council. Any appeal or complaint regarding the Council's decision will be heard and decided by the County Board of Supervisors. The next stage involves appealing the decision of the Board of Supervisors to the District Court of Iowa or other courts, depending on the actions taken or the relief that is requested.

Appeal rights and protocols are explained in greater detail later in this section. Be assured that your personal information will be protected during each and every stage of the process. Staff members, council members and supervisors receive training on the legal and practical safeguards that apply to personal, mental health, and other types of information and records.

The State of Iowa, rather than our county, must sometimes pay for MH/DD services provided to county residents. Many consumers also participate in Title XIX Medical Assistance and food stamp programs run by the Department of Human Services (DHS). Appeals about these “state cases” and DHS program eligibility decisions are governed by administrative agency rules and by the Iowa Administrative Procedures Act, Iowa Code Chapter 17A. More information about these appeals will be provided to consumers by the Department of Human Services.

Notices of Decision and Appeal Rights:

Every decision regarding eligibility, services or funding will be issued in writing using a Notice of Decision or Request for Service Funding form. We will also try our best to have service planners or CPC staff personally notify consumers about the decision.

The first page of the Notice of Decision will explain the:

- Date the decision was made.
- Date that an appeal must be filed.
- Person or office who made the decision.
- Person or office who will hear and decide any appeal.
- Type of funding or service request made.
- Complete list of services and supports requested.
- Cost of each service and support.
- Action taken on the request, including the:
 - Services approved, partially funded or denied.
 - Effective date of the funding.
 - Consumer's financial contribution, if any.
- Additional information that is needed to make a decision.
- Records and information used to make the decision.
- Services and supports that continue during the appeals process
- Legal services and advocacy programs that are available to assist consumers in reviewing and appealing the decision.

The second page of the Notice of Decision summarizes the Appeals Process that is explained in greater detail in this section. We recommend that you review the Notice of Decision the day you receive it. Read both sides of the document carefully, word by word and line by line. Call our office at the number listed on the first page with any questions or concerns. It is important that you act quickly to preserve your right to challenge the decision. A complete description of each stage of the appeals process follows, in the order they must be pursued.

FIRST APPEAL STAGE: This stage involves initial decisions which are made by Central Point Of Coordination (CPC) staff. Any appeal or complaint regarding that decision will be heard and decided by the Central Point of

Coordination Administrator, who oversees the delivery of services in Page County.

If you disagree for any reason with the initial service, funding, or eligibility decision made by the CPC staff, you may appeal that decision to the CPC Administrator. To do so, you must notify us in writing by the deadline date printed on the first page of the Notice of Decision, which is ten (10) working days from the date of the decision. You may mail, hand-deliver, or fax the written appeal request. We do not use a standard form. Any letter that questions or disputes the decision will be considered an appeal request. We will use the postmark date to determine if the appeal was received by us on time. You may also call us to appeal the decision, but the call must be received by the deadline date and it must be noted in your case files. You can then visit our office or provide us with a written request within the next (five) days. All appeals must be directed to the office which is listed on the Notice of Decision, which is: Page County CPC Administrator, Page County Courthouse, 112 East Main, Clarinda, Iowa 51632.

If your appeal is not received by the appeal deadline date listed on the Notice of Decision, it will be denied, and the initial decision regarding your service, eligibility, or funding will be considered final.

The appeal should state that you do not agree with the decision, and explain why you believe the decision is incorrect. It should also describe the action you would like us to take. If you are unable to notify us on your own that you wish to appeal, a parent, guardian, provider, family member, lawyer, other advocate or authorized person may do so for you.

After we receive your timely-filed appeal, a meeting (hearing) will be scheduled to review the initial decision. You will receive a written notice that states the date, time and place the appeal will be heard. This document will be mailed to you by certified mail and by first class mail, postage prepaid, no later than five (5) working days after we receive your appeal. We will also give you this information in person or by phone.

Our goal is to resolve disputes quickly and informally using only the procedures which are listed in this section. The appeal will be held in private. You have the right to have an attorney or other advocate accompany and represent you, but at your own expense. You may qualify for free legal assistance through the Legal Services Corporation of Iowa, the Iowa Volunteer Lawyers Project, Iowa Protection & Advocacy Services,

Inc., or other organizations. A list of legal service and advocacy organizations appears on the Notice of Decision and later in this section. Consumers and their representatives also have the right to:

- Participate fully in the appeal or decide not to attend the appeal meeting.
- Review and copy the case files, records and information that were and will be used to make these decisions.
- Submit additional documents and evidence to support the requested funding and services.
- Bring and require witnesses to attend any appeal, and to participate, testify, or provide information, records and opinions to support the consumer's position and address the issues in dispute.
- Ask questions of anyone who attends the meeting.
- Record what happens at the meeting using their own equipment, at their sole expense.
- Have their personal information protected throughout the decision-making and appeals process.
- Be told -- in advance of the appeal meeting (hearing) -- the names and titles of the persons who will represent the County at the appeal.

The CPC Administrator will consider all the information that is presented during the appeal. Appeals should rarely, if ever, involve the consumer's entire clinical, medical or mental health history or records. The CPC Administrator should only consider and review information and records that are needed to address the particular and limited issue being decided. Mental health information, as defined by Iowa Code Chapter 228, can only be shared with the persons identified in that law. As a result, certain people attending the hearing or deciding the appeal may not be able to obtain this information. Additional information about privacy safeguards can be found in Section Three.

A written Notice of Decision will be mailed to you no later than ten (10) working days after the appeal is heard. The Notice of Decision will be sent to you and to your legal or other authorized representative by certified mail, and by first class mail, postage prepaid, to make certain that you receive it. The Notice of Decision will completely

explain the Administrator's decision and detail what is to happen next regarding your services and supports.

SECOND APPEAL STAGE: This stage involves decisions made by the Central Point of Coordination Administrator regarding eligibility, funding or services. Any appeal or complaint regarding the CPC Administrator's decision will be heard and decided by the Page County MH/DD Council.

If you disagree for any reason with the decision made by the CPC Administrator, you may appeal that decision to the Page County MH/DD Council. To do so, you must notify us in writing by the deadline date printed on the first page of the Notice of Decision, which is ten (10) working days from the date of the decision. You may mail, hand-deliver, or fax the written appeal request. We do not use a standard form. Any letter that questions or disputes the decision will be considered an appeal request. We will use the postmark date to determine if the appeal was received by us on time. You may also call us to appeal the decision, but the call must be received by the deadline date and it must be noted in your case files. You can then visit our office or provide us with a written request within the next (five) days. All appeals must be directed to the office which is listed on the Notice of Decision, which is: Page County MH/DD Council, Page County Courthouse, 112 East Main, Clarinda, Iowa 51632.

If your appeal is not received by the appeal deadline date listed on the Notice of Decision, it will be denied, and the CPC Administrator's decision regarding your service, eligibility, or funding will be considered final.

The appeal should state that you do not agree with the decision, and explain why you believe the decision is incorrect. It should also describe the action you would like us to take. If you are unable to notify us on your own that you wish to appeal, a parent, guardian, provider, family member, lawyer, other advocate or authorized person may do so for you.

After we receive your timely-filed appeal, a meeting (hearing) will be scheduled to review the CPC Administrator's decision. You will receive a written notice that states the date, time and place the appeal will be conducted. This document will be mailed to you by certified mail and by first class mail, postage prepaid, no later than five (5) working days after we receive your appeal. We will also give you this information in person or by phone.

Our goal is to resolve disputes quickly and informally using only the procedures which are listed in this section. The Page County MH/DD Council must follow the Iowa Open Meetings Law, Chapter 21 of the Iowa Code. The general rule is that all matters must be discussed in open session, with members of the public, the press and other media allowed to be present. You may request that your hearing be closed to protect your confidentiality and privacy. If you request a closed session, members of the public, the press, and other media are not allowed to be present.

You have the right to have an attorney or other advocate accompany and represent you, but at your own expense. You may qualify for free legal services through the Legal Services Corporation of Iowa, the Iowa Volunteer Lawyers Project, Iowa Protection & Advocacy Services, Inc., or other organizations. A list of legal service and advocacy organizations appears on the Notice of Decision and later in this section. Consumers and their representatives also have the right to:

- Participate fully in the appeal or decide not to attend the appeal meeting.
- Review and copy the case files, records and information that were and will be used to make these decisions.
- Submit additional documents and evidence to support the requested funding and services.
- Bring and require witnesses to attend any appeal, and to participate, testify, or provide information, records and opinions to support the consumer's position and address the issues in dispute.
- Ask questions of anyone who attends the meeting.
- Record what happens at the meeting, using their own equipment, at their sole expense.
- Have their personal information protected throughout the decision-making and appeals process.
- Be told -- in advance of the appeal meeting (hearing) -- the names and titles of the persons who will represent the County at the appeal.

The MH/DD Council will consider all the information that is presented during the appeal. Appeals should rarely, if ever, involve the consumer's entire clinical, medical or mental health history or records. The Council should only consider and review

information and records that are needed to address the particular and limited issue being decided. Mental health information, as defined by Iowa Code Chapter 228, can only be shared with the persons identified in that law. As a result, certain people attending the hearing or deciding the appeal may not be able to obtain this information. Additional information about privacy safeguards can be found in Section Three.

A written Notice of Decision will be mailed to you no later than ten (10) working days after the appeal is heard. The Notice of Decision will be sent to you and to your legal or other authorized representative by certified mail, and by first class mail, postage prepaid, to make certain that you receive it. The Notice of Decision will completely explain the Council's decision and detail what is to happen next regarding your services and supports.

THIRD STAGE APPEAL: This stage involves decisions made by the MH/DD Council. Any appeal or complaint regarding the MH/DD Council decision will be heard by the Page County Board of Supervisors.

If you disagree for any reason with the decision made by the MH/DD Council, you may appeal that decision to the Page County Board of Supervisors. To do so, you must notify us in writing by the deadline date printed on the first page of the Notice of Decision, which is ten (10) working days from the date of the decision. You may mail, hand-deliver, or fax the written appeal request. We do not use a standard form. Any letter that questions or disputes the decision will be considered an appeal request. We will use the postmark date to determine if the appeal was received by us on time. You may also call us to appeal the decision, but the call must be received by the deadline date and it must be noted in your case files. You can then visit our office or provide us with a written request within the next (five) days. All appeals must be directed to the office which is listed on the Notice of Decision, which is: Page County Board of Supervisors, Page County Courthouse, 112 East Main, Clarinda, Iowa 51632.

If your appeal is not received by the appeal deadline date listed on the Notice of Decision, it will be denied, and the MH/DD Council's decision regarding your service, eligibility, or funding will be considered final.

The appeal should state that you do not agree with the decision, and explain why you believe the decision is incorrect. It should also describe the action you would like us

to take. If you are unable to notify us on your own that you wish to appeal, a parent, guardian, provider, family member, lawyer, other advocate or authorized person may do so for you.

After we receive your timely-filed appeal, an appeal hearing will be scheduled. If possible, the Board of Supervisors will hear the appeal at its next regularly-scheduled meeting. You will receive a written notice that states the date, time and place the appeal will be heard and the names of the Supervisors. This document will be mailed to you by certified mail and by first class mail, postage prepaid, no later than ten (10) working days after we receive your appeal. We will also give you this information in person or by phone. At times, the Page County Board of Supervisors must consult with experts to help them better understand the mental health and other complex issues involved in disability matters. You will be told, in advance of the hearing, the names and credentials of the people who will participate in the hearing, provide information to the Board of Supervisors, or represent the county at the hearing.

Our goal is to resolve disputes quickly and informally. However, the Board of Supervisors must follow the Iowa Open Meetings Law, Chapter 21 of the Iowa Code when hearing MH/DD appeals. The general rule is that all matters must be discussed in open session, with members of the public, the press and other media allowed to be present. You may request that your hearing be closed to protect your confidentiality and privacy.

If you request a closed session, members of the public, the press, and other media are not allowed to be present. Your name will not appear on the agenda, in the minutes, or in other materials that are posted published or publicly broadcast. The proceedings will not be recorded without your written permission. Privacy and confidentiality policies are addressed in more detail in Section Three.

You have the right to have an attorney or other advocate accompany and represent you, but at your own expense. You may qualify for free legal assistance through the Legal Services Corporation of Iowa, the Iowa Volunteer Lawyers Project, Iowa Protection & Advocacy Services, Inc., or other organizations. A list of legal services and advocacy organizations appears on the Notice of Decision and later in this section. Consumers and their representatives also have the right to:

- Participate fully in the appeal or decide not to attend the appeal meeting.

- Review and copy the case files, records and information that were and will be used to make these decisions.
- Submit additional documents and evidence to support the requested funding and services.
- Bring and require witnesses to attend any appeal, and to participate, testify, or provide information, records and opinions to support the consumer's position and address the issues in dispute.
- Ask questions of anyone who attends the meeting.
- Record what happens at the meeting using their own equipment, at their sole expense.
- Have their personal information protected throughout the decision-making and appeals process.
- Be told -- in advance of the appeal meeting (hearing) -- the names and titles of the persons who will represent the County at the appeal.

The Page County Board of Supervisors will consider all the information that is presented during the appeal. Appeals should rarely, if ever, involve the consumer's entire clinical, medical or mental health history or records. The Board of Supervisors should only consider and review information and records that are required to address the particular issue being decided. Mental health information, as defined by Iowa Code Chapter 228, can only be shared with persons identified in that law. As a result, certain people attending the hearing or deciding the appeal, including individual Supervisors, may not be able to obtain this information. Additional information about privacy safeguards can be found in Section Three.

A written decision will be mailed to you no later than ten (10) working days after the appeal is heard. The decision will be sent to you and to your legal or other authorized representative by certified mail, and by first class mail, postage prepaid, to make certain that you receive it. It will completely explain the Page County Board of Supervisors' findings, conclusions and ultimate decision, and will detail what is to happen next regarding your services and supports.

JUDICIAL AND OTHER APPEALS: This stage involves decisions made by the Page County Board of Supervisors regarding services, supports and

funding. The Board of Supervisors' decisions must be appealed to a court of law.

The Board of Supervisors makes the final administrative decision at the county level, except for “state cases” and DHS program matters. If you disagree with the Board of Supervisors' decision regarding services, supports or funding, you can appeal to the Iowa District Court In and For Page County. This is generally done using a procedure known as a Writ of Certiorari. There are very strict time limits and procedural rules for filing these appeals. If you do not act immediately, you may lose all your rights to challenge the Board of Supervisors' decision.

You may have additional appeal rights and avenues, depending on your particular case and circumstances. We strongly urge you to consult with a lawyer as soon as possible if you disagree with the Board of Supervisors' decision. The County does not provide you with a lawyer or pay for your attorney fees except in cases involving commitment hearings. You may qualify for no-cost or low-cost legal services. For information, referrals and representation, contact the:

Legal Services Corporation of Iowa at:	Des Moines (800) 532-1503
Iowa Volunteer Lawyer Project at:	Council Bluffs (800) 432-9229 (800) 798-0311
Iowa Protection & Advocacy Services, Inc., at:	(800) 779-2502
Iowa State Bar Association Lawyer Referral Program at:	(515) 280-7429

SECTION THREE

SYSTEM MANAGEMENT

Plan Development

Page County continues a commitment to community involvement in the development and implementation of the county mental health management plan. Choice, empowerment and community remain as integral concepts in the continuing evolution of a person centered service system. The planning process for Page County incorporates stakeholder input by:

- utilizing an MH/DD Council to develop and oversee the plan, as well as serving as the second stage appeals process,
- eliciting input from individuals with disabilities and other community members through an annual public hearing where input is solicited and actively incorporated in the planning process,
- incorporating outcomes of the grievance and appeals process,
- utilizing information from local provider outcomes based consumer satisfaction surveys,
- utilizing information from local quarterly provider meetings.

MH/DD Council

The purpose of the Page County MH/DD Council is to oversee the development and implement of the county's Mental Health Services Management Plan. The Council makes recommendations to the Page County Board of Supervisors on the development of policies and procedures, budget development and allocation, eligibility, and allowed services for expenditures from the county's mental health fund. The Council:

- (1) reviews and recommends changes to system policies,
- (2) develops and reviews the mental health plan,
- (3) reviews and makes recommendation for the mental health budget,
- (4) reviews and makes recommendations regarding the development and evaluation of services offered, and

- (5) hears all appeals or complaints regarding the CPC Administrator's decisions regarding eligibility, funding or services. They also make recommendations to the Page County Board of Supervisors if their decision is appealed.

MH/DD Council Membership

The MH/DD Council is comprised of thirteen people; representing individuals with disabilities, advocates, county officials, service providers, service planners, community leaders, and other individuals who has demonstrated a concern for persons with chronic mental illness, mental illness, mental retardation, or developmental disabilities. At least 36% of the Council, with authority to vote, is comprised of individuals with disabilities or their family members. The Council also oversees the county's case management program. At least one member of the Board of Supervisors is on the Council. A representative from the central point of coordination process and from the case management agency are non-voting members. Council members must reside, work in, or have legal settlement in Page County.

Individuals representing each respective special interest group must fill council seats. The Page County Board of Supervisors appoints individuals to the Council. Represented interest groups are individuals with disabilities, family advocates, county central point of coordination (non-voting member), county board of supervisor, vocational or residential service provider, mental health professional, Medicaid case management (non-voting member), community school, rehabilitation agency, and community or business representative.

As a public decision-making body, the MH/DD Council is bound by the state's open meetings and open records laws, Chapter 21 and 22, of the Code of Iowa. All members will have knowledge of and comply with these code requirements. The Council will also be in compliance with applicable state and federal statutes regarding confidentiality. All members will receive training on their responsibility regarding confidential information.

The MH/DD Council meets 4-8 times a year. Meetings are scheduled annually, and notices of meetings are posted in the Page County Courthouse. The Council approves and submits recommendations to the Page County Board of Supervisors regarding the Mental Health Management Plan; consisting of an Annual Review, a Policies & Procedures Manual, and a Three Year Strategic Plan.

The Annual Review will be prepared and made available to the public, consumers, providers, and all interested individuals upon request. After approval by the MH/DD Council, the review will be presented annually as a part of a regular Board of Supervisor's meeting. The Annual Review will address the following topics:

- progress made toward goals and objectives,
- actual provider network utilized,
- actual expenditures reported on an accrual basis,
- services offered,
- number, type and resolution of any appeals or grievances,
- quality assurance activities, findings and information utilization, and
- waiting list information.

The Three Year Strategic Plan will describe the county's vision of the Mental Health, Mental Retardation and Developmental Disabilities system for the ensuing three years. The strategic plan shall include:

- identification of system needs,
- identification of the county's mission statement utilizing goals, objectives, action steps and cost projections,
- services and supports,
- provider network, and
- access points.

The strategic planning process will include at least one meeting of the MH/DD Council which shall be a public hearing during the three year planning cycle.

The Page County Board of Supervisors will approve all components of the plan for submission to the Iowa Department of Human Services for review and approval. When the plan is approved by the DHS, the supervisors shall pass a resolution adopting the approved plan for implementation.

Plan Amendments

Page County reserves the right to file an amendment at any time. The procedure for amendment will follow the process as outlined in subrule 25.26(5) of the administrative rules. If the Board of Supervisors deems an amendment necessary, the MH/DD Council will solicit input from stakeholders that may be affected by the amended sections of the plan. Whenever an amendment to the county management plan is requested, the final proposed amendment will be listed on the Page County Board of Supervisor's Agenda and public input will be welcomed.

Plan Administration

Page County will directly administer this plan. The Page County Board of Supervisors designates, on a yearly basis, the Central Point of Coordination Administrator who is an employee of the county.

Financial Accountability

The county does not intend to contract management responsibility for any aspect of the managed system of care to any agency or entity. Currently, the Page County Board of Supervisors, acting through the CPC Administrator, will retain full authority for the managed system of care and the fixed budget. In following years, shared risk arrangements may be developed if applicable, however the county will retain full authority. Those providers that are funded through a block grant allocation will be at risk with their own budget and provide services as per contract with the county.

Administration Policies

Page County will use all applicable state and county policies and procedures for administering the county management plan. These standard policies and procedures include:

- Budget and Finance
- Accounting
- Audit
- Personnel
- Maintenance and Protection of Records
- Public Information Requirements
- Affirmative Action/EEO
- Americans with Disabilities Act

Funding Policy

Page County is the funder of last resort and will fund only those services and supports that are authorized in accordance with the processes described in this plan.

Individuals in the custody or supervision of the Department of Corrections must access all Department of Corrections funding resources before any consideration will be given to county based MH/DD funding. Chapter 904.103 (Department of Corrections) of the Iowa Code states; *“The department shall administer the institutions listed in Section 904.102. The department shall be responsible to the extent provided for by law for all of the following: 1. Accreditation and funding of community-based corrections programs....”*. Further, the Department of Corrections has specified in administrative rules 201 40.1(905) (Community Based Corrections) the following definition: *“Rehabilitative objectives or purposes” means activities designed to further the reintegration of the offender into the community as a productive, law-abiding citizen. Activities deemed to serve rehabilitative objectives shall include, but not be limited to, family visits, seeking employment, supervised recreational activities, shopping trips, counseling/consultation sessions, educational programs and activities, vocational training and religious activities.*

Each program/service that has been approved for funding, will submit monthly cost and utilization reports to the CPC. These reports will accompany the monthly invoicing process. The monthly utilization report will include the following information:

1. Name and social security number/unique identifier of each consumer served during the reporting period.
2. Number of units of service delivered to each consumer during the reporting period.
3. Unit rate and the total cost of the units provided to each individual consumer.
4. Reimbursement billed to other sources and therefore deducted from the county costs for each individual consumer.
5. Actual amount to be charged to the county for each consumer for the reporting period.
6. Any amount of “vacation, sick, personal leave or reserve beds days” that has been utilized by each consumer during the reporting period.

Upon receipt of this information, CPC staff will check the bill and additional information against services authorizations issued by the CPC Administrator. Services delivered without service authorization will be checked against county service authorization 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 in the utilization report. Payment for services will be initiated as soon as this review process is completed.

Conflict of Interest Policy

The Central Point of Coordination, or the MH/DD Council and the Board of Supervisors in the case of an appeal will make service authorization decisions. It is the intent of the County that service authorization decisions will not be made by an individual or organization that has a financial interest in the services or supports to be provided. In the event that such a situation occurs, that interest must be fully disclosed to consumers, their representative and county in writing.

The MH/DD Council currently services as the second stage appeal process to reduce the possibility of conflict of interest. Members of the Page County Boards of Supervisors do serve on providers' board of directors in an attempt to improve communication between providers, consumers and the county. Since this could potentially be a conflict of interest in a final appeal situation the policy will be established that the supervisor with a potential conflict will disqualify him/herself from voting on an appeal. The remaining supervisors would then vote on the appeal with a 51% vote needed to overturn a decision.

Waubonsie Mental Health Center has been designated by Page County as their Community Mental Health Center Services Provider in accordance with state regulations. It is the position of the county that the limited CPC functions provided by the Mental Health Center will not be in conflict to this position. The individual will have access to other entry points for assessment or services. Also the block grant allocation to the Mental Health Center is not directly correlated to any individual or number of services that are provided to an individual. The allocated amount is to provide services as per contract to individuals in the county.

Provider Network Selection

Providers included in the county service network will be expected to meet one or more of the following criteria. They will also be expected to accept the county performance requirements and provide services within the funding constraints of a capped expenditure system.

- Currently licensed or certified as a service provider by the State of Iowa.

- Currently enrolled as a Medicaid provider, and/or certified as a member of the Merit Behavioral Care of Iowa (MBCI) provider panel.
- Currently having a Department of Human Service Purchase of Service contract.
- Currently accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Rehabilitation Facilities (CARF), or other recognized national accrediting body.
- Currently under contract or possessing an agreement with the county.
- Currently approved by the MH/DD Council to provide services to a specific individual with disabilities.

As the individuals and service planners become more familiar with person centered services, there is an expectation of support plans that are more unique and individualized, requiring non-traditional services and supports. If a plan is submitted with a provider not currently in the network, the MH/DD Council will approve or disapprove the provider on an individual basis. General criteria for inclusion in the network of providers will be re-evaluated by the MH/DD Council Board as each unique case dictates. The County retains the right to choose those providers who shall be in the provider network.

Rate Setting and Reimbursement

Currently service and support rates are set through the following methods:

- Purchase of Services (POS)
- Contractor agreement with the county
- Fees as established through the facility
- Presentation of fees and funding amount approved
- Iowa Court Rules

Delegated Functions

Page County is served by Waubonsie Mental Health Center. The county authorizes the Mental Health Center to perform all CPC functions for the individuals receiving outpatient mental health services from their center, excluding community support services. They may not perform any of the CPC functions for any services other than those specifically mentioned. The Mental Health Center will complete a face sheet and releases of information in lieu of the CPC Application, determine financial eligibility, legal settlement, assessment, service planning, and utilization review. The face sheet utilized by the Center must include the core data set of information required by law. The authorization for services is given through the block grant allocation to the mental health center through the county budgeting process. The

mental health center will continue to provide services as outlined in the contract between the county and the Mental Health Center through the block grant allocation. Information necessary for tracking and monitoring will be submitted to the CPC Administrator on a monthly basis by the Mental Health Center.

Access Points

CPC Administrator Southwest Iowa Case Management Services Waubonsie Mental Health Center

Individuals presenting at these designated access points will be able to receive a CPC application. These access points may assist the individual/guardian in completion of the application process. Upon completion of the application, it will be forwarded to the CPC in the county of residence and, when known, county of legal settlement, or the county human services department office for those with state case status, by the end of the business day.

All access points receive training, as needed, on their role in the management system, including the application, intake process and confidentiality. Training emphasizes the consumer's need for accessibility, accommodation, and efficient processing of their request.

A brochure developed by the county explains, in easily understood language; the services offered, the philosophy of person centered services including personal choice and personal responsibility and the application process. Part of the brochure will include a condensed CPC application, with instructions on how to apply for services.

The brochures are printed and distributed to the secondary access points, which will act as information sources to disseminate application information. Secondary access points will be schools, hospitals, medical clinics, Department of Human Services, Judicial system, community action agencies, service providers, public libraries, law enforcement offices, county auditor and general relief offices.

Plan for Staffing

The CPC Administrator, in conjunction with the Page County Board of Supervisors will decide staffing needs, ensuring an adequate number of staff to develop and implement the plan. Elected officials will not be hired to perform any of the CPC functions.

Application Form

A condensed two-page Central Point of Coordination application is utilized. The CPC application will be an inclusion in consumer brochures, which will be available at all access points, as well as being distributed to providers and available throughout the community. Application forms will be made available in alternative formats, as requested, as well as assistance in completing applications.

Consumer Access

Page County is committed to providing appropriate, flexible, cost-effective community services and supports to meet the needs of eligible consumers. The section below describes Page County's policy for consumer access to services if not legally settled in Page County and a quick reference guide to services and supports funded under this plan.

County of Legal Settlement and State Cases

Legal Settlement is a term used to define which county in Iowa is responsible for providing funding for MI/CMI/MR/DD services. Legal settlement is not the same as legal residency. To establish legal settlement, an individual must live in an Iowa County for one year (six months if legally blind) without receiving any mental health or substance abuse services. If someone moves to “County A” (county of residence) from “County B” (county of legal settlement), or has lived in “County A” for less than one year, he/she will not have established legal settlement in “County A”. Their county of legal settlement will continue to be “County B”. If someone moves from out of state and has not lived in “County A” (county of residence) for one year without services, they are then eligible for funding from the State of Iowa. They do not have a county of legal settlement and are considered State Cases.

The process for establishing funding for individuals without legal settlement in Page County is as follows:

1. If, after reviewing the completed CPC Application, the CPC Administrator determines that the applicant does not have legal settlement in Page County, the CPC Administrator will contact the legal settlement county's CPC Administrator by telephone and inform them of the application. The application and a notice of decision will be forwarded to the county of legal settlement.
2. The Page County CPC Administrator (county of residence) will work with the county of legal settlement CPC Administrator to assure that all eligible applicants receive needed services. If the county of legal settlement agrees to pay for a service plan authorized by the county of residence, the process for funding approval will be the same as for individuals with legal settlement in Page County. For applicants having legal settlement in a county other than Page County, the CPC Administrator will bill the county of legal settlement for services provided if not paid for by the county of legal settlement in the first instance. It is preferred that services shall be paid directly by the county of legal settlement whenever possible.
3. It is the policy of Page Counties that eligible individuals requesting services from the county of residence will receive the same level of services as individuals who have legal settlement in our county.
4. For individuals believed to lack legal settlement in any Iowa county, the following process will occur:
 - The CPC Administrator will review the CPC Application and, if it appears that the applicant is a State Case, the Administrator will issue a Notice of Decision to that effect and forward the NOD to the local DHS social worker. It will be the responsibility of the DHS social worker to obtain general, financial and legal settlement eligibility verification and obtain an applicant's signature on the State Payment Program Application Form #SS-1106-0. The SS-1106-0 will be dated the same as the date on the original CPC Application.
 - The DHS social worker will complete a packet of information which will include: (1) a current diagnosis signed by a licensed psychologist, psychiatrist

or qualified physician, (2) additional supporting documentation available which states the diagnosis and past treatment received, (3) a cover memo signed by the CPC Administrator identifying management plan policies, (4) a completed State Payment Program Application, (5) a current service or treatment plan, and (6) a CPC application with a legal settlement decision tree or a narrative of the lack of legal settlement.

- The DHS social worker will submit the packet of information to the DHS State Payments Program Manager. The CPC Administrator will monitor this process to assure timely assess to services for participants in Page County who are determined to have a “state case” status.

SERVICE TYPE	POPULATION	FINANCIAL	CLINICAL	UTILIZATION	RE-AUTHORIZATION
Information and Education Services					
Information & Referral	MI, CMI, MR, DD	NONE	GENERAL CRITERIA	INDIVIDUAL WITH DISABILITIES SURVEY	NONE
Consultation	ADMINISTRATIVE EXPENSE				
Public Education	ADMINISTRATIVE EXPENSE				
Academic Services	FUNDING NOT ALLOCATED				
General Administration					
Direct Administration	ADMINISTRATIVE EXPENSE				
Purchased Administration	FUNDING NOT ALLOCATED				
Coordination Services					
Case Management Medicaid	CMI, MR, DD	TITLE XIX	CHAPTER 24 STANDARDS	CASE MANAGERS	CHAPTER 24 STANDARDS

Match					
Case Management 100% County	FUNDING NOT ALLOCATED				
Service Management	MI, CMI, MR, DD	150% POVERTY LEVAL OR SLIDING FEE	GENERAL CRITERIA	SERVICE PLANNER	3 TO 12 MONTHS OR ANNUAL INDIVIDUALIZED BUDGET

Personal & Environmental Supports

Transportation	CMI,MR,DD	150% POVERTY LEVAL OR SLIDING FEE	NA	SERVICE PLANNER	3 TO 12 MONTHS OR ANNUAL INDIVIDUALIZED BUDGET
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SERVICE TYPE	POPULATION	FINANCIAL	CLINICAL	UTILIZATION	RE-AUTHORIZATION
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Support

Homemaker /Health Aid	FUNDING NOT ALLOCATED				
Chore Services	FUNDING NOT ALLOCATED				
Home Management	MR	HCBS - WAIVER	IFMC	IFMC	IFMC
Respite	MR	HCBS - WAIVER	IFMC	IFMC	IFMC
Guardian/ Conservator	FUNDING NOT ALLOCATED				
Representative Payee	FUNDING NOT ALLOCATED				
Home/Vehicle Mod	MR	HCBS - WAIVER	IFMC	IFMC	IFMC
Support Comm Living	MR, CMI	HCBS - WAIVER/	IFMC/ CMHC	IFMC/CMHC	IFMC/3 TO 12 MONTHS

		150% POVERTY OR SLIDING FEE			
Basic Needs	CMI, MR, DD	150% POVERTY LEVAL OR SLIDING FEE	APPROVED TREATMEN T PLAN	SERVICE PLANNER	SHORT TERM ONE TIME AUTHORIZATION
Treatment Services					
Physiological Treatment					
Outpatient	FUNDING NOT ALLOCATED				
Prescription Medicine	CMI, MR, DD	150% POVERTY LEVAL OR SLIDING FEE	APPROVE D TREATME NT PLAN	SERVICE PLANNER	SHORT TERM ONE TIME AUTHORIZATION
In-Home Nursing	FUNDING NOT ALLOCATED				
Other					
Psychotherapeutic Treatment					
Outpatient	MH, CMI, MR, DD	**BLOCK GRANT	DSM	CMHC	CMHC
Rehab Treatment					
Partial Hospital	ALTERNATIVE SERVICES AVAILABLE, I.E. TRANSITIONAL LIVING				
Day Treatment	ALTERNATIVE SERVICES AVAILABLE, I.E. TRANSITIONAL LIVING				
SERVICE TYPE	POPULATION	FINANCIAL	CLINICAL	UTILIZATION	RE-AUTHORIZATION
Psychiatric Rehab	CMI	150% POVERTY LEVAL OR SLIDING FEE	CMHC	CMHC	3 TO 12 MONTHS

Vocational & Day Services					
Sheltered Workshop	CMI,, MR, DD	150% POVERTY LEVAL OR SLIDING FEE	GENERAL CRITERIA	SERVICE PLANNER	3 TO 12 MONTHS OR ANNUAL INDIVIDUALIZED BUDGET
Work Activity	CMI,, MR, DD	150% POVERTY LEVAL OR SLIDING FEE	GENERAL CRITERIA	SERVICE PLANNER	3 TO 12 MONTHS OR ANNUAL INDIVIDUALIZED BUDGET
Job Placement	FUNDING NOT ALLOCATED				
Adult Day Progeam	MR, DD	150% POVERTY LEVAL OR SLIDING FEE	GENERAL CRITERIA	SERVICE PLANNER	3 TO 12 MONTHS OR ANNUAL INDIVIDUALIZED BUDGET
Supported Employment	CMI, MR, DD	150% POVERTY LEVAL OR SLIDING FEE	GENERAL CRITERIA	SERVICE PLANNER	3 TO 12 MONTHS OR ANNUAL INDIVIDUALIZED BUDGET
Enclave	CMI, MR, DD	150% POVERTY LEVAL OR SLIDING FEE	GENERAL CRITERIA	SERVICE PLANNER	3 TO 12 MONTHS OR ANNUAL INDIVIDUALIZED BUDGET
Licensed/Certified Living Arrangement					
Comm. Based 1-5 Beds					
RCF	CMI, MR, DD	150% POVERTY LEVAL OR SLIDING FEE	GENERAL CRITERIA	SERVICE PLANNER	3 TO 12 MONTHS OR ANNUAL INDIVIDUALIZED BUDGET

RCF/MR	MR, DD	150% POVERTY LEVEL OR SLIDING FEE	GENERAL CRITERIA	SERVICE PLANNER	3 TO 12 MONTHS OR ANNUAL INDIVIDUALIZED BUDGET
RCF/PMI	FUNDING NOT ALLOCATED				
NF	FUNDING NOT ALLOCATED				
ICF/MR	MR, DD	MEDICAID	IFMC	DHS	DHS
Other					

SERVICE TYPE	POPULATION	FINANCIAL	CLINICAL	UTILIZATION	RE-AUTHORIZATION
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Comm. Based 6-15 Beds	ALL CRITERIA FOR 6-15 ARE THE SAME AS OUTLINED ABOVE FOR 1-5 BEDS
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RCF	
RCF/MR	
RCF/PMI	FUNDING NOT ALLOCATED
NF	FUNDING NOT ALLOCATED
ICF/MR	
Other	

Comm. Based 16-over	ALL CRITERIA FOR 16 - OVER ARE THE SAME AS OUTLINED ABOVE FOR 1-5 BEDS
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RCF	
RCF/MR	
RCF/PMI	FUNDING NOT ALLOCATED
NF	FUNDING NOT ALLOCATED
ICF/MR	

Institutional, Hospital & Commitment Services

State Mental Health Institutes

Inpatient	MI, CMI, MR, DD	*Plan Criteria	DSM	INSTITUTION, MHC, COURT COMMITTAL PROCESS	NONE
Other					

State Hospital Schools

Inpatient	MR,DD	CPC APPROVED	GENERAL CRITERIA	SERVICE PLANNER	NONE
Other					

SERVICE TYPE POPULATION FINANCIAL CLINICAL UTILIZATION RE-AUTHORIZATION

Other Public/Private

Inpatient	MI, CMI, MR, CC	CPC APPROVED	DOCTOR	COURT COMMITTAL PROCESS	NONE
Other					

Commitments

Diagnostic	FUNDING NOT ALLOCATED				
Sheriff Transport	MI, CMI, MR, DD	CPC APPROVED	NA	COURT COMMITTAL PROCESS	NONE
Legal Representation	MI, CMI, MR, DD	CPC APPROVED	NA	COURT COMMITTAL PROCESS	NONE
Mental Health Advocates	MI, CMI, MR, DD	CPC APPROVED	NA	COURT COMMITTAL PROCESS	NONE

KEY:

SERVICE PLANNER - As identified in the plan (social worker, case manager, CPC, other)

GENERAL CRITERIA: Management plan general criteria for eligibility.

*PLAN CRITERIA: As stated in the plan for accordance with section 229.11 of the 1997 Code of Iowa. Also must comply with the hospital diversion / crisis intervention procedure in the plan.

CPC - CPC Administrator

**BLOCK GRANT: Funding as been allocated to the contracted community mental health center as identified in the management plan.

Consumer Eligibility

General Eligibility Criteria

MENTAL ILLNESS: People who have a current diagnosis of a mental illness as defined in the Diagnostic and Statistical Manual, Fourth Edition (DSM IV).

Diagnoses which fall into this category include, but are not limited to, the following: schizophrenia, major depression, manic-depressive (bipolar) disorder, adjustment disorder, and personality disorder. Excluded are organic disorders such as dementias, organic brain syndrome, substance-abuse disorders, and “other” organic disorders, including physical disorders such as brain tumors.

CHRONIC MENTAL ILLNESS: People 18 and over with persistent mental or emotional disorders that seriously impair their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment.

People with chronic mental illness will typically have histories that meet at least one of the treatment history criteria and at least two of the functioning history criteria.

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

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

OR

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

AND

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

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

MENTAL RETARDATION: People with mental retardation has significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior, manifested during the developmental period. **All of the following criteria must be met:**

- A. A score of 75 intelligence quotient (IQ) or below, as obtained by assessment with one or more of the individually administered general intelligence tests developed for the purpose of assessing intellectual functioning.
- B. Deficits in adaptive behavior, defined as the effectiveness or degree with which individuals meet the standards of personal independence and social responsibility expected for age and cultural group.
- C. Sub-average intellectual functioning and deficits in adaptive behavior are manifested during the developmental period, the time period between conception and the eighteenth birthday.

OTHER DEVELOPMENTAL DISABILITIES: People with developmental disabilities have severe, chronic disabilities, which **meet all of the following criteria:**

- A. Is attributable to a combination of mental and physical impairments.
- B. Is manifested before the person attains the age of 22.
- C. Is likely to continue indefinitely.
- D. Results in substantial functional limitations in three or more of the following areas of life activities:

- Self care
- Receptive and expressive language
- Learning
- Mobility
- Self-direction
- Capacity for independent living
- Economic self-sufficiency

E. Reflects the person's need for a combination and sequence of services or supports that are of lifelong or extended duration.

Financial Eligibility Criteria

An applicant must be income/resource eligible. To be financially eligible, all applicants must meet the following guidelines.

1. Agree to use their own resources to meet their needs. The county excludes resources based upon current SSI guidelines.

Transfers of personal property to gain eligibility are not allowed and may disqualify you or require payment towards services in the amount transferred. You may spend down to the resource limit by reimbursing the county for past or present service expenditures made on your behalf.

2. Apply any private health insurance benefits towards the cost of care.
3. Meet income guidelines of 150% of the poverty level as published yearly by the United States Department of Health and Human Services. If your income is higher than 150% of the poverty level, you will have to pay a portion of your own service cost. The county will consider the cost of ongoing medical care and day care expenses during work hours when determining your annual family income. Since the Participant Co-payments Chart is updated annually due the changing federal poverty level, copy of the County Participant Payment Chart is available by contacting the CPC Administrator. It is also published yearly in the Annual Review.
4. Seek available work if health and circumstances permit by registering with the Iowa Workforce Development Center.

5. Apply for all other public assistance programs which you might reasonably be eligible for (i.e. food stamps, FIP, SSI, Medically Needy, Medicaid, Medicare, etc.).

If the applicant is over the resource limits, services may be funded under the management plan but a Participation Co-Payment will be assessed by the county and reimbursement for those services shall be requested from the consumer, until such time that the applicant meets the resource guidelines.

If the applicant is over income guidelines, participant co-payments will adhere to the 150% poverty level and sliding fee scale above 150%. Recoupment for services remaining unpaid will be submitted to the County Attorney for processing.

Confidentiality

The County requires that all staff, designated service planners, and providers shall be in compliance with applicable state and federal statutes on confidentiality. All access points, Supervisors and Council members have been provided with confidentiality training utilizing state and federal statutes, as well as mental health center association recommended regulations regarding confidentiality.

CPC central enrollment files will be secured with access limited to those authorized by a valid release of information or an MH/DD Council member in the case of an appeal or a duly elected board of supervisor for the county in which the consumer has legal settlement. Files may also be accessed for county audit purposes. Medicaid case managers will have access as they have been delegated to provide CPC functions as an access point. Internet communications will also be secured through software protection. Office staff are trained and adhere to Medicaid case management confidentiality regulations.

Emergency Services

Crisis Response and Resolution

Individuals presenting in crisis, or others reporting a crisis, will access those crisis services where they present themselves. To be eligible for county funding for a service, a CPC Application must be completed within 2 business days. The planning

process for further services will then proceed. In the case of commitment/hospitalization, the process shall be in accordance with Section 229.11 of the 1997 Code of Iowa; in which it is stated that the judge shall order the placement in a hospital or facility designated through the single entry point process. In accordance with this section, the county has designated the State Mental Health Institutes as placements for in-patient emergency services. Crisis services are available in the county through the local hospital emergency room or the Mental Health Center.

An individual, if in residential placement, may utilize the provider's emergency services and crisis stabilization plan.

All individuals must first utilize all other funding sources to be eligible for county funding. If the individual does not cooperate in providing funding source information, they may be determined ineligible for county funding and, in the case of MHI services, full recoupment for county expenditures will be sought.

CRISIS STABILIZATION / EMERGENCY SERVICES PLAN (Including the Page County Jail Hospitalization Diversion Project)

MENTAL HEALTH, MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES SERVICES --- SINGLE ENTRY POINT PROCESS (Code of Iowa 331.440)

Iowa Code has established a single entry point process for the delivery of mental health, mental retardation, and developmental disabilities services which are paid for in whole or in part by county funds. The single entry point process may include but is not limited to reviewing a person's eligibility for services, determining the appropriateness of the type, level, and duration of services, and performing periodic review of the person's continuing eligibility and need for services. Any recommendations developed concerning a person's plan of services shall be consistent with the person's unique strengths, circumstances, priorities, concerns, abilities, and capabilities.

In regard to county funded services under Iowa Code 229, Page County has developed a process for:

- a) eligibility determination,

- b) clinical assessment to identify a person's service needs and to make recommendations regarding the person's plan for services,
- c) and periodic reviews of the person's continued eligibility and needs for services.

Pursuant to the requirement in 331.440 that the clinical assessment process utilize qualified mental health and mental retardation professionals, the single entry point, also referred to as the central point of coordination (CPC), designates Waubonsie Mental Health Center QMHP staff as the single entry point process for adult voluntary mental health hospital admissions and involuntary commitments identified under Iowa Code 229 for Page County.

VOLUNTARY HOSPITAL ADMISSION (Code of Iowa 229.2)

An application for admission to a public or private hospital for observation, diagnosis, care, and treatment as a voluntary patient may be made by any person who is mentally ill or has symptoms of mental illness. An application for admission is required only for those individuals wishing to access county financial support for the cost of hospitalization.

If county financial support is requested for a voluntary admission, contact Waubonsie Mental Health Center at (712) 542-2388 or (800) 432-1143 if a resident of Page County. This service is available on a 24 hour a day basis. A clinical assessment will be conducted by the designated Mental Health Center to determine the need for service. If it is determined that the individual is in need of in-patient treatment, the Mental Health Center will notify the CPC Administrator of a hospital admission by the end of the next business day.

No sooner than 24 hours and no later than four days after admission the designated MHC staff will complete a CPC application which will be forwarded to the CPC Administrator. The Mental Health Center QMHP will also liaison between the voluntary patient, hospital staff and any appropriate community supports and resources to facilitate reintegration into the community.

INVOLUNTARY COMMITMENT (Code of Iowa 229.6)

Proceedings for the involuntary hospitalization of an individual may be commenced by any interested person by filing a verified application with the clerk of the district court of the county where the respondent is presently located, or which is the respondent's place of residence.

An interested person may be a family member, friend, neighbor or anyone with information for the court, including law enforcement personnel. The application

requires the interested person to state that the individual to be involuntarily committed, called the “Respondent” is seriously mentally impaired. Under Iowa law a person is seriously mentally impaired when:

1. The person has a mental illness, and because of that illness, the person lacks sufficient judgment to make reasonable decisions regarding his or her treatment or hospitalization; and
2. The person meets any of the following criteria:
 - a) Is likely to injure himself or herself or others; or
 - b) is likely to inflict serious emotional injury on those unable to avoid contact with the individual; or
 - c) is unable to satisfy his or her needs for nourishment, clothing, medical care, or shelter which would cause the person to suffer physical injury, physical debilitation or death.

A written statement of a licensed physician in support of the application or one or more sworn statements must accompany the involuntary commitment application by persons with personal knowledge supporting the information in the application.

If the Respondent is not taken into immediate custody, then the application for involuntary commitment, along with the supporting statements, must be immediately served on the Respondent by the county sheriff or a deputy. If the Respondent is taken into immediate custody, then the application and supporting statements are served to the Respondent at that time.

**ORDER FOR IMMEDIATE CUSTODY (Code of Iowa 229.11)
(normal business hours --- occurs 8:00 am to 4:30 p.m. Monday through Friday)**

The person filing the application to has the Respondent involuntarily committed may request that the individual be taken into custody. If immediate custody is requested the judicial officer will review the application and supporting statements. If probably cause exists to indicate that the Respondent is seriously mentally impaired and is likely to injure himself or herself, the judicial officer will issue a written order directing the county sheriff to take the Respondent into immediate custody until a hearing is held. An order for immediate custody will indicate detention at one of three locations:

- in the custody of a relative, friend or other suitable person
- in the custody of an appropriate public or private hospital

- in the nearest community facility licensed to care for individuals with a mental illness

PHYSICIAN'S EXAMINATION (Code of Iowa 229.10)

After the application for involuntary commitment has been filed, the judicial officer will order the Respondent to be examined by a physician.

If the Respondent has been ordered into immediate custody, then an examination by a licensed physician must take place within 24 hours if the order indicates detention in a public or private hospital or within 48 hours if the order indicates detention in the custody of a suitable person or a community facility licensed to care for individuals with a mental illness.

If the Respondent has been ordered into immediate custody in the hospital, the examination will occur within 24 hours and a report will be prepared and filed with the clerk of the district court prior to the hearing. Page County approves the Clarinda Treatment Complex MHI for admissions. Page County will approve commitments of individuals legally settled in Page County, but residing in another county, who are committed in another county as long as the committing county's CPC process is adhered to and the Page County CPC Administrator is notified within three (3) business days of the commitment. Hereafter, the Clarinda Treatment Complex MHI will be referred to as "hospital". The hospital will notify the designated MHC of all involuntary admissions within 24 hours of admission by completing a form indicating the person's full name, address, telephone number, date of birth, reason for admission, and the name, address and telephone number of an emergency contact person and faxing the form to the designated MHC. The original form will then be posted to the designated Mental Health Center. If an admission occurs between 4:30 p.m. Friday to 8:00 a.m. Monday, or a holiday, the hospital will notify the designated Mental Health Center by using the above procedure on the next regular business day.

No sooner than 24 hours and no later than four days after admission the designated Mental Health Center staff will complete a CPC application which will be forwarded to the CPC Administrator. A Mental Health Center QMHP will also liaison between the patient, hospital staff and any appropriate community supports and resources to facilitate reintegration into the community.

If the Respondent possesses the financial means or medical insurance to cover the costs of their care, they may enter their preferred hospital or medical facility, which is within the jurisdiction of the State of Iowa. In such a case, county funding will not be

utilized to pay for the cost of hospitalization. Attorney fees will be paid by the county and the respondent will be assessed the cost of attorney's fees if financially ineligible for county funded services.

If the Respondent has been ordered into immediate custody of a suitable person or a facility, the person or facility assuming custody will notify the designated MHC of the immediate custody within 24 hours of detention. A physician's examination must also occur within 48 hours of detention. It is the responsibility of the person or facility assuming custody to make all arrangements for the physician's examination. The Respondent will be examined by a physician who will prepare a report, which will be filed with the clerk of the district court prior to the hearing. If the physician is not a licensed psychiatrist, the examination must be in consultation with a QMHP from the designated MHC.

No sooner than 24 hours and no later than four days after detention in the custody of a suitable person or facility the designated MHC staff will complete a CPC application which will be forwarded to the CPC Administrator. The designated MHC QMHP will develop a plan for services consistent with the person's strengths, circumstances, priorities, concerns, abilities and capabilities.

**HOSPITALIZATION-EMERGENCY PROCEDURE(Code of Iowa 229.22)
(outside normal business hours --- before 8:00 am and after 4:30 p.m. Monday through Friday, weekends and holidays)**

This procedure shall not be used unless it appears that a person should be immediately detained due to serious mental impairment. Any police officer, who has reasonable grounds to believe that a person is mentally ill, and because of that illness is likely to physically injure the person's self or others if not immediately detained, may without a warrant take or cause that person to be taken to the Clarinda MHI or the designated hospital.

If the person is taken to the Clarinda MHI and they are determined to be an appropriate admission by Clarinda MHI staff, the Clarinda MHI will notify Waubonsie within 24 hours of admission or the next regular business day as outlined in the proceeding sections.

If the person is taken to the Clarinda MHI and they are determined to be in need of medical care, the person will be transported by law enforcement personnel to the nearest community hospital for appropriate care.

If Clarinda MHI or the community hospital determine that the person is not an appropriate admission to their facility due to the need of substance abuse

detoxification, the facility will contact the Page County Department which authorizes substance abuse services. The Page County Mental Health Plan will not fund any type of substance abuse services.

For any other reason that the person cannot be accepted for admission to the Clarinda MHI, the chief medical officer or their physician designee will be notified. If the chief medical officer or their physician designee finds that there is reason to believe that the person is seriously mentally impaired, and because of that impairment is likely to physically injure the person's self or others if not immediately detained but that Clarinda MHI cannot provide appropriate care for the person, the chief medical officer or their physician designee shall at once communicate with the designated MHC to make appropriate arrangements for placement. After a suitable placement has been identified, the chief medical officer or their physician designee will communicate with the nearest available magistrate of the need for an emergency committal order and the appropriate facility, as identified by the designated MHC, for detention. A police officer will remain on duty at the Clarinda MHI to provide transportation.

PAGE COUNTY JAIL HOSPITALIZATION DIVERSION PROJECT

In an attempt to decrease utilization of the involuntary hospitalization procedure from the Page County Jail, a project has been established to provide alternative assistance.

The Page County Jail is equipped with a Precast Jail Cell Module. This jail pod offers a secure environment with both audio and video monitoring. Should an individual, retained at the jail, display indications that an involuntary hospitalization may be necessary, the following process will be initiated:

- Jail staff will transfer the individual to a secure jail pod.
- Jail staff will notify Waubonsie Mental Health Center of the need for a consultation.
- Through telephone or personal response, Waubonsie Mental Health Center staff (Qualified Mental Health Professional and/or Community Support Specialist) will evaluate the individual's need for mental health treatment and recommend the appropriate level of care (i.e. hospitalization or out-patient services).
- Jail and mental health center staff will maintain a log of all contacts, requests, and recommendations. The log will include the time and type of contact. This information, in conjunction with involuntary

hospitalization statistics, will be made available to the Page County CPC Administrator to evaluate the effectiveness of the project.

Waiting Lists

The county, through the annual budgeting process, ensures that funding will be available for approved consumers. The process for individualized planning has been outlined in the Section Two of this manual. Through this process, an approval for services will encumber the amount of funding required for the budget year. If funding is insufficient to ensure continuous services throughout the budget year, a waiting list process will be utilized until funds are available or alternative services can be obtained. In addition to continuous quality improvement information, an analysis of annual disbursements and waiting list data will be used to establish service area funding allocations for subsequent plan years.

All services that the county funds may have a waiting list with the exception of emergency and / or crisis stabilization services, Title XIX Case Management services (any waiting list or provision shall adhere to Chapter 24 standards), and ICF/MR, as this service and placement within this service is currently under the discretion of the Iowa Foundation of Medical Care (IFMC). If IFMC policies should change, then the provision of a waiting list for this service will be utilized.

Applicants for MH/DD Service Funds who are found to be eligible for funding shall be placed on a waiting list by the CPC Administrator if, at the time of their application, the MH/DD Services Funds are projected to be fully encumbered for the Fiscal Year. In addition, if funds are projected to be fully encumbered, a waiting list shall also be kept by the CPC Administrator on people receiving services who are seeking additional or different services. Waiting list data will be made available during MH/DD Council meetings so that service priorities can be assessed. As fund become available, people on the waiting lists shall be approved for admission based on the following criteria:

1. People who, if they did not receive the service for which they are applying, would likely access a mandated service, shall be considered first. The CPC Administrator shall gather sufficient data from service planners, and from the consumer in order to determine the extent to which the applicant would likely access a mandated service.

2. People with the most severe need for service shall be considered next. Examples of “severe need” include: being homeless without the service, children in foster care who are becoming adults and ineligible for state funding, dependent adults in abusive or neglectful situations, situations where the consumer is a violent or aggressive perpetrator on the caretaker, and people who need service in order to avoid legal problems including jail.
3. People applying for services which have been designated by Page County as high priority shall be considered next.
4. If all other criteria are equal, the applicant with the earliest date of application shall be considered next.

Admission to services is also dependent on the availability of the service, and situations could arise in which applicants who are lower on the order of criteria are admitted ahead of applicants who are higher on the order for the reason that the higher priority service is unavailable.

Quality Assurance

Plan for Continuous Quality Improvement

Page County is a rural area, with a few agencies providing the majority of the available services and supports. The county management plan utilizes the outcomes based consumer satisfaction and quality of life surveys distributed and compiled by local service providers as a significant source of information for the management plan continuous quality improvement process. Additional information is obtained from the Page County MH/DD Council, the appeals and grievance process, and regularly scheduled meetings with local providers.

The data collected through the management information system, case management tools, consumer self reports, and questionnaires, in addition to previously mentioned information sources will be used in the Quality Assurance System. Some or all of the following measurements will be used in the process, depending upon the priority or need identified.

DIMENSION TO BE MEASURED	UNIT OF MEASUREMENT
Consumer Outcomes	Level of Functioning Independent Housing Employment Income
Consumer Quality of Life	Consumer self report of Quality of Life
Consumer Choice	Choice in housing and living arrangements Choice in job and place of employment Choice in services and service providers
Consumer and Family Satisfaction	Consumer & family self report of satisfaction Consumer and family meetings
Consumer Empowerment	Increase in consumer choices Increase in consumer satisfaction
Provider Satisfaction	Annual survey of providers Provider meetings
Service Responsiveness	Actual performance on service responsiveness as measured consumer satisfaction
Service Access	Referrals receiving services Number of referrals from each access point
Consumer Appeals and Grievances	Number of appeals and grievances by consumers and family members
Provider Appeals	Number of appeals by providers
Provider Plans of Correction	Number of correction plans filed Number of plans successfully completed

Collaboration

Plan for Collaboration and Coordination

Collaboration with all entities of the system is essential for the management of the system. The county currently has a positive relationship with the providers, case management, Department of Human Services, law enforcement, hospitals, other funders, the court system, and the individuals utilizing the system. The county currently provides training, meetings and public information to further strengthen collaborative efforts in an attempt to increase the effectiveness of the management system and all those who participate or are affected.

It has also been the practice of the county to attempt to coordinate planning and service delivery for individuals with the state designated Iowa Mental Health Managed Care

Provider (IMHMCP). With coordination, individuals receive a better and more cohesive system of services with the county and the IMHMCP doing integrated planning. It is the plan for the county to continue to develop and monitor this relationship, to assist individuals with their needs and to prevent cost shifting and gaps in planning and provision of services. Central Point of Coordination representation regularly occurs at the regional IMHMCP meetings.

Coordination with the judicial system typically occurs in the committal process. The county has developed a relationship with the court system. This is accomplished with the current hospital diversion / crisis intervention service provided by the local Mental Health Center.. The county will work closely with the court to provide information on alternatives to commitment and to keep the court informed of new and changing services under the county management plan system.

Coordination with other community resources includes:

- local schools and area education agencies,
- income assistance, such as SSI, FIP, Food Stamps, Social Security, General Assistance, etc.,
- employment assistance, such as vocational rehabilitation and job training, and
- chemical dependency services and supports.

The county has developed working relationships with the agency systems providing these community resources. It is planned to continue to make these resources a partner in the management process. On-going education regarding changes in the county's system as well as the changes in the above systems will be monitored.

Ongoing Education Process

The County will continue public outreach and the development of an on-going public information and participation process. Regular meeting opportunities for service planners and providers are available throughout the year to assist in the continued development of the county management system. Input from Consumer, Family and Provider Satisfaction Surveys is also solicited. The CPC Administrator will provide public speaking opportunities to community groups to increase community knowledge.

Information on “how to access services” is available through brochures, which are disseminated throughout the community. Brochures will be updated as necessary and contain the following information:

- Definitions of who is eligible to receive services from county based funding.
- Definitions of the services made available through the county management plan.
- Addresses and telephone numbers for the CPC and the designated access points.
- Information about how to obtain services in an emergency. The hospital emergency room and police will be noted as an appropriate emergency response. The Mental Health Center’s 24 hour emergency service will be listed.
- Information about payment sources including client participation.
- Information on the philosophy and intent of the mental health management plan.
- CPC application.