

**MHDD MANAGEMENT PLAN  
FOR  
WRIGHT, HAMILTON, HUMBOLDT, WEBSTER, POCOHONTAS, CALHOUN,  
KOSSUTH COUNTIES**



**A Collaborative Effort of Seven Counties in North Central Iowa**

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**WEBSTER COUNTY MHDD PLAN**

**GEOGRAPHICAL AREA:**

The following plan defines how services will be provided in Webster County for persons with a need for Mental Health (MH) or Developmental Disability (DD) services and supports when dollars from the MH/DD services fund are utilized to pay for those services or supports. Each county must complete a plan in order to meet the requirements of Iowa Code section 331.439.

This plan describes how persons with disabilities receive appropriate services and supports within the financial limitations of federal, state, and county resources. Many individuals in Webster County participate in an advisory capacity in the development of this plan. A public hearing was held to gather comments from the public. The Webster County Board of Supervisors has the final authority as to the contents of the plan and approves the plan.

The Plan is written in three parts:

- Ø Plan Administration and System Management is the Policies and Procedures Manual which is divided into two sections and includes an appendix of forms and resources.
- Ø Three-year Strategic Plan, which describes our vision for the Mental Health/Developmental Disabilities system and how we plan to reach our vision.
- Ø Annual Review, which is due December 1st of each year. Copies of this report will be available to the public after December 1.

**The geographical area covered by this plan is Webster County.**

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Each county reserves the right to file an amendment to this plan at any time. The procedure for amendment shall follow the process as outlined in Chapter 441-25 of the administrative rules. The CPC of the county requesting the amendment shall bring the amendment to all CPCs for discussion and consensus. The involvement by stakeholders shall be determined in each situation as appropriate. Any time an amendment is requested the final proposed amendment shall be approved and final community input will be received during a public hearing. The final amendments shall also be presented to the individual county Board of Supervisors for approval prior to being submitted to the State for final approval.

**PLAN DEVELOPMENT:**

In an effort to consistently deliver MH/DD services and address individual needs, seven counties have developed a regional management plan. This plan has been developed through stakeholder input in all the geographical areas. Stakeholder input from each geographical area is shared with the Central Point Coordinators of the following counties: Calhoun, Webster, Humboldt, Kossuth, Pocahontas, Webster, and Wright. This input is integrated into the regional plan and review by all stakeholders in each geographical area for further input and approval by the boards of supervisors of each county.

**PLAN ADMINISTRATION:**

Webster County will directly administer this plan through the Webster County Central Point of Coordination Administrator.

**FINANCIAL ACCOUNTABILITY PROCESS:**

Webster County budgets its expenditures according to a fiscal year of July 1<sup>st</sup> through June 30<sup>th</sup>. If the MHDD funding exceeds the total funding available on an accrual basis, a waiting list shall be utilized until funds are available or alternative revenue options can be obtained.

Rates for Webster County use the following processes:

- County Rate Information System (CRIS)
- Contractor agreement with Webster County  
Fees as established through the Department of Human Services rate setting process
- Presentation of fees and funding approved based on a negotiation
- Webster County will honor all host and/or residency county contracts.

Service providers shall bill Webster County monthly or in accordance with their individual contract. The CPC or designee shall process these bills through the respective Auditor's Office within 45 days of receipt. Billings received for services rendered in excess of one year from the date of receipt may not be reimbursed.

**RISK-BEARING MANAGED CARE CONTRACTS:**

Webster County does not have any risk-bearing managed care contracts.

**FUNDING POLICY:**

Webster County is only responsible for funding those services and supports that are authorized in accordance with the process described in this plan (including those that are required by law).

**CONFLICT OF INTEREST POLICY:**

It is the intent of Webster County that funding authorization decisions are based on the best interest of the person.

The Director/CPC or designee shall make decisions for funding requests. An individual or organization that has a financial or personal interest in the services or supports to be provided shall not make funding authorization decisions. If a conflict of interest situation occurs, that conflict shall be fully disclosed, in writing, to the individuals, their representatives, the county CPC, and any other counties involved.

**PROVIDER NETWORK SELECTION:**

Webster County will utilize providers who meet one or more of the following criteria and are willing to accept Webster County’s requirements/contractual arrangement and work closely with the CPC office, targeted case managers, and county social workers.

1. Currently licensed or certified as a service provider by the State of Iowa and or
2. The provider must be currently enrolled as a Medicaid provider, and or accredited under Chapter 441-24 of the Iowa Administrative Code and or
3. Currently accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), the Commission on Rehabilitation Facilities (CARF), or other national or state recognized accrediting bodies and
4. The county may use the County Rate Information System (CRIS) to establish actual costs and standardized service definitions and units of service, uniform classification of cost and consistent reporting to enable the negotiation reimbursement rates.
5. Deliver individualized, flexible, cost effective services.
6. Have a proven history of meeting person driven goals.
7. The County may use the County Rate Information System (CRIS) to develop service rates and contracts with traditional providers when Webster County is the host county. Non-traditional provider rates are negotiated between the consumer and the non-traditional provider.

Non-traditional providers are excluded from items 1 through 4.

All non traditional providers will have to provide:

- A check of the criminal registry
- A check of the sex offender registry
- A check of the child abuse/dependent adult registry
- Understand and sign off on confidentiality policies or other necessary agreements

The County may not require proof of insurances or other requirements as these items are part of a negotiation process between the consumer and the non-traditional provider. Non-traditional provider rates are negotiated between the consumer and the non-traditional provider.

**DELEGATED FUNCTIONS:**

Webster County may contract with providers to perform functions of Central Point of Coordination process. Webster County does not contract with providers to perform these functions with the exception of screening for outpatient services by a community mental health center or other mental health provider.

**ACCESS POINTS:**

Webster County shall designate access points and their function in the enrollment process. A process shall be included to ensure that applications received by an access point are forwarded by the end of the working day during which they are received to the person's county of residence. The county shall provide training to designated access points on the intake process and use of the application form.

**PROCEDURE:**

1. Any provider can be an access point.
2. The access-point will assist residents of Webster County who are requesting MH/DD services in completing an application and contacting the CPC of Webster County Community Services.
3. Access points are to forward the application to the CPC within the county of residence. Although not required, if known, send the CPC application to the county of legal settlement, the same day the application is completed.

**Training of Access Points**

Webster County Community Services will train access points as to the appropriate referral process, information required, and time frames the information must be received in. Webster County CPC staff will be available to answer questions regarding referrals, required information and time frames.

**Application**

All persons using or requesting county funding for MH/DD services will be required to complete a CPC application. Applications must contain the minimum data set as described by Iowa Administrative Code 441-25.41. If the individual is unable to read, the process will be orally explained. If he or she is unable to speak English every effort will be made to have a translator available.

**STAFFING PLAN:**

Webster County shall employ, directly or through contract, an adequate number of staff persons to administer the plan. At least one person who meets the qualifications of a central point of coordination administrator shall be designated to implement the central point of coordination process. Elected county or state officials shall not be hired or appointed as the central point of coordination administrator.

**APPLICATION FORM:**

The policies and procedures manual shall designate the use of an application form, which shall be available in English. If a translator is required, every effort should be made by the applicant to have a translator available if possible.

The Application Form is available in the office or can be downloaded at [www.webstercountyia.org](http://www.webstercountyia.org) or completed online at [www.iacsn.org](http://www.iacsn.org).

**INDIVIDUAL ACCESS TO SERVICES:**

Webster County will provide access to individualized, flexible, cost-effective community services and supports to meet the person needs in the least restrictive environment possible. This may include guidelines for individualized services and supports and may vary by eligibility group and type of service and support. This manual shall describe how the county will ensure access to services and supports while legal settlement is determined or in dispute.

Eligible people's service requests must be pre-screened for need or ongoing need. Prescreening is accomplished by one or more of the following:

1. Face-to-face meetings with a County Social Worker or Targeted Case Manager;
2. Review of assessments, psychological, medical and psychiatric reports.
3. Persons may also include input from family and friends to assist in making a determination for a level of service need.

Once all input is gathered a level of need will be determined. The CPC will then authorize funding for supports that meet the level of need. Once a determination is made, a provider can be sought to meet this need. Combined supports that exceed the non-federal share of the daily rate of the ICF/MR cap will not be approved but must be restructured so that the combined package is at or below this total cost. If the person, the person's guardian or the person's representative does not agree with the decision they may use the appeal process as listed under notice of decision.

In order to assist Webster County in achieving its goals of de-institutionalization and community integration all requests for funding will be referred to services that are non-institutional and community integrated in nature. Institutional services are defined as services where the staff and or activities are prescribed or founded by an authority other than the person or person's representative, and are intended to be or have historically shown to be permanent. Institutional services are often provided in an establishment consisting of a building or complex of buildings where an organization or corporation is situated. Community Integrated Services are services that promote people with disabilities as having common rights and privileges, or common interests, civil, political or ecclesiastical, who live under the same laws and regulations and who are people in general, without

very definite limits. Community integrated services incorporate the person into the community as a whole and are directed by the person or person's representative.

**INDIVIDUAL ELIGIBILITY:**

This manual shall describe the eligibility criteria for services and supports. This description shall include, but not be limited to, a description of who is eligible to receive services and supports by eligibility group and type of service or support. Financial eligibility and co-payment criteria shall meet the requirements of rule 441—25.20(331).

Eligible Diagnosis as defined in Iowa Administrative Code Chapter 22:

***“Persons with a mental illness”*** means persons who meet the criteria for a diagnosis of a mental illness as defined in the Diagnostic and Statistical Manual, Third Edition—Revised (DSM III-R). Diagnoses which fall into this category include, but are not limited to, the following: schizophrenia, major depression, manic depressive (bipolar) disorder, adjustment disorder, and personality disorder. Also included are organic disorders such as dementias, substance-induced disorders, and other organic disorders which include physical disorders such as brain tumors. Persons with certain DSM III-R diagnoses as follows are not considered to have a mental illness.

1. Persons with a V Code diagnosis only. This diagnosis includes conditions that are not a mental disorder but are a focus of treatment, such as marital problems, occupational problems, parent-child problems, or other “phase of life” problems.
2. Persons with a psychoactive substance use disorder diagnosis only.
3. Persons with a developmental disorder diagnosis only. This includes mental retardation, autism, and academic disorders.

***“Persons with chronic mental illness”*** means persons 18 and over, with a persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment.

Persons with chronic mental illness typically meet at least one of the following criteria:

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

In addition, these persons typically meet at least two of the following criteria, on a continuing or intermittent basis for at least two years:

1. Are unemployed, or employed in a sheltered setting, or have 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 which results in demand for intervention by the mental health or judicial system.

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

(Adapted from the National Institute of Mental Health's Definition and Guiding Principles for Community Support Systems, revised May 1983)

***“Persons with developmental disabilities”*** means persons with a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments.
  2. Is manifested before the person attains the age of 22.
  3. Is likely to continue indefinitely.
- Ch 22, p.4 Human Services Department[441] IAC 7/2/08
4. Results in substantial functional limitations in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
  5. Reflects the person's need for a combination and sequence of services which are of lifelong or extended duration.

(Adapted from Public Law 99-527, Developmental Disabilities Act of 1984)

***“Persons with mental retardation”*** means persons who meet the following three conditions:

1. Significantly subaverage intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly subaverage intellectual functioning) as defined by the Diagnostic and Statistical Manual of

Mental Disorders, Fourth Edition, American Psychiatric Association.

2. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at

least two of the following areas: communication, self-care, home living, social and interpersonal skills,

use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.

3. The onset is before the age of 18.

(Criteria from “Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV),” 1994

revision, American Psychiatric Association)

***“Program”*** means a set of related resources and services directed to the accomplishment of a fixed set of goals and objectives for any of the following:

1. Target populations.
2. The population of specified geographic area(s).
3. A specified purpose.
4. A person.

## **INCOME & RESOURCE REQUIREMENTS FOR FUNDED SERVICES**

A person who is eligible for federally funded services and other support must apply for the services and support. 225C.6(1) Iowa Code section 331Administrative rule 441—25.11, 25.13 25.20 sets forth the eligibility rules for the county management plan.

### **Financial Eligibility**

The basic financial eligibility standards identified in this plan are the minimum standards allowable by Administrative Rule Chapter 25.

- a. If a person meets all the basic financial eligibility standards and all other eligibility standards set forth in this plan they shall be eligible for county disability services paid with public funding.

b. This plan shall require no co-payments by a person meeting the basic financial eligibility standards.

c. This plan may establish a policy to allow exceptions to the basic or extended financial eligibility standards on a case-by-case basis to benefit an individual person.

d. The income and resource standards in this plan shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program, including general assistance guidelines adopted by the county board of supervisors.

e. Nothing in this plan shall be construed as relieving any person of financial obligations incurred pursuant to a Social Security Administration interim assistance agreement.

***Basic Eligibility Standards.*** Except as otherwise provided in this plan, an applicant shall be financially eligible for county funding when the applicant meets the following standards:

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

b. *The applicant's household has:*

(1) Income that is equal to or less than 150 percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the United States Department of Health and Human Services; and

(2) Resources that are equal to or less than \$2,000 in countable value for a single-person household or \$3,000 in countable value for a multi-person household.

***DEFINITION OF HOUSEHOLD:*** The applicant's household, which for persons who are 18 years of age or over, means the person, the person's spouse or domestic partner, and any children, stepchildren, or wards under the age of 18 who reside with the person. For persons under the age of 18, household means the person, the person's parents (or parent and domestic partner), stepparents or guardians, and any children, stepchildren, or wards under the age of 18 of the person's parents or parent and domestic partner, stepparents, or guardians who reside with the person.

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

**Income Maintenance Status:**

Persons in the following categories automatically meet the income eligibility standards, because their income has been considered in income maintenance programs (Medicaid programs through the Department of Human Services):

1. Income maintenance status
2. Income-eligible status

Persons in the following categories automatically meet the State Supplemental Block Grant (SSBG) income eligibility standards, because their income has been considered in income maintenance programs. Eligibility for these funding sources must be accessed before consideration of county funding:

- a. Recipients of the Family Investment Program (FIP).
- b. Those persons whose needs are taken in to account in determining the needs of FIP recipients.
- c. Recipients of Supplementary Security Income (SSI) payments, or “special SSI recipients” who have eligibility status under section 1619 of the Social Security Act.
- d. Recipients of State Supplemental Assistance (SSA).
- e. Residents of medical institutions who are in the “300%” group.
- f. Recipients under the Social Security Persons Achieving Self-Sufficient (PASS) program or the Impairment Related Work Expense (IRWE) program.

***Resource Standards (Code section 331.439- Administrative rule: 441-25.11, 25.20).***

Resource limitations that are derived from the federal supplemental security income program limitations are used. Those limits are equal to or less than \$2,000 in countable value for a single person household or \$3,000 in countable value for a multi-person household.

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

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

Non-liquid assets mean assets that cannot be converted to cash in 20 days. Non-liquid assets include, but are not limited to, real estate, motor vehicles, motor vessels, livestock, tools, machinery, and personal property.

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

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

A transfer of property or other assets within five years of the time of application with the result of, or intent of, qualify for assistance may result in denial or discontinuation of funding.

The following resources shall be exempt:

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

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

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

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

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

Medical savings account means an account that is exempt from federal income taxation pursuant to Section 220 of the United States Internal Revenue Code (26

U.S.C. 22) as supported by documentation provided by the bank or other financial institution. Any withdrawal from a medical savings account other than for the designated purpose becomes a countable resource.

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

A trust fund that is shown to be inaccessible shall be temporarily excluded only if the applicant/guardian promptly files with the court for the release of such assets to meet the applicant's needs. Failure to diligently break a trust or similar account will be referred to the County Attorney's office for further action. Trusts, other than irrevocable trusts, will be counted as income and resources in an eligibility determination.

***Basic Co-Payment Standards.*** Any co-payments or other client participation required by any federal, state, county or municipal program in which the person participates shall be required.

Such co-payments include, but are not limited to:

- a. Client participation for maintenance in a residential care facility through the state supplementary assistance program.
- b. Client participation for an intermediate care facility or an intermediate care facility for persons with mental retardation.
- c. A portion of rent in conjunction with a rental assistance program consistent with guidelines of the United States Department of Housing and Urban Development.
- d. A co-payment, deductible, or spend-down required by the Medicare or Medicaid programs or any other third-party insurance coverage.
- e. The financial liability for institutional services paid by counties as provided in Iowa Code sections 222.31 and 230.15.
- f. The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.19.

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

a. A person who is approved for state supplementary assistance and pays client participation as determined through the state supplementary assistance program shall be considered eligible for disability services with no additional co-payment.

b. A person who is ineligible for state supplementary assistance due to income or resources may be eligible for financial assistance under the county management plan through determination and payment of client participation as follows.

(1) Client participation in the service payment shall be determined by allowing the following deductions from available income and resources:

1. Any income earned by the person in a supported employment, sheltered workshop, day habilitation, or adult day care program.
2. A personal allowance equivalent to the personal allowance provided under the state supplementary assistance program.
3. Room and board payment made by the person to the facility at the state supplementary assistance rate.
4. Payment for any medical expenses for which the person is financially responsible.

(2) Any income remaining after deduction of the expenses allowed in subparagraph (1) and any resources in excess of \$2,000 shall be considered the required client participation toward the service in the facility. For any person whose client participation does not equal 100 percent of the service cost, the county shall participate in payment to the facility up to that level.

***Extended eligibility and co-payment standards.*** A person may be eligible for outpatient mental health services if their income exceeds the 150% Federal Poverty Guideline and if their resources are below the County Management Plan resource guidelines. Co-pay, payable to the provider, is required.

The following fee scale applies:

If a person's income is within 150%-175% of the Federal Poverty Guideline, a co-pay of 20% of the cost of the support or treatment service is required.

If a person's income is within 175%-200% of the Federal Poverty Guideline, a co-pay of 40% of the cost of the support or treatment service is required..

If a person's income is within 200%-225% of the Federal Poverty Guideline, a co-pay of 60% of the cost of the support or treatment service is required.

If a person's income is within 225%-250% of the Federal Poverty Guideline, a co-pay of 80% of the cost of the support or treatment service is required.

If a person's income is above 250% of the Federal Poverty Guideline, the person is not eligible for MH/DD funding.

In all cases, the co-pay is paid to the provider. The provider is responsible for collecting the co-pay from the individual.

**Policies regarding any county payment of third-party insurance co-payment.**

An individual must access private health insurance, Medicare, and/or Medicaid prior to county funding. Individuals with private insurance, Medicare and/or Medicaid are responsible for any deductible, co-pay, or spend-down amounts. Persons who have met their insurance caps for mental health will be able to access county funding if they meet all eligibility criteria. A person is responsible for any costs deemed to be beyond reasonable and customary by their insurance providers. For those providers that accept Medicaid/Medicare, they accept Medicaid/Medicare as payment in full.

If persons have private health insurance, Medicare and/or Medicaid, in the case of court ordered services to a private or public hospital, persons will not be eligible for county payment with the exception of court appointed attorney and mental health advocate expenses. All applicants/recipients requesting county funding must apply for and accept any and all other financial, and/or medical programs and maintain eligibility of said programs prior to approval of county funding. Failure to do so will result in denial of county funding from Webster County.

*There are no other policies relating to exception provisions for financial eligibility determination and client participation calculation in this plan.*

The notice of decision will inform the person of their client participation.

*These rules are intended to implement Iowa Code sections 331.424A, 331.439, and 331.440.*

**Webster County Service Matrix**

The following services will be funded based on individual need, availability of funds, and the service meeting the following criteria: individualized, flexible, produces outcomes, and are cost effective. Services that are not mandated by Iowa law may not be available if there is a shortage of funds. Authorization is required by the CPC or the CPC designee. In addition, services that are funded will meet quality assurance guidelines and move Webster County toward the completion of the three-year strategic plan goals.

SERVICE	MI	CMI	MR	DD
4x03 Information and Referral	x	x	x	x
4x04 Consultation				
4x05 Public Education Services	x	x	x	x
4x06 Academic Services				
4x11 Direct Administrative.	x	x	x	x
4x12 Purchased Administrative- CRIS, ETC, CSN	x	x	x	x
4x21- 374 Case Management- Medicaid Match.		x	x	x

SERVICE	MI	CMI	MR	DD
4x21- 375 Case Management -100% County Funded/ISAC Tech. Assist		X	X	X
4x21- 399 Other.				
4x22 Services Management.	X	X	X	X
4x31- 354 Transportation (Non-Sheriff).	X	X	X	X
4x32- 320 Homemaker/Home Health Aides.			X	
4x32- 321 Chore Services			X	
4x32- 322 Home Management Services			X	
4x32- 325 Respite.		X	X	X
4x32- 326 Guardian/Conservator. (Attorney Fees for application only)		X	X	X
4x32- 327 Representative Payee		X	X	X
4x32- 328 Home/Vehicle Modification			X	
4x32- 329 Supported Community Living		X	X	X
4x32- 399 Other Waiver		X	X	X
4x33- 345 Ongoing Rent Subsidy.		X	X	X
4x33- 399 Other		X	X	X
4x41- 305 Outpatient	X	X	X	X
4x41- 306 Prescription Medication	X	X		
4x41- 307 In-Home Nursing		X		
4x41- 399 Other		X	X	X
4x42-301 Outpatient Evaluation	X	X	X	X
4x42- 305 Outpatient Therapy	X	X	X	X
4x42-306 Outpatient Med Management	X	X	X	X
4x42- 309 Partial Hospitalization.	X	X	X	X
4x42-307 Outpatient nursing/ med. Set-up	X	X		
4x42- 399 Other				
4x43- Evaluation	X	X	X	X
4x44- 363 Day Treatment Services		X		
4x44- 396 Community Support Programs		X	X	
4x44- 397 Psychiatric Rehabilitation /ACT		X		
4x44- 399 Other	X	X	X	X
4x50- 360 Sheltered Workshop Services		X	X	X
4x50- 362 Work Activity Services		X	X	X
4x50- 364 Job Placement Services.		X	X	X
4x50- 367 Adult Day Care		X	X	X
4x50- 368 Supported Employment Services		X	X	X
4x50- 369 Enclave		X	X	X
4x50- 399 Other Waiver		X	X	X
4x63- 310 Community Supervised Apartment Living Arrangement (CSALA) 1-5 Beds		X	X	X
4x63- 314 Residential Care Facility (RCF License) 1-5 Beds		X	X	X
4x63- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 1-5 Beds			X	

SERVICE	MI	CMI	MR	DD
4x63- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 1-5 Beds		x		
4x63- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 1-5 Beds				
4x63- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 1-5 Beds			x	x
4x63- 329 Supported Community Living		x	x	x
4x63- 399 Other 1-5 Beds.				
4x64- 310 Community Supervised Apartment Living Arrangement (CSALA) 6-15 Beds				
4x64- 314 Residential Care Facility (RCF License) 6-15 Beds		x	x	
4x64- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 6-15 Beds			x	
4X64- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 6-15 Beds		x		
4x64- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 6-15 Beds				
4x64- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 6-15 Beds			x	x
4x64- 399 Other 6-15 Beds..		x	x	
4x65- 310 Community Supervised Apartment Living Arrangement (CSALA) 16 and over Beds		x	x	
4x65- 314 Residential Care Facility (RCF License) 16 and over Beds		x	x	
4x65- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 16 and over Beds			x	
4x65- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 16 and over Beds		x		
4x65- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 16 and over Beds				
4x65- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License)			x	x
4x65- 399 Other 16 and over Beds..		x	x	
4x71- 319 Inpatient/State Mental Health Institutes	x	x		
4x71- 399 Other				
4x72- 319 Inpatient/State Hospital Schools			x	x
4x72- 399 Other.				
4x73- 319 Inpatient/Community Hospital	x	x		
4x73- 399 Other				
4x74- 300 Diagnostic Evaluations Related To Commitment.	x	x	x	x
4x74- 353 Sheriff Transportation	x	x	x	x
4x74- 393 Legal Representation for Commitment	x	x	x	x
4x74- 395 Mental Health Advocates	x	x		
4x74- 399 Other				

**CONFIDENTIALITY:**

Webster County's obligation to maintain confidentiality extends to all case specific aspects of administration, to applications of inquiries throughout the continuing casework relationship, and remains after services to the client have ceased. This obligation binds Webster County as a corporate entity and includes all individual employees, members of its advisory board, volunteers, subcontractors, and students. All persons involved in any capacity referred to in the previous sentence are expected to hold confidential all information acquired in the course of their work with Webster County. Employees should consult with their supervisor when encountering the need to serve a client known to them personally.

The agency obligation to maintain confidentiality extends to all aspects of administration, applications of inquiries, throughout the continuing casework relationships and remains after services to the individual have ceased.

The county complies with all state and federal statutes on confidentiality. HIPAA privacy practices will be posted and a copy is available to anyone completing the CPC application.

**EMERGENCY SERVICES:**

No person will be denied crisis services. Funding for crisis services is determined through the CPC process. A CPC application must be completed in full upon stabilization of the crisis. If the individual does not comply with the CPC process, they will make themselves ineligible for county funding.

Crisis services are available in Webster County through the hospital emergency rooms, the community mental health center and other contracted outpatient mental health providers. If a person presents at the Community Services Department, they will be directed to an appropriate emergency service provider.

In the case of commitment/hospitalization, the process shall be in accordance with the Code of Iowa. Webster County has contracts with private hospitals and can use the State Mental Health Institutes for in-patient behavioral health care services. Funding for the placement will be based on the CPC process of the host county contract.

**WAITING LISTS:**

A person requesting funding for a service may not be able to receive the service immediately if funds are not available or if the service requested is not immediately available. This includes requested services that are new to the person who is currently being served unless the service requested is cost neutral or of lesser cost and in the best interest of the individual. The person's name will be put on a waiting list.

A waiting list shall not be utilized for the following services:

Mental Health Commitments

Medicaid services (except if there is no slot for the ID waiver)

Outpatient mental health counseling  
Crisis services  
Voluntary Hospitalizations at the MHI

**Waiting list procedure:**

Webster County will make every attempt to maintain eligibility guidelines and service availability as outlined in this plan. However, Webster County's ability to do so is contingent solely on the Iowa Legislature's appropriating sufficient funds to maintain current eligibility and services and to meet projected increases in the number of new consumers. If sufficient funding is not approved, the Webster County Board of Supervisors will implement waiting lists in accordance with this section.

In the event of the creation of a waiting list for funding, consumers placed on the waiting list will be notified. The notification will include the estimated length of time the person may have to wait before funding will be available. Those consumers will be informed that the county is unable to provide the requested services because of inadequate funding.

Consumers on the waiting list will be contacted at least semi-annually and advised of the current status, and any adjustment to the expected time on the list. When funding becomes available, Webster County will determine which individuals will enter the system in accordance with the date placed on the waiting list.

**Future planning:**

The counties will lobby for additional dollars and will regularly contact their legislators to ensure the legislators understand the issue and if needed, will assist the legislator in writing a bill to increase funding.

If a service is identified as needed in the community due to a waiting list, this will be considered in the strategic planning process.

**QUALITY ASSURANCE:**

This manual shall describe a detailed quality improvement process that provides for ongoing and periodic evaluation of the service system and of the providers of services and supports in the system. Individuals receiving support services, providers, families, and community members shall be involved in the development and implementation of the quality assurance process and evaluation of the system with emphasis on consumer input. The quality assurance policies shall include, but not be limited to, the following:

Note: Legislation passed in Fiscal year 2006 required the state to develop outcome expectations. Webster County will incorporate the state's outcome expectation and measurement process when the state has developed and published this. At such time the current outcome system will be replaced.

**System Evaluation**

Consumer satisfaction and system responsiveness

In order to determine consumer satisfaction and system responsiveness to the persons needs and desires periodic surveys will be conducted. The surveys will include measurements to determine consumer empowerment and quality of life.

Provider Satisfaction

In order to determine the satisfaction of those who are paid to provide supports to disabled persons in Webster County, periodic surveys will be conducted.

Patterns of service utilization

Data will be analyzed to determine patterns of service utilization

Number and disposition of person appeals and the Implementation of corrective action based upon these appeals

Appeals, if any, will be tracked and analyzed. If corrective actions are required, these will be noted in the annual report.

Cost effectiveness of the services and supports delivered by individual providers

Payment data and outcomes will be analyzed to determine the cost effectiveness of supports funded.

**Quality of Provider Services**

Consumer satisfaction

As part of the consumer satisfaction survey we will include questions to determine their satisfaction with the provider of supports.

Achievement of outcomes

Case management ICP's will be evaluated to determine the achievement of goals.

Number and disposition of appeals

This information will be provided through provider quality assurance reports.

Cost effectiveness of services

Costs will be compared across providers of similar services as well as outcome measurements to determine the cost effectiveness of the services provided. Levels of need of persons served will be taken into account.

Provider adherence to contracts

Provider adherence to contractual obligations will be tracked and reported.

**COLLABORATION:**

The policies shall describe Webster County's collaboration with other funders, service providers, consumers and their families or authorized representatives, and advocates to ensure that authorized services and supports are responsive to consumers' needs and desires and are cost-efficient. This manual shall specifically describe the process for collaboration with the court to ensure that the court is aware of the services and supports available through the county management plan as alternatives to commitment and to coordinate funding for services to persons who are under court-ordered commitment pursuant to Iowa Code chapter 222 or 229.

### **Collaboration with other funders**

Webster County will collaborate with other funders, service providers, consumers and their families or authorized representatives and advocates through their involvement in boards, committees and focus groups.

### **Service providers**

Webster County will collaborate with other service providers to assure services authorized are responsive to the person needs and desires and the services being provided are meeting the person need and are being provided in the most cost efficient way possible within constraints of the Mental Health Services fund.

Webster County expects psychiatrists, psychologists, therapists, nurse practitioners as well as other providers of support to be a part of a person's care team. This means that they are expected to provide input to the team as to the care, support and needs of the person. Webster County will deny funding to any provider that consistently fails to be a part of the team process. It is imperative that these professionals recognize the Targeted Case Manager and or County Social Worker and respond to their requests for information and participation.

### **Person and their families or authorized representatives or advocates**

Webster County will collaborate with these entities to assure that their desires for the person and system is understood. Services and supports available to people with disabilities and the cost effectiveness of these services sand supports will be explained to these entities. They will be encouraged to participate in the planning process.

### **Court collaboration**

Webster County will dialog with the court system to encourage coordination and cooperation of the CPC Process. Representatives of the court will be encouraged to take an active role in the development of alternative community services to prevent hospitalization.

### **Coordination of Court Committals**

Webster County will collaborate with the court to ensure that the court is aware of the services and supports available through the Managed Care Plan. Webster County will

assist in coordinating funding for persons who are under court ordered commitment pursuant to Iowa Code, Chapters 222, 229, and 232.

1. Webster County's CPC Administrator communicates frequently with the county attorney, sheriff, local law enforcement, clerk of court, mental health advocate, and the magistrate to discuss emergency procedures and discuss improvements to the system.
2. Webster County may assist the clerk of court at the time commitment papers are being filed and assist family members or interested parties with completion of the CPC Application. Applicants are informed of the managed care plan and the eligibility guidelines. If it appears that the person may be eligible for other programs, the person will be referred to the appropriate agency.
3. Webster County staff will coordinate with the hospital social worker.
4. Webster County staff may attend court hearings to provide information on services and funding available.

Webster County shall coordinate and cooperate with those who represent the interests of the respondent.

#### **COLLABORATION – Service Coordination**

Upon notification of a hospitalization, Webster County staff will coordinate with the social worker of the facility regarding the person's service needs.

#### **COLLABORATION – Hearing**

Webster County shall be notified by the Clerk of Court of the date and time of the hearing. Staff may attend the hearing. Webster County will review the recommendation of the attending physician and inform the respondent and the court what funding is available.

#### **ONGOING EDUCATION PROCESS:**

This plan shall include the process Webster county will use to provide ongoing education, in various accessible formats, on its planning process and the intake and service authorization process to the community, including consumers, family members, and providers.

Webster County will develop and maintain information regarding its planning process, intake and service authorization process in formats such as news articles, web sites, public events and brochures.

#### **PLAN ADMINISTRATION:**

This plan administration section of the policies and procedures manual shall specifically outline procedures for administering the plan at the consumer level.

All providers of services under contract with Webster County, as well as schools, the local Department of Human Services, - local Division of Vocational Rehabilitation, families and friends, may assist applicants with the application process. Providers who assist applicants with the applications are known as “Access Points” to the Webster County Central Point of Coordination (CPC). Access Points are required by State rules to forward the application to the CPC of the county of residence on the same day it is completed. Applications may be faxed.

**APPLICATION PROCEDURE:**

Applications shall be accepted and processed by the applicant’s county of residence. If an applicant applies to the CPC of the county of residence and has legal settlement in another county, the application process shall be performed by the CPC of the applicant’s county of residence in accordance with the county of residence’s management plan, and the applicant’s county of legal settlement is responsible for the cost of the services or other supports authorized at the rates reimbursed by the county of residence.

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

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

**APPLICATION PROCESS:**

Applicants who have a question about whether or not they might already be enrolled in the Webster County MH/DD Services Funds system may call our office at 515-573-1485. An application may be required for new services if prior services were terminated.

1. Complete the Webster County MH/DD Services Funds Application Form (CPC application). Applicants may complete the form themselves, or may ask CPC Staff or any local service provider for assistance in completing the form.
2. Attach any documents that will help confirm eligibility, such as medical reports, income information, and proof of residency.
3. Submit the application to:

**Webster County CPC Administrator  
Webster County Community Services  
723 1st Avenue S.  
Fort Dodge, IA 50501  
Phone: 515-573-1483 Fax: (515-573-1487)**

4. A Notice of Decision will be sent within 30 working days.

### **ENROLLMENT PROCESS FOR FUNDING:**

CPC Staff will meet with the applicant or family to determine eligibility for MH/DD dollars. If the individual is unable to read, the process will be orally explained. If he/she is unable to speak English, every effort will be made to have a translator available. Eligibility Screening includes the following: determination of legal settlement, other sources of payment, diagnosis covered by the county plan and level of need. This may require signed releases of information. It may take more than 30 working days to obtain the information needed to make a decision. If this is the case, a notice will be sent to the person and provider stating more information is needed before a determination can be made. Once the CPC or CPC Staff is in receipt of this information, a decision will be determined and notice will be sent to the applicant and access point. A referral may be made to the case manager or county social worker.

Regardless of eligibility for county funding, all Webster County residents are eligible for free mental health information and referral services through the Webster County Central Point of Coordination Office irrespective of clinical or financial need. Applicants will be referred to the various agencies that may assist with their need.

Proof of income and resources is required. Health insurance that may pay for services will be verified. Webster County will not pay health insurance deductibles or co-pays. The County does not supplement Title XIX or Iowa Plan payments. All other payments by other sources will be required prior to the County authorizing funding. Services will be funded based on the need of the individual. If funding is requested by another entity (i.e. includes but not limited to the Department of Human Services, Judiciary System, and Medicaid) payment will be denied, as funding should be made available through that entity.

**The County is the funder of last resort.**

In instances where it appears the individual may be eligible for medical programs through the Department of Human Services, the individual is required to apply for and maintain eligibility for those medical programs at DHS. A copy of the notice of decision from the Department of Human Services will be required prior to the county authorizing funding.

### **If the applicant has residency but not legal settlement**

If an applicant who has not previously been enrolled applies to the county of residence or has “state case” status, the application process shall be performed by the Webster County CPC in accordance with the Webster County Management Plan. The person’s county of legal settlement is responsible for the cost of the services or other support authorized at the rates reimbursed by the county of residence. The State is responsible for the cost of the services or other support authorized for individuals with “state case” status.

**Iowa Code 331.440 2b defines County of residence** as the county in this state in which, at the time an adult person applies for or receives services, the adult person is living and

has established an ongoing presence with the declare, good faith intention of living for a permanent or indefinite period of time. The county of residence of an adult person who is a homeless person is the county where the homeless person usually sleeps. Iowa Administrative Code 441-25.11 (331) defines county of residence as the county in Iowa where, at the time an adult applies for or receives services, the adult is living and has established an ongoing presence with the declared, good-faith intention of living permanently or for an indefinite period. The county where a person is “living” does not mean the county where a person is present for the purpose of receiving services in a hospital, a correctional facility, a halfway house for community corrections or substance abuse treatment, a nursing facility, an intermediate care facility for persons with mental retardation, or a residential care facility or for the purpose of attending a college or university. For an adult who is an Iowa resident and who falls within the exclusion for county where a person is “living” as described in this rule, the county where the adult is physically present and receiving services shall be the county of residence. The county of residence of an adult who is a homeless person is the county where the adult usually sleeps.

The “County of Residence” may be transferred for persons with state case status using procedures in Section 153.53(1)a of Chapter 441, IAC.

153.53(5) Transfer of county of residence. The designated county of residence for an adult may be transferred when it seems more reasonable for the county in which the person is receiving services to assume management of the services.

a. Examples of situations where transfer may be reasonable include, but are not limited to:

(1) The person receiving services has been in a facility for more than a year; and the person no longer has any connection to the county of residence, such as relatives who live there, and so far as anyone can tell, has no desire to return to the county of residence.

(2) The person receiving services was in the state and county of residence for such a short time before needing services that no real attachment was established in the county of residence.

(3) The person is a student attending a college or university but lives and works in the community 12 months per year.

b. If the county of residence desires a transfer and the county in which the person is receiving services agrees, the county accepting the transfer shall notify the department’s state payment program manager. The new county of residence shall complete the application procedures, if necessary, and maintain responsibility for the person’s case.

c. If the county of residence desires a transfer and the county in which the services are being received does not agree, the county of residence may appeal for resolution to the residency team established by the Mental Health and Disability Services Commission.

## **PROCEDURE IF LEGAL SETTLEMENT IS IN ANOTHER COUNTY**

### **WEBSTER COUNTY CPC:**

Webster County CPC staff shall accept the application and acquire all needed information to determine eligibility in accordance with the Management Plan. The CPC or designee will complete the notice of decision on the Webster County notice of decision form. The notice of decision and the CPC application will be faxed to the County of Legal Settlement. The notice of decision shall include a statement that the applicant has legal settlement in another county and that the county of legal settlement will arrange with the service provider to make payments.

### **COUNTY OF LEGAL SETTLEMENT:**

Webster County shall confirm that the CPC of the county of residence has correctly determined legal settlement. Webster County shall send a notice of decision - to the CPC of the county of residence, and to the service provider confirming intent to pay for the requested service. Webster County shall arrange with the service provider to receive bills and make payments, either by contracting with the provider or honoring the county of residence contract with the provider.

### **FOR CONSUMERS WHOSE COUNTY OF RESIDENCE DIFFERS FROM THE COUNTY OF LEGAL SETTLEMENT, THE FOLLOWING PROCEDURES SHALL BE USED:**

1. The county of legal settlement may continue to authorize services for any consumer receiving services on or before June 30, 2007, even if the service is not in the management plan of the county of residence.
2. The consumer shall apply for additional services with the CPC of the county of residence. The same procedure shall be followed as for a new applicant.
3. Once an applicant has been enrolled with the county of legal settlement, the county of legal settlement shall manage reauthorizations of enrollment, such as gathering annual updates of income and resources to confirm continuing eligibility.
4. The county of legal settlement may also work directly with the consumer or service provider to do periodic service reauthorizations. Services and supports funding must be reauthorized in accordance with the management plan of the county of residence.
5. A written notice of reauthorization for service funding shall be sent to:
  - a. The consumer;
  - b. The county of residence; and
  - c. The listed service providers.

**“STATE CASE” STATUS (441—153.31):**

The state payment program provides 100 percent state funds to pay for local mental health, mental retardation, and developmental disabilities services for eligible adults who have no legal settlement in Iowa. The state payment program is intended to enable all eligible residents to receive services from the county MH/DD services fund through the county central point of coordination, regardless of the resident’s legal settlement status. The state payment program ensures that each of the local MH/DD services provided by an Iowa county to residents who have legal settlement is also available to residents of that county who do not have legal settlement.

An individual, who does not have a county of legal settlement, may be eligible for the state payment program. An applicant for funding must meet all of the following conditions.

1. The applicant shall be an adult as defined in 441-153.51 (331)
2. The applicant shall be a resident of Iowa, present in the state and without legal settlement in an Iowa county. The applicant shall not be in Iowa for purposes of a visit or vacation nor be traveling through the state to another destination at the time of application for services.

The application process for residents of Webster County applies to all county residents needing funding for mental health and/or developmental disability services. The applicant with “state case” status must meet the eligibility criteria established in the Webster County Management Plan.

The CPC or the CPC’s designee shall determine whether an applicant is eligible for services based on the eligibility guidelines contained in the county management plan. The county shall apply any policies and procedures regarding waiting lists to state payment program applicants in the same manner as it applies them to persons who have legal settlement in that county.

The applicant shall have no other political entity, organization, or other source responsible for provision of or payment for the needed services nor be eligible to have the service funded or provided at no additional cost to the state by another state-funded or federally funded facility or program. The Department of Human Services may, on a case-by-case basis, attempt collection from a legally responsible entity.

An applicant’s eligibility for state payment program funding shall be effective from the date of application. Services eligible for reimbursement under the state payment program are the services defined in the Webster County management plan.

**ELIGIBILITY DETERMINATION:**

The application will be reviewed by the Webster County CPC or CPC designee and a Notice of Decision will be sent within 30 working days of the receipt of the application. If more information regarding an individual’s diagnosis or service need is necessary, the

CPC Staff will make a referral to a qualified mental health professional for clinical assessment/evaluation.

The Notice of Decision includes an appeal procedure, which applicants may use to appeal decisions.

**CHOICE OF PROVIDER:**

People with disabilities have a choice of providers and can visit providers prior to receiving services. If the person is uncertain about the needed service or seems to be in need of assistance to engage service providers, a referral to a service social worker or case manager will be made.

**REFERRAL AND CONSUMER PLAN DEVELOPMENT:**

Through a team process an individual's goals are determined and a plan is developed. If the individual's plan contains goals, which require services that are funded by Webster County, a funding request shall be completed by the case manager or county social worker and mailed to our office. Diagnostic, Assessment, evaluation material, individual comprehensive plan, treatment and service plans are required to determine level of need for services. If this information has not been made available to the CPC Staff, the CPC Staff will request releases of information be signed to obtain the appropriate documentation. Upon receipt of this information, the CPC staff will review the request and person information and issue a funding decision based on availability of funds. The decision will be mailed to the applicant and provider, as well as the case manager. The right to appeal process is printed on the Notice of Decision.

If other funding sources are available to pay for the services, that funding source must be utilized first. MH/DD dollars are used if no other funding source is available.

**SERVICE REVIEWS AND ONGOING FUNDING REQUESTS:**

At the time of the individual's annual staffing, a request for funding will be completed and given to the CPC Staff along with the individual's comprehensive plan.

At any time during the year, the CPC Staff may review the individual's level of need for service. Generally, a review will be done if the individual is requesting a new service, if the case manager requests a review, or if the CPC is presented with information from a service provider, family member, or other involved person which indicates a need for a review. A utilization review will be completed annually and a funding request(s) required for continued funding. Lack of progress or lack of continued need will result in discontinuation of funding.

Individuals accessing only outpatient mental health services are screened by the provider of the outpatient service. The provider will mail or fax the funding request to CPC Staff. If the individual is receiving other services covered by the County Management Plan, the individual's team, through the case manager or county social worker is responsible to make the funding request.

Diagnostic material, assessments, evaluation material, and the individual's service plan may be requested. The CPC or CPC designee analyzes whether the service requested meets an identified level of need based on the material provided. Most services requested by the county social worker or case manager are the result of an interdisciplinary team recommendation, and those recommendations are given due consideration. The guidelines are simply a question of whether the proposed service matches the identified level of need. Since the guidelines require a matching of need with service, the process is individualized. The least restrictive environment must be utilized within the constraints of the MH/DD service fund. If possible, services and supports will be provided within WEBSTER County.

**NOTICE OF DECISION:**

Service/support funding requests will be reviewed by the CPC or CPC's designee to determine if it is individualized, flexible, likely to produce results and is cost effective. If denied the request will be returned to the targeted case manager, social worker, and/or provider with an explanation and request for an alternative proposal. When the person and targeted case manager, social worker and/or provider believe there is no alternative proposal, the CPC or CPC designee may refer the request to a qualified professional of Webster County's choice for review. A "qualified professional" is a person recognized by peers within the professional community as someone who has education, training, licensure, certification or experience to make the particular decision in question as required by federal or state law.

When the CPC or CPC's designee approves a request, he/she will ensure it is a service/support covered in the plan with available funding. If funds are not available, the applicant will be placed on a waiting list. The CPC or CPC's designee will send a Notice of Decision to the applicant within thirty (30) working days of receiving the funding request explaining the decision and criteria used in making the decision. Applicants have the right to appeal and the appeal process is on the back of the Notice of Decision form.

1. A written notice of decision which explains the action taken on the application and the reasons for that action shall be sent by the county of residence to:
  - a. The applicant or authorized representative or, in the case of minors, the family or the applicant's authorized representative.
  - b. The county of legal settlement
  - c. The listed service providers
2. The time frame for sending a written notice of decision
3. The applicant's right to appeal and a description of the appeal process.
4. If the county of legal settlement is different than the county of residence, the county of legal settlement shall sign the NOD accepting legal settlement and return it to:
  - a. The county of residence and
  - b. The listed service provider(s)

5. If the consumer is placed on the county of legal settlement's waiting list for funding, an explanation of waiting list status, issued by the county of legal settlement, shall include
  - a. An estimate of how long the consumer is expected to be on the waiting list
  - b. The process for the consumer or authorized representative to obtain information regarding the consumer's status on the waiting list.
6. If the consumer is placed on the county of residence's waiting list for funding, an explanation of waiting list status, issued by the county of residence, shall include
  - a. An estimate of how long the consumer is expected to be on the waiting list
  - b. The process for the consumer or authorized representative to obtain information regarding the consumer's status on the waiting list.

Following the initial application, and annually thereafter, a Service Funding form and updated CPC application may be completed and mailed or faxed to the CPC office.

**Service Funding and Reauthorization Process.** For individuals who have a county of residence different from the county of legal settlement, the following procedures shall be used:

1. Once the applicant has been enrolled with the county of legal settlement, the county of legal settlement shall continue to manage reauthorizations of enrollment, such as gathering annual updates of income and resource to confirm continuing eligibility. The county of legal settlement may also work directly with the individual and or service provider to do periodic service reauthorizations. Reauthorization information shall be sent to:
  - a. The consumer
  - b. The county of residence
  - c. The listed service provider(s)
2. The consumer applies for additional services with the CPC of the county of residence.
  - a. If the consumer applies for an additional service with the CPC of the county of residence, the same procedure shall be followed as for a new applicant.
  - b. The county of legal settlement may continue to authorize services for any consumer receiving services on or before June 30, 2007, even if the service is not in the management plan of the county of residence.

**SERVICE AND COST TRACKING:**

WEBSTER County will utilize data systems that track services and supports and payments made on behalf of all consumers. These systems will provide an unduplicated consumer count and expenditure data. These systems will also record denials of services and supports and indicate the reason why the applications were denied.

**SERVICE AND FUNDING MONITORING:**

Providers must bill Webster County on a per client per service basis listing the Client, number of units received, the cost per unit, dates of service, and charge to the county. If the county receives a billing for a person that the county does not have a completed

application, the billing will be returned, as eligibility for funding has not been determined.

**All non third-party billing requests for payment must be made within 60 days of the date of service. All other provider billings will be received in a timely manner or within 90 days of the end of the fiscal year of the service.** Billings received after the time limit must be accompanied by a request to the CPC. Providers must send requests for payment to Webster County Community Services, Attn: CPC Administrator, 723 1<sup>st</sup> Avenue South – Fort Dodge, IA 50501. Information must be provided as to why the billing request was not submitted timely.

#### **PROCESS OF REMITTANCE:**

The CPC Administrator or designated staff will enter all remittances into a data system that will assist in verifying that the services and units were approved and the charge for the service is accurate. All remittances must be reviewed within 30 days by CPC staff for approval or denial. If a remittance is approved for payment, it will be entered into the data system, a claim will be issued, and a check will be forwarded from the Webster County Auditor's Office. Webster County will only fund services and supports that are authorized according to the process described in the plan.

#### **RECONSIDERATION and APPEAL PROCEDURE:**

The State of Iowa, rather than Webster County, must sometimes pay for MH/DD services provided to you. The Iowa Administrative Procedures Act, Iowa Code Chapter 17(A), governs by administrative agency rules and appeals about these cases and the Department of Human Services program eligibility decisions. The Department of Human Services will provide more information about these appeals to you. The purpose of this section is to describe how Webster County Community Services decisions can be appealed.

Consumers or their legal representatives may appeal any decision relevant to the County MH/DD Plan or any designee or contractor. All appeals shall be initially submitted to the CPC Administrator and shall follow the process outlined below. The appeal process shall include the following:

1. Individual or their representative may seek a reconsideration of any decision.
2. To initiate reconsideration, the individual must send a written request for review to the CPC office. The request must be postmarked or delivered to the CPC office within 10 working days from the date on the Notice of Decision for which the reconsideration is requested.
3. The CPC Administrator shall deliver to the individual, by certified mail, a written notice of the date, time, and place set for the reconsideration.
4. The reconsideration will be held within 10 working days of the receipt of the request for reconsideration in the CPC office unless mutually agreed by both the individual and the CPC Administrator that the reconsideration will be held later.

5. The individual or their designated representative has the right to appear in person at the reconsideration and present any evidence or documents in support of his/her position. If an individual or designated representative fails to appear for the scheduled reconsideration, the CPC shall proceed and issue a decision. Any individual may waive the right to personally appear at the reconsideration and may present their case by documents only.
6. Within 10 working days of the reconsideration, the CPC Administrator shall issue a written decision sent by certified mail that shall include a statement of the reasons supporting the decision.
7. The written decision shall inform the individual of their right to appeal the decision to an Administrative Law Judge.
8. A request for appeal hearing by an Administrative Law Judge shall be submitted in writing to the CPC Administrator. The request must be postmarked or delivered to the CPC Office within 10 working days from the date of the reconsideration decision from the CPC Administrator.
9. The Administrative Law Judge will send written notification of the hearing date, time, and place to the appealing person and to the CPC Administrative.
10. The Administrative Law Judge hearing shall be held in a timely manner and in accordance with the Department of Inspections and Appeals administrative policies.
11. The Administrative Law Judge will issue a written decision following the hearing. The decision of the Administrative Law Judge shall be the final step of the administrative appeal process.

**MANAGEMENT PLAN ANNUAL REVIEW:**

The county shall prepare a management plan annual review for the county stakeholders, the department of human services and the state-county management committee. The management plan annual review shall be submitted to the department for informational purposes by December 1. The management plan annual review shall incorporate an analysis of the data associated with the services managed during the preceding fiscal year by the county or by a managed care entity on behalf of the county. The management plan annual review shall include, but not be limited to:

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

Webster County reviews all available data including its management information system, surveys and stakeholder meeting minutes. Webster County then compiles this information into a format for the review and reporting of strategic goal progress.

A copy of Webster County's annual review is available to the public after December 1<sup>st</sup> of each year. The Annual Review is available on Webster County's web site and is reviewed with Webster County's stakeholder and Board of Supervisors.

**THREE-YEAR STRATEGIC PLAN:**

The strategic plan shall describe the county's vision for its mental health, mental retardation, and developmental disabilities system for the ensuing three fiscal years. The strategic plan development shall follow the process outlined in the policies and procedures manual. After a public hearing, the strategic plan shall be submitted for informational purposes to the department by April 1, 2000, and by April 1 of every third year thereafter.

The Strategic Plan shall include but not be limited to the following:

1. Needs assessment
  - The strategic plan shall include an assessment of current needs. This plan shall describe how information from the annual reports from the previous years was incorporated into the current strategic plan and how the information will be used to develop future plans for the funding and provision of services to eligible groups.
2. Goals and objective
  - The strategic plan shall list goals and objectives that are guided by the system principles of choice, empowerment, and community. The goals and objectives shall reflect the system which the county plans to have in place in three years, the action steps which will be taken to develop the future system, and how progress toward implementation will be measured. Projected costs for future projects should be included.
3. Services and Supports
  - The strategic plan shall list services and supports that the county will fund, when requested, by eligibility group.
4. Provider network
  - The strategic plan shall include a list of providers used to provide the scope of services and supports described in the plan.
5. Access Points
  - The strategic plan shall list designated access points and their function in the enrollment process.

A notice of Public hearing is posted according to the requirements of Iowa law.