

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

## **INTRODUCTION**

The purpose of this introduction is to explain how we provide, fund, and deliver mental health and developmental disability services in Van Buren County. It is written as a guide for consumers, their families, friends, and advocates as well as a guide for service providers, administrators, and other persons interested.

The introduction has been written to provide answers to many of the basic questions and concerns about how these programs function within Van Buren County. The planning and funding of services is an ongoing process that adapts to the changing needs of consumers. Our goal is to ensure that services are cost effective and meet particular strengths, abilities, priorities, and needs of every consumer. Unfortunately, due to limited resources and funding, it is a possibility that we will be unable to honor or fund every request for service or supports.

We strongly encourage you to contact our office if in need of more information, assistance, or referrals. This introduction, the County Management Plan, and other pertinent materials, are available to the public through this office.

**IF AN EMERGENCY ARISES, CONTACT THE 24 HOUR HOTLINE NUMBERS  
AVAILABLE THROUGH YOUR COMMUNITY MENTAL HEALTH CENTER  
PROVIDER OR CONTACT THE CPC.**

## **MISSION**

It is the mission of Van Buren County to empower persons with mental illness, mental retardation, and developmental disabilities, the ability to access appropriate services of their choice and receive those services in the least restrictive setting within their community.

## SYSTEM PRINCIPLES

### **Choice**

*The abilities of consumers, their families, and authorized representatives to exercise informed choices about the amounts and types of services and supports received.*

### **Community**

*The system supports the rights and abilities of all consumers to live, learn, work, and recreate in natural communities of their choice.*

### **Empowerment**

*The service system reinforces the rights, dignity, and ability of the consumers and their families to exercise choices, take risks, provide valuable input, and accept responsibilities.*

*We believe in demonstrating compassion, respect, and dignity for all individuals*

*We believe in community responsibility in providing services for these individuals*

*We believe in maintaining existing quality community based services*

*We believe in and support services in the least restrictive environment*

*We believe in the importance of family support*

*We believe in the accessibility of decent and affordable housing for these individuals*

*We believe that adequate transportation is essential to the success of individuals living in the community*

*We believe in the importance of providing a financial environment that will allow providers to attract and maintain an adequate number of qualified service staff*

*We believe in quality, cost effective services*

### 441-25-12(1) GEOGRAPHICAL AREA:

Name of the County covered by this Plan:	Van Buren County
Total population of area covered:	7,809
Name of Contact Person for the Plan:	Karen Riggle Central Point of Coordination
Address of Contact Person:	Courthouse, PO Box 475 Keosauqua IA 52565
Telephone number of Contact Person:	319-293-3793 Office 319-293-6335 Fax <a href="mailto:kriggle@vbcoia.org">kriggle@vbcoia.org</a> E-mail

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### **MANAGEMENT PLAN ANNUAL REVIEW**

### **THREE YEAR STRATEGIC PLAN**

**441-25.13(331) POLICIES AND PROCEDURES MANUAL. The Policies and Procedures Manual shall describe: (1) System Management, and (2) Plan Administration**

**441-25.13(1) System Management Section: The System Management section of this manual shall describe, but shall not be limited to, the following:**

**PLAN DEVELOPMENT**

*441-25.13(1a) Description of the process for obtaining Consumer, Family, and other Stakeholder input in the planning process.*

The Van Buren County Board of Supervisors approved the formation of the following Stakeholder Committee members in January 1996:

Wally Glass, Judicial Hospital Referee  
Sharon Moore, Court Advocate  
Terri Muntz, Southeast Iowa Case Management  
Tillie Campbell, Community Representative  
Center Village, Inc. - Karla Winslow, Provider  
Van Buren Job Opportunities – Janet Phelps, Provider  
Paula Hamberg, Community Representative  
DHS, Judy Davidson or Sue Frice, Provider  
AEA, Matt Mitchell, Provider  
Van Buren County Board of Supervisors, Bill Randolph and John Whitaker  
Van Buren County Sheriff’s Dept. designee  
River Center CMHC designee  
Kathy Manning, Van Buren County CPC  
Deb Kirchner, Public Health Administrator  
Ronda Snelling, Community Representative  
ResCare, Inc.

All members that participated on the Stakeholder Advisory Committee represented active and concerned members of the community on behalf of mental health issues.

The Stakeholder Advisory Committee had previously met on the following dates:

- September 9, 1999
- November 23, 1999
- January 12, 2000
- February 5, 2000
- March 22, 2000

A Public Hearing was held on March 27, 2000.

More recently, the Van Buren County Board of Supervisors met and approved a new formation of members to participate on a Stakeholder Advisory Committee. The new members are as follows:

Wally Glass, Attorney, Community Representative  
Crystal Cronk, Judicial Hospital Referee  
Marquetta Huffman, Court Advocate  
Terri Mercer, Southeast Iowa Case Management  
Marliee Miller, Community Representative  
Norma Whitaker, Community Representative  
Julie Chapuis, VB High School MOC Coordinator

Center Village – Cathy Newman, Provider  
Van Buren Job Opportunities – Janet Phelps, Provider  
DHS – Amy Weaver, Provider  
Deb Kirchner, Van Buren County Public Health Administrator  
Van Buren County Sherriff’s Dept. designee  
Life Solutions Behavioral Health – Dena Devore, Provider  
AEA 15 – Bill Walters  
Van Buren County Board of Supervisors, Marvin Phillips  
Karen Riggle, Van Buren County CPC

Again, all members involved in the committee represent active and concerned members of the community on behalf of mental health issues.

The current Stakeholder Advisory Committee met on the following dates:

September 16, 2008

A Public Hearing was held on

Description of other methods to obtain consumer, family, and other stakeholder input:

In 2000, the CPC met with consumers, family, and community members on either a monthly or quarterly basis to receive input on MH issues or concerns. This information was gathered and addressed during Stakeholder meetings for discussion and direction. The Board of Supervisors was updated by the CPC. Questionnaires were also circulated to consumers and providers as part of the QA process. In addition, the CPC was actively involved with the Family Resource Center Executive council that allowed contact with all three community schools and the decat project which often would address innovative strategies to intervene in mental health and substance abuse school related problems. The CPC also regularly attended the Empowerment Board meetings as an alternate board member, was an active member of the County wide Human Resource Council, the Job Opportunities Admissions/Management Committee, and was a steering committee member of the new HOPES and NEST (Empowerment granted) projects for Van Buren County. Bridgeway, Inc. had an office located in Keosauqua to provide on-site therapy services to the three community school districts.

Currently, the CPC still meets with consumers, family, and community members on a regular basis. This direct contact provides insight on issues and concerns as they arise, giving the CPC an opportunity to research solutions or adapt to changes, whichever is appropriate. Stakeholder meetings are being held to discuss current mental health issues and concerns in order to provide current and accurate information for the County Management Plan. The CPC also still remains actively involved in the community by participating in and attending meetings for Decat, Community Partnership for Protecting Children, Human Resource Council, Empowerment, SAFE Coalition.

Summary of major content of Stakeholder input:

The following issues were brought up by the original Stakeholder Committee:

“County responsibility to District Court ordered services or when incarcerated under criminal charges (as jail or half-way house).”

“Elementary kids access to school counselors. Need to begin children in the middle groups. Needs to be continuous follow up activity with crisis situations. AEA transitioning process needs to be enhanced and comprehensive to include adult services prior to graduation. Earlier identification and team approach to coordinating adult services. Need a county payee service. Need a day program or Club House/congregate

site. Need a local residential service, for severe/profound transitioning students by 2003.”

“Crisis intervention/support groups need to be frequent or scheduled weekly. Use of CPC office for assistance with governmental forms/ Demands is beneficial. Would like more informal coffee groups.”

“All in all, most needs of clients are being met in Van Buren County. Early crisis intervention is a unique strategy beginning in childhood and teen years. A waiver home for local residents would be beneficial to the community with a structured day program.”

“Increase community based supported living opportunities for residents of the care facility by providing proper funding support through County dollars. Provide more frequent group sessions for CMI/MI’s. Provide appropriate residential services for drug and alcohol consumers versus the RCF.”

“Early intervention strategies through strengthening mental health services in the school system as well as supports through School Based Youth Services Family Resource Centers and the Hopes/Nest projects.”

“ResCare, Inc./previous comments had indicated that it is difficult to move Van Buren County persons from the RCF Center Village into the community. Suggested that steps be taken to downsize the facility that would initiate mandatory movement into the community. Bridgeway recommended creative approaches to transportation for CMI’s to attend the bi-monthly support group.”

Current issues from the newly re-organized Stakeholder Committee are as follows:

“Emergency/Crisis mental health issues do not receive appropriate follow through due to lack of contact information received by the CPC immediately following hospital discharge”

“The current plan does not target specific information for services provided to children, i.e. how they are accessed, initial point of contact, services available, etc.”

“Weak definition of Developmental Disabilities”

“Lack of resources provided for Respite Care”

“There is difficulty finding beds available during times of emergency/crisis. A list of hospitals, set out by order of preference, needs to be developed and passed on to Van Buren County Hospital to assist during times of emergency/crisis”

“Progress notes are not being received by all providers causing a lack in monitoring of services”

Summary of how these Stakeholder priorities and recommendations were included in the plan:

The CPC will continue to work with the court system to clarify issues of responsibility on a case by case basis.

The CPC will continue community involvement with Empowerment, Decat, SAFE Coalition, Human Resource Council, and Community Partnership for Protecting Children, as well as serving as an advocate for enhancing school based mental health services and intervention.

Community based employment follow along services will be limited to a 2 year maximum payment with allowances for CPC and Board of Supervisor review for another time limited continuance. (Check with Janet on this)

Goals were previously established to develop a steady therapist in all three school systems as well as developing a mentoring program for county high risk youth. Another long-term goal for the community remains to establish a 3-4 bed waiver home to meet the need of consumers and family on the local level. [Return](#)

### **PLAN ADMINISTRATION**

*441-25.13(1b) A statement regarding administration.*

Van Buren County will directly administer the County Management Plan through the CPC Administrative component (Van Buren County Community Services) and the Van Buren County Board of Supervisors. [Return](#)

### **FINANCIAL ACCOUNTABILITY PROCESS**

*441-25.13(1c) The process to ensure the ongoing financial accountability of the plan.*

Van Buren County will develop a uniform cost report and reporting mechanism and determine which reimbursement methods provide the correct incentives for which types of services through consumer outcome and satisfaction. Van Buren County will continue to reimburse services and support providers through the current process of billed fee for service per consumer name and identification number, date of service, unit rate, and COA correct coding. The Federal Financial and Statistical Report is the basis for establishing the rates to be paid to all providers under the Southeast Iowa 28E Consortium Contract and shall be completed by all providers based on the following rules:

- a. Financial information shall be based on the agency's financial records on the accrual basis of accounting. Multiple service providers shall submit a cost allocation schedule prepared in accordance with recognized methods and procedures and shall have a certified public accounting firm perform an audit of its financial statements.
- b. Rate formula. When rates are determined based on cost of providing the service involved, they will be calculated according to the following mathematical formula:
  - (1) Actual costs attributed to a service plus the most current Consumer Price Index.
  - (2) Effective utilization level shall be 80 percent (whichever is greater) of the licensed or staffed capacity (whichever is less) of the program. [Return](#)

### **RISK BEARING MANAGED CARE CONTRACTS**

*441-25.13(1d) The contract requirements prohibiting reduction of services.*

Van Buren County does not intend to contract management responsibility for any aspect of the managed system of care to any agency or entity. Solvency will be the sole responsibility of Van Buren County. [Return](#)

### **FUNDING POLICY**

*441-25.13(1e) County responsibility of funding for services and supports that are authorized.*

Van Buren County will fund only those services and supports described in the County Management Plan for the MH/DD population groups per eligibility guidelines and only when the single entry point process is followed. All services funded through Van Buren County will receive funding authorization from the Central Point of Coordination with continued utilization review, periodic consumer eligibility review and assurances of quality provider services through consumer input and cost effectiveness. [Return](#)

### **CONFLICT OF INTEREST POLICY**

*441-25.13(1f) Service authorization decisions made by individuals or organizations having no financial interest in the services or supports to be provided.*

Service authorization decisions shall be made by the CPC or the Board of Supervisors in Van Buren County. It is the intent of the county that service authorization decisions will not be made by an individual or organization which has a financial interest in the services or supports to be provided. In the event that such a situation should occur, that interest must be fully disclosed to consumers, counties, and other stakeholders. [Return](#)

### **PROVIDER NETWORK SELECTION**

*441-25.13(1g) Criteria and process for provider designation.*

Providers will continue to meet one or more of the following criteria, and will be willing to accept Van Buren County performance and requirement policies to be included in the Network of Providers for Van Buren County. The criteria are as follows:

1. Currently licensed or certified as a service provider by the State of Iowa.
2. Currently enrolled as a Medicaid provider, and/or certified as a member of the Merit Behavioral Care of Iowa. (MBCI) provider panel.
3. Currently having a Department of Human Service Purchase of Service Contract.
4. Currently accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Rehabilitation Facilities (CARF), or other recognized national accrediting body.
5. Currently under contract to the county or through the Southeast Iowa 28E county contracting consortium.

Process to contract with providers:

- (1) Multi-county contract – This is a legal contract between a provider of support services to a person with MI, CMI, MR, and/or DD and the Southeast Iowa 28E consortium of counties. The purpose of this method of contracting is so that providers and counties do not have to contract individually for the like services with each individual county. This contracting method also establishes a common rate structure so providers and counties can spend less time establishing individual rates by service by county. Rate computation is based on actual costs. Providers agreeing to sign a contract are also agreeing to report their actual costs on a regular basis. The exception to this is identified below in Individual County Contracts.
  - a. Initiations of contract proposal – all potential provider agencies have a right to request a contract. The initial contract should be between the potential provider and the CPC lead worker for the 28E Consortium. The Southeast Iowa 28E Consortium contracting rules and the Financial and Statistical Report shall be given to the provider at the beginning of the process of developing a contract.
  - b. A lead CPC will be assigned to the development of the contract and will assist the contractor in completing the contract proposal and fiscal information appropriate to the contract. This information shall include documentation that the conditions of participation are met. To be effective, the contract must be signed by the authorized representative of the provider agency and the chairperson of the 28E Consortium. The provider shall be given a notice and explanation in

writing of delays in the process or of rejection of the proposal. Payment cannot be made until the contract is signed by the provider's authorized representative and the consortium.

- c. The contract shall be amended only upon the written agreement of both parties with amendments that affect the cost of services to include the reestablishment of applicable rates. The contract can be terminated with a 30 day written notice by either party with causes for termination during the period of the contract being:
  1. Mutual agreement of the parties involved.
  2. Demonstration that sufficient funds are unavailable to continue the services.
  3. Failure to make required reporting.
  4. Failure to make financial and statistical records available for review.
  5. Failure to abide by the provisions of the contract.
  6. Chapter 7 bankruptcy or agency insolvency.
  7. Failure to provide contracted services critical to consumer health and safety.
- d. The provider shall meet the following standards:
  1. Licensure, approval, or accreditation as required by law, regulation, or administrative rules.
  2. Signed contract by authorized representative. Being in compliance with all current federal, state, and local laws concerning civil rights with respect to equal employment opportunities, Title VI of the 1964 Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, as amended and Affirmative Action including the ADA.

(2) Individual County Contracts. An individual county contract may be established in conjunction with the 28E Consortium Contract or outside of the 28E Consortium Contract in the following instances:

- a. The service described in the contract is utilized by only one county.
- b. The service is supported by an individual county in some manner not based on actual costs to provide services. Examples of this would include a privatized county care facility or a Community Mental Health Center receiving additional funds from the county.

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

Van Buren County will continue to encourage the use of contemporary, versus traditional, providers in its service provider network for the purpose of enhancing natural community supports. Van Buren County will use the following process for including individuals or organizations not covered by the criteria in A (above) in the provider network.

1. A brief standard application form will be used. All applicants will have to provide: a personal or organizational history; a description of special skills, education, and/or experience that qualifies them to provide the given service(s); and references. Applicants will also be required to provide evidence of applicable insurance, and will have to assert that there is no health or legal issues that could influence their performance or credibility.
2. Applicants will be screened by the CPC Administrator. Those meeting threshold criteria will be interviewed by the CPC Administrator, representative from the Advisory Board and a member of the Board of Supervisors. All references will be checked during this interview process.
3. Successful applicants will receive appropriate orientation and training. In some cases, applicants will be assigned to one or more agencies for "apprenticeship" or "monitoring". In all cases, successful applicants will go through a six month probationary period before becoming fully certified as a member of the Van Buren County Service Network.
  - a. Following the six month probationary period, the CPC Administrator will review performance and effectiveness with the Van Buren County Advisory Council. If acceptable,

the Administrator will grant one year approval as a provider in the Van Buren County Provider Network.

4. Target Case Management: Consumer Freedom of Choice and Access to Case Management Services RE: Federal Regulation 4302.2D State Plan Amendment Requirements. In order to meet the freedom of choice requirements, targeted case management providers must provide the following:
  - a. Option to Receive Services – The receipt of case management services must be at the option of the individual included in the target population. A recipient cannot be forced to receive case management services for which he or she might be eligible.
  - b. Free Choice of Providers – An eligible individual must be free to receive case management services from any qualified provider of these services statewide. The recipient may not be limited to case management service agencies which by definition means agencies designated by the county in a given county or clinic even if the individual receives all other Medicaid services through that county or clinic.

Note: Target case management services are generally provided in the county in which the consumers live; however, an eligible consumer is free to approach any enrolled provider (i.e. county, consortium of counties, or DHS case management) for targeted case management services.

Providers outside the county in which a consumer lives are not obligated to accept such a consumer if distance, lack of familiarity with service options or program capacity pose a barrier to the adequate provision of services. Case management should encourage consumers to utilize case management services in the county where the consumer lives unless there are compelling reasons to provide services across county borders.

Van Buren County Supervisors designate TCM agencies to provide those services to Van Buren County residents. The Department then accredits only those agencies so designated by the County. If an agency locates an office in a county that has not selected them as a provider agency, that office cannot provide targeted case management services to residents of that county. [Return](#)

### **DELEGATED FUNCTIONS**

*441-25.13(1h) Contracts with provider or management organization to perform functions of the central point of coordination.*

Van Buren County contracts with several providers who are allowed to perform functions of the central point of coordination for persons coming to the designated provider for services, such as pass through for outpatient therapy services. Three Community Mental Health Centers are allowed up to five (5) pass through visits on an emergency/crisis type visit with assurances that the provider complies with Iowa Code section 331.440 Mental Health, Mental Retardation, and Developmental Disabilities Services – single entry point process as well as 441 Chapter 25. [Return](#)

### **ACCESS POINTS**

*441-25.13(1i) Access points in the enrollment process.*

Van Buren County will continue to contract with three (3) Community Mental Health Centers to provide access point delegated functions of intake activities, service authorization (up to 5 encounters during emergency/crisis), and utilization management. Southeast Iowa Case Management Services will also continue on an annual contract basis for services, intake functions, and service planning. The Van Buren County CPC will ensure that the Contractor complies with the intake process and will provide ongoing education, communication, and quality assurances as identified in the County Management Plan. The access points shall designate where applications may be taken. [Return](#)

## **STAFFING PLAN**

*441-25.13(1j) Number of staff persons to administer the plan.*

Van Buren County will employ an adequate number of qualified personnel to administer the County Management Plan. One person shall be designated by the Board of Supervisors to implement the Central Point of Coordination process as defined in rule 441-25.11(331).

Elected county or state officials shall not be hired or appointed as the Central Point of Coordination Administrator. Van Buren County has in place, a CPC Administrator that meets all qualifications as indicated. SEE 25.11(331)

### Central Point of Coordination

- A. Designation of the Central Point of Coordination:
  - 1. Name of the Organization: Van Buren County Community Services
  - 2. Address: Courthouse, PO Box 475, Keosauqua IA 52565
  - 3. Telephone Number: 319-293-3793
  
- B. Designation of the Central Point of Coordination Administrator:
  - 1. Name: Karen Riggle
  - 2. Address: Courthouse, PO Box 475, Keosauqua IA 52565
  - 3. Telephone Number: 319-293-3793
  - 4. Fax: 319-293-6335
  - 5. E-mail: [kriggle@vbcoia.org](mailto:kriggle@vbcoia.org)
  - 6. Qualifications (education, years experience in field, etc.)  
Education: BSW, Western Illinois University  
Experience: Department of Human Services; Department of Corrections; Grant funded positions with Iowa Workforce Development/Southeastern Community College; HCBS worker.
  - 7. Structural/organizational relationship to the CPC: Reports directly to the Van Buren County Board of Supervisors. [Return](#)

## **APPLICATION FORM**

*441-25.13(1k) Format of application*

Van Buren County will provide an application form to access points that is written in formats and languages appropriate to consumer needs. A copy of the application can be found in Appendix A of this manual.

The review and processing of the application shall be completed by the CPC within 5 working days of receipt of the application. The CPC will determine if there is sufficient information to begin the process of coordination with: the CPC of the county of legal settlement if different than the county of application/residency; and the case management system, service coordinator, or DHS case worker so that the ICP may be developed, leading to a referral to the appropriate service system. The application process for Van Buren County funding authorization shall include:

1. If possible, the Van Buren County CPC will meet with the consumer and/or family to review the application to determine eligibility.
2. Verification of information such as income, resources, and diagnosis. If there is no known diagnosis, the CPC will make a referral for a clinical assessment.
3. The CPC will have the applicant sign necessary release of information forms to all previous providers and referral sources.
4. Four (4) areas of eligibility criteria will be assessed at this time for enrollment process, as follows:

- a. Have legal settlement or reside in Van Buren County
- b. Confirmed, clinical diagnosis that is covered in the Van Buren County Management Plan
- c. Income and resource eligibility as stipulated in the County Management Plan
- d. The request is a covered service or support in the County Management Plan

If a person seeking services is experiencing an emergency or crisis situation that requires stabilization to protect the person's life or safety, stabilization procedures may be implemented prior to application to the CPC. The provider of the stabilization services will notify the CPC within 24 hours of the initiation of services. When the applicant's situation is stable, the stabilization service provider will assist the person with the application process to the CPC in a manner that is consistent with other access points.

According to the time frames identified in the County Management Plan (10 working days), a decision will be made as to whether the applicant meets the criteria to be eligible for services funded under County dollars. That initial decision will be either to approve, reject, or request more information to be gathered.

Once the initial decision is made, a written notice of decision will be sent to the consumer or authorized representative, describing service eligibility and criteria used. See Appendix B for the Notice of Decision form which includes the consumer's right to appeal and describes the appeal process. A copy of the decision will be sent or telephoned to the referral access point. If requested or necessary, this decision may be reviewed by a qualified mental health professional. [Return](#)

## **CONSUMER ACCESS**

*441-25.13(11) Description of how the county will provide access to appropriate, flexible cost-effective community services and supports to meet the consumer needs in the least restrictive environment possible.*

The Van Buren County Management Plan shall specify the time frames for conducting an intake and enrollment process that provides for timely access to services, including necessary and immediate services. The intake process will include an application process that is readily accessible to consumers and their families or authorized representatives.

The access points will be responsible for designating where applications may be made and once that is determined, will inform the CPC of that contact person, address, and telephone contact number. The access point designee may assist the applicant in completing the CPC application form. The access point designee may also give the family or consumer the application with a message to call the CPC administrator for an appointment.

All access points will forward the completed CPC application to the Van Buren County CPC as the county of residency by the end of the working day. If the county of legal settlement is pre-determined, by the access point, to be different than the county of residency, the individual will be immediately referred to the CPC administrator of the county of residence. If the person has state case status, a copy of the application is forwarded to the County department (DHS) office. The CPC's from the county of residency and settlement will make contact and decide, expeditiously, who will take responsibility for the person's request for service.

Any individual with questionable county of settlement or state case status will not be enrolled by any other access point. The exception to this policy is: (a) necessary and crisis service needs will be coordinated through initial access point (CMHC intake & pre-screening process, Sheriff's Dept., or Van Buren Community Hospital ER) with enrollment processes postponed at the point of crisis resolution, and (b) outpatient treatment by the CMHC if less than 5 encounters.

For re-authorization of services, the case manager will assist the consumer/family at the time of review, in completing the application with annual updates thereafter.

The Van Buren County CPC will provide initial and ongoing training to the designated access points that are authorized to take applications on the intake process. They will be trained in the use of the application form and

enrollment process. The County CPC will attempt to coordinate continuity in multi-county reporting requirements for providers.

**Application Review Process:** The review and processing of the application shall be completed by the CPC within 10 working days of receipt of the application. The CPC will determine if there is sufficient information to begin the process of coordination with: the CPC of the county of legal settlement if different than the county of application/residency; and the case management system, service coordinator or DHS case worker so that the ICP may be developed, leading to referral to the appropriate service system. The application process for Van Buren County funding authorization shall include:

1. If possible, the Van Buren County CPC will meet with the consumer and/or family to review the application to determine eligibility.
2. Verification of information such as income, resources, and diagnosis. If there is no known diagnosis, the CPC will make a referral for a clinical assessment.
3. The CPC will have the applicant sign necessary release of information forms to all previous providers and referral sources.
4. Four (4) areas of eligibility criteria will be assessed at this time for enrollment, they are:
  - a. Have legal settlement or reside in Van Buren County
  - b. Confirmed, clinical diagnosis that is covered in the Van Buren County Management Plan
  - c. Income and resource eligibility as stipulated in the County Management Plan
  - d. The request is a covered service or support in the County Management Plan

If a person seeking services is experiencing an emergency or crisis situation that requires stabilization to protect the person's life or safety, stabilization procedures may be implemented prior to application to the CPC. The provider of the stabilization services will notify the CPC within 24 hours of the initiation of services. When the applicant's situation is stable, the stabilization service provider will assist the person with the application process to the CPC in a manner that is consistent with other access points.

**Process for Authorization of Payment:** All access points will forward the completed CPC application to the Van Buren County CPC as the county of residence by the end of the working day. If the county of legal settlement is pre-determined, by the access point, to be different than the county of residency, the individual will be immediately referred to the CPC Administrator of the county of residence with a copy of the application sent to the county of legal settlement. If the person has state case status, the application will also be forwarded to the County departmental (DHS) office. The CPC's from the county of residency and settlement or State will make contact and decide, expeditiously, who will take responsibility for the person's request for service. Any individual with questionable county of settlement or state case status will not be enrolled by any other access point. The exception to this policy are: (a) necessary and crisis service needs will be coordinated through initial access point (CMHC intake & pre-screening process, Sheriff's Dept., or Van Buren Community Hospital ER) with enrollment processes postponed at the point of crisis resolution, and (b) outpatient treatment by the CMHC if less than 5 encounters.

After the initial enrollment and eligibility approval, the CPC will refer the consumer to the appropriate case management or service worker for completion of the ICP process. The CPC will be notified of any additional service needs described in the ICP process. The CPC will review the additional funding requests in the written ICP and notify the case manager/service worker and consumer/family member of the service authorization approval or denial within 5 working days from the receipt of the ICP. Any time there is a change in any county funded service, a Notice of Decision will be sent to the consumer or legal representative.

**Initial Approval for ICF/MR Care:** Persons seeking ICF/MR placement shall be referred through targeted case management. The case management program shall identify any appropriate alternatives to the placement and shall inform the person of the alternatives. A referral shall be made by targeted case management to the central point of coordination having financial responsibility for the person. The Department of Human Services is the central point of coordination for persons with state case status.

**Approval of ICF/MR Placements by CPC:** The central point of coordination shall approve ICF/MR placement, offer a home or community based alternative, or refer the person back to the targeted case management program

for further consideration of service needs within 30 days of receipt of a referral. Initial placement must be approved by the CPC with responsibility for the person. Once approved, the eligible person, or the person's representative, is free to seek placement in the facility of the person's, or person's representative, choice.

**Service Authorization and Utilization Management:** Once the applicant is enrolled as an eligible consumer, the CPC will determine whether he/she can handle the request or if a referral needs to be made to a case manager or service worker, especially if an assessment for service needs is determined. If it is apparent that the request is minimal and short in duration, the CPC may coordinate the service.

If an applicant is referred to case management through an access point, meets the threshold criteria and needs case management, the case management may prepare an ICP and authorize non-county funded services but will notify the CPC for enrollment and service authorization of any additional county funded services, through submission of the ICP. The CPC will review the Enhanced Service Report for Title XIX case management and the legal settlement worksheet. An approval will be made if the consumer meets the criteria for case management services and submittal will be made to the DHS office for system entry.

If the CPC determines that the request is appropriate, he/she must ensure that the service or support is covered in the County Management Plan and funds are available. If funds are limited, or unavailable, the case manager/service worker will request an amendment to the ICP to reflect the limited funding and present service alternatives where funding is available. All efforts will be applied to provide appropriate, contemporary, and cost effective services to individuals within the constraints of the County Management Plan and budget.

The CPC will notify the consumer on the Notice of Decision form within five (5) days of the initial request for service authorization, explaining the decision and the criteria used to make the decision. If the ICP is amended to reflect changes with the consumers/family members consent, the consumer will be sent another Notice of Decision indicating the changes, reasons for changes, and how the consumer can re-apply for those services that were not available due to lack of funding. The appeal process will be included with the Notice of Decision for information on the consumer's right to appeal.

Individuals requesting emergency/crisis services from the CMHC's may receive an application for county funded services and receive up to 5 encounters by the CMHC clinical staff without prior service authorization from the county. The application for county funded services, completed on intake, will be forwarded to the CPC by the end of the working day for enrollment. If additional county funded services are indicated, the CMHC clinical staff will prepare a service plan and submit it to the CPC for funding service authorization. The CPC may also elect to refer the individual to appropriate services such as case management, etc. If case management is indicated, the CPC will make the referral for any additional assessments and ICP planning.

**Re-authorizations:** Each ICP for an individual receiving service under the Van Buren County Management Plan will specify the time frames for utilization review and re-authorization of the ICP or individual services within the plan. In no case will the time frame for reviewing certain services extend beyond the following thresholds:

TYPE OF SERVICE	TIMEFRAME
Inpatient Hospital/State Institution only	30 days
ICF/MR	365 calendar days
RCF/MR	365 calendar days
RCF/PMI	180 calendar days
HCBS	365 calendar days
Sheltered Workshop	180 calendar days
Case Management 100% County Funded	30 calendar days
Outpatient Treatment	5 encounters for crisis
Supported Housing	180 calendar days
Supported Employment	180 calendar days

The CPC Administrator is responsible for all utilization review and service re-authorization. For individuals with an assigned county case manager, the case manager may perform the utilization review and present to the CPC for re-authorization. As with the initial ICP planning, any plan for congregate services must be approved by the CPC Administrator.

Note: outpatient treatment with 5 encounters refers to emergency psychotherapy/counseling services, etc. This does not apply to medication review and management. [Return](#)

## **CONSUMER ELIGIBILITY**

*441-25.13(1m) Statement of general eligibility criteria.*

The Van Buren County Management Plan shall allow for the service needs of all ages of persons for whom expenditures may be made from the county's service funds (331.439)

**Persons in Need of Mental Health Services:** Persons who exhibit emotional symptoms, situational behavioral reactions or problems in living. These are difficulties in adjusting to stress or new situations, such as the death of someone close, etc.

Persons in need of mental health services may also be experiencing a substantial disorder of thought or mood which significantly impairs judgment, behavior, and capacity to recognize reality or ability to cope with ordinary demands of life. Mental disorders include the organic and functional psychoses, neuroses, personality disorders, behavioral disorders, and other disorders defined by the American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders.

**Persons with Chronic Mental Illness:** Refers to persons 18 years of age and older with a persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, arrangements, or employment.

They must meet at least one of the following criteria:

1. Have undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (as 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.

They must meet at least two of the following criteria, in 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. Some variation may occur and the person could still be considered CMI.

**Persons with Mental Retardation:** A person with significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviors, manifested during the developmental period (before age 18).

Note: Van Buren County recognizes the need for services for other consumers who do not have a primary diagnosis of Mental Retardation. However, a full array of services will be provided to the DD population group as State/Federal funding becomes available. Van Buren County will only fund the non-federal share for entitlement services until that time.

1. General intellectual functioning is defined as the results obtained by assessment with one or more of the individually administered general intelligence tests developed for the purpose of assessing intellectual functioning.
2. Significantly sub-average functioning is defined as approximately 70-75 intelligence quotients.
3. Adaptive behavior is defined as the effectiveness or degree with which individuals meet the standards of personal independence and social responsibility expected for age and cultural group. They must exhibit significant limitations in adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety. Co-payment requirements shall be related to ability to pay for services and supports and comply with Iowa Liability Law as specified in the Iowa Code. Van Buren County will attempt to recover a portion of the costs for a voluntary placement at the MHI's based on 150% of the Federal Poverty Level Schedule.

**Scope of Service:** (See Appendix C Matrix of Services and Eligibility Groups) Van Buren County plans to continue current methods of providing services based on individualized services and supports. With the development of additional certified HCBS providers, the residential aspect of individualization will improve as well as increase. The county currently is involved in a DVRS/Cooperative agreement with a local provider, Van Buren Job Opportunities, who has developed a strong, community-based supported employment, job placement, job skills training, and community assessment program. Center Village RCF is providing mobile work crew experience and has an active day program through the area community college consisting of adult basic education and independent living skills, all available to persons living in the community.

**Financial Eligibility Criteria (General):** Maximum income guidelines allowed: Income should not exceed 150% of the Federal Poverty Level guidelines. All client participation amounts will be subtracted from income in determining eligibility for other requested services. Sliding fee scales will be utilized by providers according to income and family size. Services will not be funded unless the need exists for that service, is provided in the most cost effective manner available to meet the needs of the consumer, and is pre-authorized by the county.

Note: "Income" means cash received by the household from all sources. If employed, this means gross income less mandatory deductions. For the self-employed, income includes net receipts (income after deductions for business or farm expenses). Also included are capital gains, tax refunds, gifts, lump sum inheritances, one-time insurance payment, compensation for injury, or non-cash benefits.

Maximum resource guidelines allowed: Resources should not exceed \$2,000 for a single person, \$3,000 per married couple. In general, the home is not counted if the person, spouse or dependent relative is living in it. The value of one vehicle is not counted if it is used by the household for transportation to a job or to a medical provider or if modified for use by a handicapped person. If a vehicle is not one of the types listed, only the portion of the current market value which exceeds \$4,500 may be counted as a resource.

**Resource Definitions:**

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

**Liquid assets:** 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, IRA's, CD's and other investments.

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

**Countable value:** The equity value of that resource. The equity value 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 (see below), the countable value of all resources shall be considered in determination of financial eligibility.

Resource exemptions shall be as follows:

- The homestead: equity in a family home or farm, which is used as the applicant household's principle place of residence. This includes all land that is contiguous to the home and the buildings located on the land.
- One automobile used for transportation
- Tools of an actively pursued trade
- General household furnishing and personal items
- Burial spaces
- Cash surrender value of life insurance with a face value of less than \$1,500 on any one person
- Any resource determined excludable by the Social Security Administration as a result of an approved SSA work incentive
- If a person does not qualify for federal or state funded services and other support but meets all income, resource and functional eligibility requirements of this Section, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:
  - A retirement account that is in the accumulation stage
  - A medical savings account
  - An assistive technology account

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

Van Buren County will be considered payer of last resort. Private insurance, Veterans or Title XIX coverage must be applied for or used prior to qualifying for county payment. The county will not pay costs which are deemed excessive by other private or governmental insurers. Nothing in this plan shall supersede the county's responsibility to pay for services under Iowa Code, Chapters 229, 230, and 232, so long as the provision of those statutes are otherwise complied with by DHS and its contracted mental health subcontractors.

Furthermore, 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: 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” mean 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.

Van Buren County is the funder of last resort; therefore, persons in the custody or supervision of the Department of Corrections are not eligible for MH/DD county funds for those services unless otherwise mandated by law.

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## **CONFIDENTIALITY**

*441-25.13(1n) Confidentiality policy shall ensure compliance with all applicable state and federal statutes on confidentiality.*

All consumer information and records obtained through the Central Point of Coordination process in Van Buren County are confidential and are protected by law. Before any information is released by the Van Buren County CPC, a release of information form, see Appendix D, must be signed by the consumer and/or family or legal representative and documented in the individual's record. Copies of the signed release will be given to the consumer as well as to the providers indicated.

All consumer information obtained for purposes of service management and data collection are considered confidential, which means this record is not available as a matter of right for examination or photocopying by members of the public under applicable provisions of law. Confidential records include records or information contained in records that the agency is prohibited by law from making available for examination by members of the public, and records or information contained in records that are specified as confidential by the Iowa Code or other provision of law, but that may be disclosed upon order of a court, the lawful custodian of the record, or by another person duly authorized to release the record.

Confidential mental health information means oral, written, or otherwise recorded information which indicates the identity of a person receiving professional services (as defined in Iowa Code Section 228.17) and which relates to the diagnosis, course, or treatment of the person's mental or emotional condition. Mental or emotional conditions include mental illness, mental retardation, degenerative neurological conditions, and any other condition identified in professionally recognized diagnostic manuals for mental disorders.

All Van Buren County staff associated with the MH services fund will be made aware of, understands, and implement confidentiality rules as set forth. All consumer records will be kept confidential and will be locked in a file cabinet in the office of the CPC. Only the CPC or the designee will have access to those records. No information that may identify a MH consumer will be submitted from the CPC office for purposes of payment or receipt.

IA Code 217-30 Confidentiality of records – report of recipients.

Van Buren County will follow the confidentiality rules as established for the Department of Human Services in this section as follows:

1. The following information relative to individuals receiving services or assistance from the county shall be held confidential:
  - a. Names and addresses of individuals receiving services or assistance from the county, and types of services or amounts of assistance provided.
  - b. Information concerning the social or economic conditions or circumstances of particular individuals who are receiving or have received services or assistance from the county.
  - c. Agency evaluations of information about a particular individual.
  - d. Medical or psychiatric data, including diagnosis and past history of disease or disability, concerning a particular individual.
2. Information described in subsection 1 shall not be disclosed to or used by any person or agency except for purposes of administration of the programs of services or assistance, and shall not in any case be disclosed to or used by persons or agencies outside the county CPC office unless they are subject to standards of confidentiality comparable to this rule.
3. Nothing in this section shall restrict the disclosure of use of information regarding the cost, purpose, number of persons served or assisted by, and results of any program administered by the county CPC

office, and other general and statistical information, so long as the information does not identify particular individuals serviced or assisted.

4. The county finds that the use and disclosure of information as provided in this subsection are for purposes directly connected with the administration, coordination of the programs of services and assistance referred to in this rule and are essential for their proper administration. [Return](#)

## **EMERGENCY SERVICES**

*441-25.13(1o) Policy for accessing emergency services, including protocol for voluntary and involuntary commitments.*

Van Buren County will continue to use the three contracted Community Mental Health Centers for 24 hour back up and hospital pre-screening services for the county. Emergency involuntary admissions will continue to be conducted through the Van Buren County Sheriff's Dept. or its designee and the judicial hospitalization referee of the county where the court proceedings take place.

Bridgeway CMHC operates a satellite office in Keosauqua and receives the CMHS Block Grant Funds for Emergency and 24 hour Crisis Intervention Services. This includes a 24 hour crisis line (#800) and a River Center QMHP "on call" staff member that is available to provide an assessment of the consumer's mental status and determine the appropriate plan regarding stabilization of the consumer. Additional crisis lines are available through Mental Health Centers, Iowa Concern, Women's Crisis Center, etc. Respite beds/alternate placement may be available at the Center Village RCF for those appropriate for that level of care.

In the case of an emergency or court ordered involuntary service when the consumer is not covered by any medical program, the CPC administrator must be contacted by the applicant or others acting on behalf of the applicant, within 24 hours (one business day) for an application for assistance to be considered if pre-authorization was not obtainable. Submission of a completed application form must follow as soon as reasonably possible.

**Involuntary Hospitalizations:** If an applicant is court ordered involuntary hospitalization, the CPC administrator shall be notified within 24 hours or one business day by the applicant, the Referee, the MHI, the Advocate, the Van Buren County Attorney, Clerk of Court, or any other concerned party. All involuntary hospitalizations for consumers who are not MHAP authorized or Title XIX eligible, or who do not have private insurance will be directed first to Mt. Pleasant MHI with transfer arranged to Independence if beds are not available in Mt. Pleasant. (For court commitments on MHAP eligible adults and children, MHAP benefits will include:

- a. The child (under age 21) is MHAP enrolled and committed by the court to an MHI or any inpatient facility.
- b. The adult is committed by the courts to any inpatient facility that is not an MHI.
- c. When adults or children voluntarily are placed in an MHI or any inpatient facility when Merit authorizes the placement in accordance with their guidelines.

Generally, these persons are not referred to the single entry point process. For court orders for mental health evaluations under Iowa Code, Chapters 229 and 232, administrative certifications are issued by Merit for 48 hour emergency holds and for up to five days (not including Saturdays, Sundays, and legal holidays) for mental health evaluations prior to the hearing. Following the hearing, any continued need for treatment is assessed and certified by Merit subject to medical necessity. A respondent whose expenses are payable in whole or in part by Van Buren County will be directed to the MHI's as stated above. If the individual remains hospitalized beyond administrative decertification of a third party payer (private insurance, Veterans, MHAP, Title XIX, Medicare) and is hospitalized in a public or private hospital, clear, clinical explanation of decertification will be presented to the county for review. Efforts will be made to transfer that individual to the Mt. Pleasant MHI for additional treatment if documented and validated by the treating physician as medically necessary and as authorized by the county CPC. If it is not medically or physically feasible to discharge or transfer the patient from the public or private facility to the MHI, the county may authorize only necessary hospital services for one 24 hour period, for stabilization in preparation for transfer to the MHI.

Juvenile commitments under 232.51 and Chapter 229 shall be directed to Independence MHI if the county may be expected to pay in whole or in part and the juvenile meets the eligibility criteria as indicated in the County Management Plan and with CPC authorization for funding. Van Buren County will assume responsibility for the costs of children/adolescents who remain at an MHI beyond the period of certification by a third party payer for reasons within the responsibility of Van Buren County. Such reasons would include:

1. Pre-authorization from CPC.
2. It is determined that the most appropriate treatment available is at the MHI.
3. An active discharge plan is being implemented for expedient placement/treatment outside of the institutional setting.

Van Buren County will not assume responsibility for the costs of children/adolescents who remain at an MHI beyond the period of certification by a third party payer for reasons outside the responsibility of Van Buren County. Such reasons may include, when DHS, Juvenile Court are involved:

1. Placement is delayed due to unavailability of appropriate alternative services.
2. Placement is delayed because the child/adolescent is waiting for an opening at a specific provider.
3. Placement is delayed pending specific action on the part of local DHS staff.
4. Placement is delayed pending court action.
5. A court has ordered a child to the MHI for a specific period of time.

Van Buren County only funds Van Buren County hospital for any related medical services or the University of Iowa Hospitals in Iowa City under County General Assistance policies (State psychiatric papers).

\* Voluntary hospitalizations shall be pre-screened by Van Buren County's contracted mental health centers. The contracted mental health centers shall notify the Van Buren County CPC prior to admission. This notification will include the applicant's name, address, social security number, and insurance information and residence history to determine county of legal settlement.

\* If the applicant has private insurance, Medicaid, Title XIX, and/or MHAP enrolled, he or she shall be referred first to a public or private hospital as pre-authorized and directed by Merit, Consultec, Medicare, or private insurer. In the event that a private insurer or MHAP decertifies continued hospitalization for the consumer, then that institution or facility may choose to retain the consumer for treatment and accept full financial responsibility.

\* A respondent whose expenses are payable in whole or in part by Van Buren County will be directed to the MHI in Mt. Pleasant with CPC review and re-authorization every 10 calendar days.

Note: Noting in this plan shall supersede the county's responsibility to pay for services under Iowa Code Chapters 229, 230, and 232, so long as the provisions of those statutes are otherwise complied with by the Department of Human Services and its contracted mental health contractors.

If hospitalization is needed, the decision to admit, the transportation to the hospital, will be completed within 4 hours of the initial contact in emergency situations. The CPC will review and re-authorize inpatient voluntary hospitalizations every 30 days. In the event a consumer is an emergency high risk, needs medical clearance, or needs medication administration, he/she may be transported to the emergency room at the Van Buren County Hospital.

Crisis/emergency services procedures will be in place and implemented in coordination with contracted CMHC's/Providers, the court system, Sheriff's Dept., Merit, and the mental health institutions ensuring that all understand what the county expects of them and what "emergency situations" the county will pay for.

Through the CPC application process, consumer choice, crisis intervention measures, through the ICP process or service management intake, will be established on each consumer enrolled in the system with coordinated efforts to prevent hospitalization based on the pre-established intervention. [Return](#)

## **WAITING LIST**

*441-25-13(1p) County criteria for waiting lists.*

Van Buren County currently supports 10 slots for the HCBS Waiver and will be reviewed every 6 months with any adjustments recorded and reported to the Division of Medical Services by the CPC. Waiting lists may be used in the provision of MH/DD services to those consumers who are entering the MH/DD system for the first time (transitioning school/home into adult services) in order to stay within the County Management service funding plan. Alternative, contemporary services will be offered to those consumers and/or family members with notification presented to the consumer, quarterly, indicating placement on the waiting list and the estimated length of time to be expected. The CPC will re-assess interest and continued need, also on a quarterly basis. [Return](#)

## **QUALITY ASSURANCE**

*441-25.13(1q) Quality improvement process providing for ongoing and periodic evaluation of the service system and of the provider's of services and supports in the system.*

The Van Buren County Management Plan will ensure that a quality improvement process is in place and receives ongoing maintenance through the efforts of the Van Buren County MH Advisory Council (Stakeholder group).

The intent of Van Buren County is to measure the quality of the established and funded system and the quality of the services and supports being purchased. Techniques to measure these are through consumer and provider satisfaction surveys presented through the CPC process, access points, and consumer/family groups. The development and implementation of the quality assurance process and the ongoing evaluation of the system will be the primary role of the Van Buren County Advisory Stakeholder Group with additional input from consumers and family member focus groups.

The MH/DD Advisory Council will focus on developing strategies to measure quality through evaluation of consumer satisfaction with accessing the system, and the satisfaction of the services and supports that the consumer receives. Patterns of service utilization should be reviewed annually as well as determining whether the services received are individualized or are generalized in a group dominated service. Surveys will be carefully constructed to ascertain consumer satisfaction with services, to include whether or not the consumer is being heard and if their needs/desires are being met. The surveys can also measure the quality of provider services and supports.

Case management services will present bi-annual reports on each consumer to the county CPC and Advisory Council indicating the consumer's success rate/progress in achieving goals and objectives as identified in ICP's, which will also evaluate the quality of the provider's support and services.

The CPC will keep record of the number and disposition of the appeals of all county funded providers and the actions and implementation of corrective action plans through an annual report process. The CPC/Advisory Council will accumulate data from providers to measure cost effectiveness of the services and supports developed and provided as in accordance with the provider contracts as well as the provider's satisfaction with the current county management system approach. [Return](#)

## **COLLABORATION**

*441-25.13(1r) Collaboration with other funders, service providers, consumers and their families or authorized representatives, and advocates.*

Van Buren County will continue to coordinate, effectively, with other resources serving Van Buren County. There will be an ongoing process to include primary agencies in the MH/DD Advisory Council in order to open lines of communication and initiate enhanced delivery of services. Currently, the county, local supported employment program, and DVRS are working with the school systems and the AEA within the county, to develop an effective transitioning program for all special needs students, to promote community based, integrated,

vocational, and residential services. The RCF local facility has obtained certification to provide HCBS/SCL and Respite. The local Public Health Department is a certified HCBS waiver agency for in-home and nursing components.

A unique collaboration of agencies and institutions has been active in Van Buren County since the Flood of '93 when it became apparent that there was a need for joint decision making from all agencies in order to provide unduplicated services and funding assistance to the entire county. Since that time, the group has been called the Human Resource Council, consisting of a pool of 35 institutions meeting monthly. Their mission statement is as follows:

To provide a strong, accessible support system for the people of Van Buren County by sharing information and energy and by cooperating in joint projects that maximize member assets and avoid duplication of services. The Council also serves as a Visionary Board for the following: Federal Food & Emergency Shelter Program, Van Buren County Decategorization Project, VBCo Public Health Needs Assessment and Innovation Zone.

The CPC was involved in the formation of the Lee/Van Buren County Decategorization Child Welfare Plan and will work to maintain coordination efforts to meet the needs of all consumers. In conjunction with the Decategorization initiative, the CPC has also been involved with the Lee/Van Buren County planning group for Family Preservation Grant funds through the Iowa Department of Human Services and the innovation zone. Through collaborative team efforts of Lee and Van Buren County, the general directory of services was published and is now available to the public. Through the combined efforts of the Decat and Family Preservation committees, a Community Assessment Survey Questionnaire was completed with data presented and made available to the public. A collaborative grant writing effort took place in January 1998 with Decat, Human Resource Council members, CPC, and the three school districts in Van Buren County. The intent of this grant was to develop a Family Resource Center; through school based youth services funds, at each school that will offer an array of school and human service related supports. Van Buren County was awarded \$200,000 annually for the next confirmed two years with re-application opportunities thereafter. Family Resources Centers have been developed in each school system with coordinators in place. The primary mission statement is to provide services within the school system to address student and family issues, including great emphasis on mental health and early intervention type strategies. Bridgeway is working collaboratively with the Van Buren County Schools and Family Resource Centers to provide school based mental health services through the CMHS Block Grant Funds. The CPC is also an alternate on the Lee/Van Buren County Empowerment board and an advisory board member for the Van Buren County Continuous Family support system project funded by empowerment funds.

**Collaboration with the Courts:** Van Buren County will keep an ongoing, communicative approach with the court system to update and educate when changes occur. The Judicial Hospitalization Referee will be kept informed of the County Management Plan and changes as well as the status of the County Management budget, on a monthly to quarterly basis. The CPC will keep the court system educated on alternative services as they are developed and will make the Van Buren County and Lee County Directory of services available to all key personnel. The CPC will continue to investigate comments by the court to provide stabilization and management to divert hospitalization, on the local level.

Van Buren County Community Services currently interfaces with other services and supports. The consumers routinely access a variety of services which are not funded by or under the control of the County Community Services Department. These include:

- Income assistance: SSI, FIP, Food Stamps, Social Security
- Housing assistance
- Employment assistance, i.e. access to vocational rehabilitation
- Transportation
- Education (special and adult)
- Court Services
- Public Health

- Juvenile services (empowerment, decat, school based youth services, juvenile justice)

The Van Buren County Community Services Department currently includes the following services:

- General Assistance for primary treatment, medications, utilities, rent, food, transportation, and funeral expenses
- Project Director for the DVRS/County Cooperative Agreement Supported Employment program
- Substance Abuse payment for hospitalization, court/legal cost and referral
- Coordination of mental health services and funding
- Juvenile detention and transportation
- SBYS, Empowerment Board project – Continuous Family Support Service and NEST

Van Buren County will obtain written agreements with those agencies that are interfaced. Those agreements should identify:

- Mission statement regarding the MH/DD services
- Roles and responsibilities of each party in terms of delivering services and producing quality services, satisfaction, and positive outcomes
- Methods for each agency to access services from each other
- General protocols to enhance the delivery of service to all consumers [Return](#)

### **THE ONGOING EDUCATION PROCESS**

*441-25.13(1s) Provide education on planning process, intake, and service authorization process to the community.*

Van Buren County CPC will submit any notification of major changes in the management plan in a news article format. All access points will also be notified of changes in writing or through stakeholder advisory council interaction.

Through the Lee/Van Buren County Family Preservation committee, county directories have been updated and distributed that include all agencies and service types in each county.

Through the CPC process, a vital link to the community, providers, and consumers has taken place. It appears that the public is well informed of the process for receiving services through personal contact with the CPC as well as access points informing and referring to appropriate services through the single entry point process.

The CPC administrator will continue to be actively involved in the IEP process and promote/educate students and teachers in the school system to the services available to Van Buren County consumers. The CPC works with counselors, AEA work experience, multi-occupation instructor, Vocational Rehabilitation Services, and special needs teachers in each of the schools to identify transitioning needs for those students who will meet the eligibility requirements as stated in the management plan. The CPC will continue to assist with a team effort to seek funding streams that will encourage more mental health services for early intervention and prevention in the school system. The CPC will advocate for a “Family Resource Center” model in each school system that will provide comprehensive mental health/substance abuse education, prevention, early intervention, family/parental involvement and strengthening and general public awareness of mental health and family/children issues.

The Van Buren County MH Advisory Council will meet on a regular quarterly basis as a stakeholder and quality assurance review team as well as educating and updating the group on changes. The CPC meets informally with the consumers of the Advisory Council on a monthly basis to discuss mental health issues and personal concerns as well as focusing on positive lifestyles and behaviors. Many management plan goals and objectives are formulated to present to the Stakeholder Advisory group. [Return](#)

**441-25.13(2) Plan Administration Section: The Plan Administration section of this manual shall describe, but shall not be limited to, the following:**

**APPLICATION (INTAKE) PROCEDURE**

*441-25.13(2a) Application process*

Individuals or their representatives may apply for services at any one of the designated intake points, CPC office or Access Points (set out in Appendix E). Intake staff at any of the designated access points may also independently identify individuals potentially eligible for county services, and may offer them an intake and referral.

Once an individual or their representative has been referred for intake, the intake staff will conduct a screening using the appropriate application form. The intake form is then forwarded to the CPC of the county of residence by the end of the working day.

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 to Iowa Code, the services and other supports for the person shall be authorized by the county of residence in accordance with the county of legal settlement’s waiting list provisions.

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

Within ten days of the time a completed application is received, the CPC office will provide a written notice of decision issued on a form specified by the CPC Administrator. This will spell out reason for denial, if applicable, and appeal rights. It will be issued by the entity approving or denying the service. This will not prevent provision of emergency services as otherwise specified. Services necessary to address immediate needs for stabilization and support will be initiated as soon as possible.

Access points will be open during normal working hours (8:30 AM – 4:30 PM), and may have such other evening and weekend hours as they choose. Emergency hospitalization will be available for intake on a 24 hour, 365 day basis. [Return](#)

**ELIGIBILITY DETERMINATION**

*441-25.13(2b) Criteria used to authorize or deny funding for services and supports.*

You can receive services from the Van Buren County Mental Health Services fund if you meet our four (4) eligibility requirements:

1. The first requirement is that you have a professionally diagnosed disability covered by the County Management Plan. We currently only cover persons with a diagnosis of:
  - a. Mental Illness – persons who have a current diagnosis of a mental illness as defined in the Diagnostic and Statistical Manual, including but not limited to:
    - Schizophrenia
    - Major Depression
    - Manic Depressive (bipolar) Disorder
    - Adjustment Disorder

## Personality Disorder

- b. Chronic Mental Illness – persons age 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. Persons with Chronic Mental Illness will typically have histories that meet at least one of the treatment history criteria and at least two of the functioning history criteria:

### **Treatment History Criteria**

Have undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime

Have experienced at least one episode of continuous, structured supportive residential care other than hospitalization

### **Functioning History Criteria**

Are unemployed, employed in a sheltered setting, or have markedly limited skills and a poor work history

Required financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help

Show severe inability to establish or maintain a personal social support system

Require help in basic living skills

Exhibit inappropriate social behavior which results in demand for intervention by the mental health or judicial system

- c. Mental Retardation – persons with mental retardation have 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 score of approximately 70-75 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, and

Deficits in adaptive behavior, defined as the effectiveness or degree with which individuals meet the standards of persons independence and social responsibility expected for age and cultural group

- d. Developmental Disability - persons with developmental disabilities have severe, chronic conditions that:
- A. Are attributable to a mental or physical impairment or combination of mental and physical impairments
  - B. Are manifested before the person attains the age of 22
  - C. Result in substantial functional limitations in three or more of the following areas of major life activities

Self care

Receptive and expressive language

Learning

Mobility

Self-direction

Capacity for independent living  
Economic self-sufficiency

D. Reflect the person's need for a combination and sequence of special, interdisciplinary or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children, means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

Note: Services available under developmental disabilities are only those services as mandated by the State of Iowa – nonfederal share of entitlement services only.

2. The second requirement towards becoming eligible include completion of a signed application in order to begin the process of determining eligibility for county funded mental health services by determining county of legal settlement. You can do this at the county CPC office at the Courthouse in Keosauqua, at any one of the providers or access points set out in Appendix E, or request an application be mailed out. The CPC Administrator can assist with completion of the application and make referrals to other resources available for assistance. A friend, family member, or other persons familiar with personal matters are allowed to attend all visits to the CPC office.

You will be asked to provide information about your disability, health, education, work history, income, benefits, insurance, and other matters. The application will also request 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 Van Buren County has the responsibility to pay for the services and supports for which you qualify. A copy of the application can be found in Appendix A.

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 a release form that will 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 can be found in Appendix F.

3. The third requirement is that you meet our income and resource financial eligibility guidelines.

**Maximum income guidelines allowed:** Income should not exceed 150% of the Federal Poverty Level guidelines. All client participation amounts will be subtracted from income in determining eligibility for other requested services. Sliding fee scales will be utilized by providers according to income and family size. Services will not be funded unless the need exists for that service, is provided in the most cost effective manner available to meet the needs of the consumer, and is pre-authorized by the county.

Note: "Income" means cash received by the household from all sources. If employed, this means gross income less mandatory deductions. For the self-employed, income includes net receipts (income after deductions for business or farm expenses). Also included are capital gains, tax refunds, gifts, lump sum inheritances, one-time insurance payment, compensation for injury, or non-cash benefits.

**Maximum resource guidelines allowed:** Resources should not exceed \$2,000 for a single person, \$3,000 per married couple. In general, the home is not counted if the person, spouse or dependent relative is living in it. The

value of one vehicle is not counted if it is used by the household for transportation to a job or to a medical provider or if modified for use by a handicapped person. If a vehicle is not one of the types listed, only the portion of the current market value which exceeds \$4,500 may be counted as a resource.

**Definitions:**

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

**Liquid assets:** 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, IRA's, CD's and other investments.

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

**Countable value:** The equity value of that resource. The equity value 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 (see below), the countable value of all resources shall be considered in determination of financial eligibility.

Resource exemptions shall be as follows:

- The homestead: equity in a family home or farm, which is used as the applicant household's principle place of residence. This includes all land that is contiguous to the home and the buildings located on the land.
- One automobile used for transportation
- Tools of an actively pursued trade
- General household furnishing and personal items
- Burial spaces
- Cash surrender value of life insurance with a face value of less than \$1,500 on any one person
- Any resource determined excludable by the Social Security Administration as a result of an approved SSA work incentive
- If a person does not qualify for federal or state funded services and other support but meets all income, resource and functional eligibility requirements of this Section, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:
  - A retirement account that is in the accumulation stage
  - A medical savings account
  - An assistive technology account

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

Van Buren County will be considered payer of last resort. Private insurance, Veterans or Title XIX coverage must be applied for or used prior to qualifying for county payment. The county will not pay costs which are deemed excessive by other private or governmental insurers. Nothing in this plan shall supersede the county's responsibility to pay for services under Iowa Code, Chapters 229, 230, and 232, so long as the provision of those statutes are otherwise complied with by DHS and its contracted mental health subcontractors.

Recovery of any county funded services will follow the current poverty level guidelines at 150%.

4. The last requirement for eligibility is that the request is a covered service or support in the County Management Plan. [Return](#)

## **NOTICE OF DECISION**

*441-25.13(2c) Initial decision to approve or reject the application or to gather more information.*

After we review the application information, we will decide whether or not you are eligible for county services and funding or make a request for additional information. If you meet the four eligibility requirements, you are entitled to receive county funding. A Notice of Decision, see Appendix B, will be sent to you, within five (5) business days after determining eligibility, which explains how and why we made that decision. If you are not eligible, you will receive an explanation of why the request was denied. If you are placed on a waiting list due to funding availability, the notice of decision shall include an estimate of how long you are expected to be on the waiting list. If there are any changes to the requested funding, these changes will be notated on the notice of decision. Also included in the notice of decision will be any referrals to other resources or agencies that might be able to assist you or provide the services and funding that we cannot. Attached to the notice of decision will be an outline of the appeal process should you disagree with all or part of the decision. [Return](#)

## **REFERRAL**

*441-25.13(2d) Description of referral process for other services and supports, service coordination, or clinical assessment.*

After the initial enrollment and eligibility approval, the CPC may refer you, if you agree, to a case management or service worker for completion of the planning process. The CPC will be notified of any additional service needs described in the planning process. The CPC will also review the additional funding requests and notify the case manager/service worker and consumer/family member of the service authorization by sending out a notice of decision approving or denying the additional request within five (5) working days from receipt of the plan for services. If, at any time, there is a change in any county funded service, a notice of decision will be sent to the consumer or legal representative.

Once you have been enrolled as an eligible consumer, the CPC will determine whether he/she can handle the request or if a referral needs to be made to a case manager or service worker, especially if an assessment for service needs is determined. If it is apparent that the request is minimal and short in duration, the CPC may coordinate the service.

If you have been referred to case management through an access point, meet threshold criteria, and have a need for case management, the case manager may prepare an ICP and authorize non-county funded services but will notify the CPC for enrollment and service authorization of any additional county funded services, through submission of the ICP. The CPC will review the Enhanced Service Report for Title XIX case management and the legal settlement worksheet, approve if the consumer meets the criteria for case management services and submit to the DHS office for system entry.

If the CPC determines that the request is appropriate, he/she must ensure that the service or support is covered in the County Management Plan and funds are available. If funds are limited or unavailable, the case manager or service worker will request an amendment to the ICP to reflect the limited funding and present service alternatives where funding is available. You may be placed on the waiting list at this time. All efforts will be applied to provide appropriate, contemporary, and cost-effective services to individuals within the constraints of the County Management Plan and budget.

The CPC will notify the consumer with a notice of decision within 5 days of the initial request for service authorization, explaining the decision and the criteria used to make the decision. If the ICP is amended to reflect changes with the consumer's/family member's consent, the consumer will be sent another notice of decision indicating the changes, reasons for the changes, and how the consumer can re-apply for those services that were

unavailable due to lack of funding. The appeal process will be included with the notice of decision outlining the consumer's right to appeal.

Individuals requesting emergency/crisis services from the Community Mental Health Centers may receive an application for county services and receive up to 5 encounters by the mental health center clinical staff without prior service authorization from the county. The application for county funded services completed on intake will be forwarded to the CPC by the end of the working day for enrollment. If longer services or additional county funded services are indicated, the CMHC clinical staff will prepare a service plan and submit it to the CPC for funding service authorization. The CPC may also elect to refer the individual to appropriate services such as case management, etc. If case management is indicated, the CPC will make the referral for any additional assessments and ICP planning. [Return](#)

## **CONSUMER PLAN DEVELOPMENT**

*441-25.13(2e) Role of the service coordinator in consumer plan development and how the service coordinator will interface with the CPC.*

If you are eligible for Enhanced Case Management services through your Title XIX coverage, you will be referred to a case manager conveniently located to your residence. The case manager will assist you in your plan development and will work with the CPC for funding of appropriate services. If a review of the service request is deemed necessary by the CPC, a qualified professional shall do the review. [Return](#)

## **REQUEST FOR FUNDING**

*441-25.13(2f) Process and format for a funding request.*

The CPC will review funding requests as presented in the individual case plan (ICP) through the case manager, CPC, state/county service worker, or designated access points (Appendix E). The CPC will ensure that the requested funds are available and that the service identified is included in the matrix of services (Appendix C) provided by Van Buren County. The CPC will then submit a funding agreement to include the provider's name, number of units authorized, fee per unit, and client co-pay amount. The funding agreement will also include the start and end date of the funding authorization. This document will be sent to both you and the provider. [Return](#)

## **SERVICE FUNDING AUTHORIZATION**

*441-25.13(2g) Criteria for authorization of funding and timeline for responding to the request.*

Van Buren County can fund only those services and supports set out in the County Management Plan/Policies and Procedure Manual for the mental health population groups per eligibility guidelines. All services funded through Van Buren County will receive funding authorization from the CPC who hold a BSW and has approximately 20 years of experience working in the mental health field.

You must be enrolled in the mental health services system by completing the application, meeting income, diagnosis, and legal settlement guidelines. All access points (Appendix E) will forward your completed application to the CPC as the county residence by the end of the working day. If your county of legal settlement is different than your county of residency, you will be referred to the CPC Administrator of residency with a copy of your application sent to your county of legal settlement. If you have lived in another state before coming to Iowa, your application will be sent to the Department of Human Services office in your county of residency. The CPC's from the county of residency, settlement, and/or State will make contact and decide who will take responsibility for your request for service and funding. The CPC is the only access point that can enroll you into the system if there is a questionable county of legal settlement, unless you are in a crisis or emergency situation at which time the enrollment process will be postponed until the situation has become stable.

Thereafter, the CPC will be notified prior to any changes in your funding or service needs either by the case managers or the providers. You should expect to receive a notice of decision on any initial funding requests or funding changes within 5 working days of the request. [Return](#)

## **SERVICE AND COST TRACKING**

*441-25.13(2h) System description for tracking services, supports, and payments made on behalf of all approved consumers.*

Van Buren County uses the County Management Information System (COMIS) to track services, supports, and any payments made on behalf of approved consumers. This tracking system provides an unduplicated count and expenditure data on all persons enrolled in the Van Buren County mental health services system. This system also records all information on the CPC application and includes denials of services and supports as well as indicating the denial reasons. [Return](#)

## **SERVICE MONITORING**

*441-25.13(2i) Process outline of service and funding monitoring.*

After you receive services, the county CPC will continue to work with you to make sure that your services and supports continue to meet your changing needs. We will review your case at least annually to make sure your services are appropriate and to re-authorize funding for the upcoming service period. We welcome your suggestions and comments on how we can better serve you and others in our community. You may receive a questionnaire each year to complete and return to the county which will ask your opinion on providers and county funded services. Feel free to contact us if you have questions, complaints, or compliments about us, your providers, or anyone else involved in our county's mental health and developmental disability service system. [Return](#)

## **APPEALS**

*441-25.13(2j) Process for appealing the decisions of the county or its agent.*

The purpose of this section is to describe in detail how MH/DD 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 stage of the appeal process.

We do our best to make sure that applications are completed and decisions are made as quickly as possible. Decision notices will be mailed to you and your providers. Emergency services are to be provided immediately with the funding decisions 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.

Appeals rights and protocols are explained in greater detail in Appendix G. Your personal information will remain confidential at every stage of the process. All persons involved in the appeals process will receive training on the legal and practical safeguards that apply to personal, mental health, and other information/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 lead 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.

Every decision regarding eligibility services or funding will be issued in writing on a Notice of Decision form shown in Appendix B. The first page of this notice will explain the:

- Date decision was made
- Date appeal must be filed
- Person or office from which the decision was made
- Person or office who will hear and decide any appeal
- Type of funding or service requested
- Complete list of services and supports requested
- Cost of each service and support
- Action taken on the request including
  - Services approved, partially funded, or denied
  - Effective date of the funding
  - Consumer's financial contribution, if any
  - Estimated length of time a consumer must wait to receive services when the consumer's name is place on a waiting list
- 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

Attached to the Notice of Decision will be an Appeals Process form, see Appendix G, which summarizes the appeals process. We recommend that you review the Notice of Decision on the day of receipt. Read both sides of the document carefully and immediately notify the CPC of any questions you may have. It is important that you react in a quick manner in order to preserve your right to challenge the decision. [Return](#)

### **441-25.13(3) ANNUAL REVIEW**

Van Buren County shall prepare an annual review for the county stakeholders, Department of Human Services, and the state county management committee. The annual review shall be submitted to Department of Human Services for informational purposes by December 1 beginning in 2000 and continuing annually thereafter. The annual review shall incorporate an analysis of the data associated with the services managed during the preceding fiscal year by Van Buren County. The annual review shall include, but not be limited to:

- Progress toward goals and objectives
- Documentation of stakeholder involvement
- Actual provider network
- Actual expenditures
- Actual scope of services
- Number, type, and resolution of appeals
- Quality assurance implementation
- Findings and impact on plan
- Waiting list information

The process for the development of the plan shall involve the various stakeholders in the process in a meaningful way. These stakeholders shall include, but are not limited to, consumers, family members, county officials, and providers. These stakeholders shall review the Van Buren County Mental Health Management Plan at least annually in a formal meeting coordinated through the Central Point of Coordination Administrators office. Surveys received from consumers, guardians, and providers are reviewed with a priority list of needs and strengths developed from those results. Strategies will be developed and written into the new plan for implementation. Previous strategies will be reviewed and continued or deleted under stakeholder direction.

A public hearing is held annually prior to submitting the plan to the State county management committee for review by April 1 for the fiscal year beginning on July 1, 2000 and will continue annually.

Amendments to the manual shall be submitted to Department of Human Services at least 45 days prior to the date the county wishes to implement the change. The Director of Human Services must approve the amendment to the manual if an amendment substantially changes a county's policies and procedures. [Return](#)

#### **441-25.13(4) THREE YEAR STRATEGIC PLAN**

The process for development and approval of the three-year strategic plan will be as follows:

The CPC will meet with consumers, family, and community persons at least quarterly. Mental health issues and concerns will be discussed and documented for future reference in formal stakeholder meetings. The Van Buren County Board of Supervisors will be updated on a regular basis. Questionnaires may be circulated to consumers and providers as part of the quality assurance process. The CPC will also serve on committees within the community to continue sources of referral and intervention strategies for mental health, juvenile, and substance abuse issues as well as being involved, through frequent contact, with early intervention programs to seek contemporary collaborative approaches and new funding streams. The mental health services system of Van Buren County identifies early childhood programs and school based interventions as a solution to growth in mental health issues, substance abuse, and juvenile offenders. All of these components are included for the development of the strategic plan for mental health services for Van Buren County.

The Van Buren County Board of Supervisors and the public hearing process will approve the three-year strategic plan for Van Buren County prior to submission to the State County Management Committee. See Appendix H for current strategic plan. [Return](#)

APPENDIX  
A  
APPLICATION

# VAN BUREN COUNTY COMMUNITY SERVICES

## Central Point of Coordination Application

Van Buren County Courthouse  
 Box 475 – 404 Dodge Street  
 Keosauqua, Iowa 52565  
 Phone: 319-293-3793 - Fax: 319-293-6335



### APPLICANT INFORMATION

TODAY'S DATE:

**NAME:**  
**ADDRESS:**

**PHONE:**  
**SOCIAL SECURITY NUMBER:**  
**BIRTHDATE:**

**COUNTY:**

**GENDER: Male**  **Female**

**STATE ID, IF YOU HAVE ONE:**

### ETHNICITY (check one):

Unknown  White, not Hispanic  African American, not Hispanic  American Indian   
 Asian or Pacific Islander  Other (e.g. Biracial, Sudanese, etc.)

### LIVING ARRANGEMENT

Lives alone  Lives with relatives  Lives with person unrelated

### RESIDENTIAL ARRANGEMENT

Private Residence  State MHI  State Resource Center  CSALA  
 Foster Care/Family Life Home  RCF  RCF/MR  RCF/PMI  
 ICF  ICF/MR  ICF/PMI  Shelter  
 Correctional Facility  Other

### MARITAL STATUS

Single  Married  Divorced  Separated  Widowed

### SPOUSE/SIGNIFICANT OTHER

Name: Relationship:  
 Total Number in Household:

### OTHERS IN HOUSEHOLD (List additional household members on additional paper if more than four)

NAME	RELATIONSHIP	BIRTHDATE

**LEGAL GUARDIAN**

Self  Other  Guardian  Conservator  Payee

Guardian Name:  
Phone:

Address:

**EDUCATION**

Grade School  High School  Trade/Technical  College (16+)

Name of School if currently attending: Full-time  Part-time

**VETERAN STATUS**

Yes  No  Branch: Dates:

**REFERRED BY**

Self  Local DHS  Public Health Nurse  Sheriff/Police  Private Agency   
Family or Friends  Case Manager  General Relief  Doctor/Clinic

**LEGAL STATUS**

Voluntary  Involuntary, civil commitment  Involuntary, criminal commitment

**SERVICES CURRENTLY RECEIVING**

TYPE (Mental Health or Substance Abuse)	PROVIDER	CITY	FROM	TO

**FINANCIAL INFORMATION (List current monthly income and resources for ALL household members and identify who has that income)**

Type of Income	Person(s) Receiving Income	Amount/Frequency	Type of Resource	Person(s) Receiving Resource	Amount
Employment Wages		\$ per	Cash on Hand		\$
Public Assistance		\$ per	Checking		\$
Social Security		\$ per	Savings		\$
Social Security Disability		\$ per	Stocks/Bonds		\$
SSI		\$ per	CDs		\$
Veterans Benefits		\$ per	Trust Fund(s)		\$
Railroad Pension		\$ per	Property		\$
Child Support/Alimony		\$ per	Other		\$
Dividends/Interest		\$ per	Other		\$
Other		\$ per	Other		\$
TOTAL INCOME		\$ per	TOTAL RESOURCES		\$

**EMPLOYMENT STATUS**

Unemployed, looking for work  Unemployed, not looking for work  Employed F/T  Employed P/T   
 Retired  Student  Work Activity  Sheltered Work  Support Employment  Vocational Rehabilitation   
 Other

**EMPLOYMENT HISTORY (List from current or most recent to previous)**

EMPLOYER	CITY, STATE	JOB TITLE	FROM	TO

If unemployed and you have no source of income listed above, please explain how you are managing to live, pay your utilities, buy food, etc:

NOTE: You will need to provide proof of income that can include pay stubs, income tax returns, verification statement from employer, etc.

**SERVICES/ASSISTANCE REQUESTING**

Housing  Employment/Skill Development  Transportation  Substance Abuse Treatment   
 Health Care  Financial Support  In-home Services  Personal Assistance  Education   
 Family Support  Case/Service Management  Other (please describe):

**HEALTH INSURANCE**

Self-insured  Insured by Employer  Medicare  Medicaid  No Insurance

Policy Number: \_\_\_\_\_ Company Name: \_\_\_\_\_

<p><b>NOTE FOR MENTAL HEALTH CENTER/PSYCHIATRIST/HOSPITAL REQUESTING SERVICES</b></p> <p>APPLICANT'S NEED FOR ASSISTANCE (must have before approval by CPC)                  Substance Abuse and/or Mental Health Diagnosis as determined by Mental Health Center                  (Code/Name): _____</p> <p>_____</p> <p>DETERMINATION MADE                  BY _____ TITLE _____</p>
--

**IMPORTANT! PLEASE READ BEFORE SIGNING**

Your signature below signifies the information included in this application is true and correct. I do solemnly swear or affirm that the above information is true and correct. I do further authorize the County Central Point of Coordination Administrator to investigate and verify this information, if needed.

\_\_\_\_\_  
Applicant or Legal Representative's Signature

\_\_\_\_\_  
Date

AUTHORIZATION - CPC MAY USE Social Security Number as a unique identifier: Yes  No

**NOTE: DO NOT WRITE IN THE SPACE BELOW – FOR CPC USE ONLY**

UNIQUE ID#: \_\_\_\_\_ DATE CONTACTED: \_\_\_\_\_ COUNTY OF LEGAL SETTLEMENT \_\_\_\_\_

DISABILITY GROUP-PRIMARY DX: MI  CMI  MR  DD  SA  OTHER

DETERMINATION: ACCEPTED  DENIED  FUNDING SECURED: YES  NO

DATE OF DECISION: \_\_\_\_\_ DATE NOD SENT \_\_\_\_\_

IF DENIED, REASON:

OVER INCOME GUIDELINES  DOES NOT MEET COUNTY PLAN CRITERIA  OTHER COUNTY LEGAL SETTLEMENT

DOES NOT MEET DX GROUP CRITERIA  IF NOT, WHAT IS DX (FROM ABOVE)

DOES NOT MEET SERVICE PLAN CRITERIA  APPLICANT DESIRES TO STOP PROCESS

OTHER (please describe)

\_\_\_\_\_

OTHER REFERRALS (DHS, TCM, OTHER)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME/TITLE OF CPC STAFF MAKING DETERMINATION & DATE

[Return](#)

APPENDIX

B

NOTICE OF  
DECISION

**VAN BUREN COUNTY CENTRAL POINT OF COORDINATION (CPC)  
Notice of Decision**

**Date:**

**From:**

Van Buren County Community Services  
Karen Riggle, Director  
Courthouse-404 Dodge Street  
PO Box 475  
Keosauqua, Iowa 52565-0475  
Ph: 319-293-3793 – Fax: 319-293-6335  
Email: [kriigle@vbcoia.org](mailto:kriigle@vbcoia.org)

**To:**

**Service(s) Requested:**

- Eligibility Determination
- Funding/Services Request
- Review or appeal of previous decision
- Other:

**Decision:**

- Eligible
- Funding/Services Approval
- Partial Funding
- No Action Taken and/or Pending
- Not Eligible
- Funding/Services Denied
- Waiting List (Mental Health only)
- Other:

**You requested that we determine your eligibility and/or fund the following supports and/or expenses:**

---



---

We approved your request effective \_\_\_\_\_ to \_\_\_\_\_.

Services/Expense approved for payment is as follows:

Support/Expense	Provider/Vendor	Cost

We denied your request or have reached our decision due to the following reason: \_\_\_\_\_

No action taken and/or decision is pending for the following reason: \_\_\_\_\_

You have been approved but placed on a waiting list for the following services:

Service: \_\_\_\_\_ Estimated length of time: \_\_\_\_\_

In reaching our decision, we used records and/or information from: \_\_\_\_\_

Comments: \_\_\_\_\_

**Notice:** This is not a bill. If you have any questions or need more information, please call us at the above listed phone number when you receive this notice. If you do not agree with this decision, you have the right to appeal any part of this decision. Please see the reverse side or attached sheet for the established appeals process.

\_\_\_\_\_  
CPC/Designee Title Date

Cc: \_\_\_\_\_

# APPENDIX C

## MATRIX OF SERVICES AND ELIGIBILITY GROUPS

## MATRIX OF SERVICES AND ELIGIBILITY GROUPS

<b>SERVICE TYPE</b>	<b>PERSONS WITH MENTAL ILLNESS</b>	<b>PERSONS WITH CHRONIC MENTAL ILLNESS</b>	<b>PERSONS WITH MENTAL RETARDATION</b>	<b>PERSONS WITH DEVELOPMENTAL DISABILITIES</b>
MHI	YES	YES	NO	NO
Attorney Fees	YES	YES	YES	NO
MH Advocate	YES	YES	NO	NO
Sheriff Transportation	YES- commitment	YES- commitment	YES- commitment	NO
Crisis Service	YES	YES	YES	NO
Case Management	NO	YES- 100% County	YES	YES
Outpatient Services	YES	YES	NO- unless DSMIV	NO
RCF-MR	NO	NO	YES	NO
RCF	NO	YES	YES	NO
ICF-MR	NO	NO	YES	YES-if mandated
CSALA	NO	YES	YES	NO
Adult Day Program	NO	NO	YES	NO
HCBS Waiver Services	NO	NO	YES	NO
Supported Employment	NO	YES-2 yr max	YES-2 yr max	NO
Sheltered Work	NO	YES-2 yr max	YES-2 yr max	NO
Transportation for work	NO	YES	YES	NO

POPULATION GROUP: **Mental Illness**

COA	SERVICE TYPE	THRESHOLD ELIGIBILITY STANDARD	FINANCIAL ELIGIBILITY STANDARD	SPECIAL CLINICAL CRITERIA	UTILIZATION REVIEW PROCESS
<b>40</b>	Treatment Services				
41-	Physiological Treatment				
41-306	Prescription Medications	MI	150% poverty-sliding fee	Psychotropic meds w/DSMIV diagnosis	Monthly CPC review & re-authorization
42-	Psychotherapeutic				
42-305	Outpatient	MI	150% poverty-sliding fee	DSMIV diagnosis	CPC pre-authorization
44-	Rehabilitative Treatment				
44-396	Community Support	MI	150% poverty-sliding fee	DSMIV diagnosis	CPC pre-authorization & review q month
50-	Vocational & Day Services				
50-364	Job Placement	MI	150% poverty-sliding fee	DSMIV diagnosis	CPC pre-authorization & review q month
50-368	Supported Employment	MI	150% poverty-sliding fee	DSMIV diagnosis	CPC pre-authorization & review q month
71-	Institutional Hospital & Commitment				
72-319	State Mental Health				
73-319	Inpatient	MI	150% poverty voluntary or commitment, uninsured	DSMIV diagnosis & per pre-screen, commitment	CPC pre-authorization & review q 10 days
74-	Commitment				
74-300	D & E related to a commitment	MI	150% poverty	Court commitment	NA
74-393	Legal Representation	MI	150% poverty	Court commitment	NA
74-353	Sheriff Transportation	MI	150% poverty	Court commitment	NA
74-395	MH Advocate	MI	150% poverty	Court commitment	NA

**POPULATION GROUP – Chronic Mental Illness**

<b>COA</b>	<b>SERVICE TYPE</b>	<b>THRESHOLD ELIGIBILITY STANDARD</b>	<b>FINANCIAL ELIGIBILITY STANDARD</b>	<b>SPECIAL CLINICAL CRITERIA</b>	<b>UTILIZATION REVIEW PROCESS</b>
<b>41</b>	Coordination Services				
21-374	Case Mgmt Services	CMI-non T19 eligible	150% poverty-medically needy, sliding fee	DSMIV-choice, short term for stabilization & coordination	CPC referral with review for need & authorization monthly
21-375	Case Mgmt – 100% County				
41-	Treatment Services				CPC authorization per month
41-	Physiological Treatment				
41-306	Prescription Medicine	CMI	150% poverty-medically needy, sliding fee	DSMIV-Psychotropic prescriptions only	CPC pre-authorization with review each month
42-	Psychotherapeutic Treatment				
42-305	Outpatient	CMI	Non insured-sliding fee	DSMIV diagnosis	
44-	Rehabilitative Treatment				
44-396	Community Support	CMI	Non MHAP-sliding fee	DSMIV diagnosis	CPC authorization per month
50-	Vocational & Day Services				
50-364	Job Placement	CMI	150% poverty-sliding fee	DSMIV diagnosis-DVRS eligible	CPC review/authorization q 2-4 weeks
50-368	Supported Employment	CMI	150% poverty-sliding fee	DSMIV diagnosis-DVRS eligible	CPC authorization per q month
60-	Licensed/Cert. Living Arrangement				
63-	Community Based 1-5 Beds				
63-310	CSALA	CMI	150% poverty-sliding fee	DSMIV-needs limited support & supervision	Case Mgmt ICP & quarterly CPC review (3-6 month authorization)
65-	Community Based over 16				
65-314	RCF	CMI	150% poverty-sliding fee	DSMIV-needs 24 hr supervision	CPC review (6-12 month authorization)
65-316	RCF/PMI	CMI	150% poverty-sliding fee	DSMIV-needs 24 hr supervision & psychotherapeutic intervention	Case Mgmt ICP & monthly CPC review (3 month authorization)
70-	Institution, Hospital & Commitment				
71-319	State MH Institutes	CMI	Non MHAP certified – Non insured	DSMIV - crisis	CPC Authorization & review every 10 days
74-	Commitments				
74-300	D & E Related to Commitment	CMI	Non MHAP-150% poverty	DSMIV – court ordered	CPC authorization
74-393	Legal Representation	CMI	150% poverty-sliding fee	Court ordered	NA
74-353	Sheriff Transportation	CMI	NA	Court ordered	NA
74-395	MH Advocate	CMI	NA	Court ordered	NA

POPULATION GROUP: **Mental Retardation**

COA	SERVICE TYPE	THRESHOLD ELIGIBILITY STANDARD	FINANCIAL ELIGIBILITY STANDARD	SPECIAL CLINICAL CRITERIA	UTILIZATION REVIEW PROCESS
42	Coordination of Services				
21-	Case Management	MR	T19 eligible-county share	Choice/needs coordination of service	CPC pre-authorization, verification & ICP review
21-374	Case Mgmt – T19 Match				
30-	Personal & Environmental				
31-	Transportation	MR	Sliding fee	For employment or day programming, medical visits	CPC pre-auth & 30 day review for re-auth
32-	MR Support/Adults				
32-325	Respite Care/Adults	MR	Sliding fee-HCBSW/County share w/open slots	IFMC certification guidelines	CPC
32-327	Representative Payee	MR	Sliding fee	SCL level	CPC review q 2 months
32-329	Supported Community Living	MR	HCBS-150% poverty sliding fee	IFMC certification guidelines, needs supervision/support	CPC review of ICP's, budget q 3 months
40-	Physiological				
40-306	Medications	MR	Non insured-sliding fee	Doctor ordered to stabilize	CPC auth x 30 days
50-	Vocational Service				
50-360	Sheltered Work	MR	150% poverty-sliding fee	Need basic skill training & job readiness for limited amt time	CPC pre-auth w/review q 3 mos w/ max of 3 yrs (accumulative)
50-362	Work Activity	MR	150% poverty-sliding fee	Same as above	Same as above
50-362	Job Placement	MR	150% poverty-sliding fee	DVRS eligible or eval by cert provider as employable w/limited support	CPC pre-auth/review outcome/ consumer satisfaction Limited to 3 mos placement attempt
50-368	Supported Employment	MR	150% poverty-sliding fee	DVRS eligible or employable w/limited support	CPC pre-auth/review outcome/consumer satisfaction q 2-3 mos w/hrs down to 2 max by yr 1 & 0 by yr 2
50-367	Adult Day Care	MR	150% poverty-sliding fee	Needs supervision while family works, must include education & ILS	CPC pre-auth & quarterly review of outcome & consumer satisfaction
60-	Licensed/Appropriate Placement				
63-	Community Based 1-5 Beds				
63-310	CSALA	MR	150% poverty-sliding fee	Needs minimal support & supervision	CPC auth w/ 3 mo review of ICP, outcome & consumer satisfaction
64-	Community Based 6-15 Beds				
64-315	RCF/MR	MR	150% poverty-sliding fee	Unable to live in community w/o 24 hr supervision of ADL's, non HCBS approved	CPC pre-auth w/ 6 mo review of ICP, outcome & consumer satisfaction
64-318	ICF/MR	MR	150% poverty-sliding fee, County share or non federal share	Needs extensive 24 hr nursing to meet all needs, pre-screened for HCBSW	CPC pre-auth w/1 yr review of program plan for QA
65-	Community Based over 16				
65-314	RCF	MR	150% poverty-sliding fee	Unable to live in community w/o array of support services, consumer choice	CPC pre-auth w/ 12 mo review of ICP & consumer satisfaction

POPULATION GROUP: **Developmental Disabilities**

COA	SERVICE TYPE	THRESHOLD ELIGIBILITY STANDARD	FINANCIAL ELIGIBILITY STANDARD	SPECIAL CLINICAL CRITERIA	UTILIZATION REVIEW PROCESS
<b>43</b>	Coordination of Services				
21-	Case Management				
21-374	Case Mgmt-T19 Match	DD	T19 eligible-county share of non federal	Choice – needs coordination of service	Consumer satisfaction, CPC pre-authorization based on evaluation & need
60-	Licensed/certified living arrangements				
64-318	Community Based 6-15 Beds	DD	County share of non federal-sliding fee	IFMC eligibility guidelines, MR diagnosis	ICP, outcome, satisfaction, CPC pre-authorization based on evaluation & need

Persons primarily diagnosed as Developmentally Disabled and Brain Injury will be provided county funding of the non-federal share for “entitlement” programs only but will be offered a full array of services when State/Federal funding or funding other than county property tax dollars becomes available to support/fund those services. Van Buren County chooses not to establish payment slots under the HCBS BI waiver at this time as per 441 Chapter 25, IAC 83.82(3).

441-25.16 Any co-payments that may be required shall be related to the ability to pay for services and supports and will comply with the Iowa Liability Law. Any co-payments may be collected by the county.

APPENDIX

D

CONSENT TO  
RELEASE  
INFORMATION



APPENDIX

E

ACCESS

POINTS

AND

PROVIDER

NETWORK

## ACCESS POINTS

AGENCY	INTAKE	ENROLLMENT	SERVICE PLANNING	*SERVICE AUTHORIZATION	UTILIZATION MANAGEMENT	WAITING LIST
CPC	YES	YES	YES	YES	YES	NO
Van Buren County Hospital	YES	NO	NO	NO	NO	NO
Mental Health Institutes	YES	PER CPC COMMIT ONLY	PER CPC COMMIT ONLY	PER CPC COMMIT ONLY	NO	NO
*Outpatient Service Providers	YES	FOR CMHC ONLY	FOR CMHC ONLY	FOR CMHC ONLY-UP TO 3 ENCOUNTERS	FOR CMHC ONLY-UP TO 3 ENCOUNTERS	NO
Case Management	YES	NO	YES	NO	NO	NO
**All other Access Points	YES	NO	NO	NO	NO	NO

### \*OUTPATIENT PROVIDERS

- Rescare
- Southern Iowa Mental Health Center

### \*\*OTHER ACCESS POINTS

- Department of Human Services
- AEA
- Van Buren County Community School District
- Harmony School District
- Van Buren Job Opportunities
- Department of Vocational Rehabilitation Services

<b>PROVIDER</b>	<b>SERVICE</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
<b>OUTPATIENT SERVICES</b>			
Bridgeway, Inc	Crisis hot line	208 Bank Street, Keokuk IA 52632	319-524-3873
ResCare – Life Solutions	Psychotherapy	51 W. Jefferson, Fairfield IA 52556	641-472-5771
Southern IA CMHC	Psychotherapy	110 East Main St, Ottumwa IA 52501	641-682-8772
<b>INSTITUTION/HOSPITAL</b>			
Glenwood State Hospital	Inpatient	711 South Vine, Glenwood IA 51534	712-527-4811
Keokuk Area Hospital	Inpatient hospital	1600 Morgan St., Keokuk IA 52632	319-524-7150
MHI Independence	Inpatient	2277 Iowa Ave, Independence IA 50644	319-334-2583
MHI Mt. Pleasant	Inpatient	1200 E. Washington, Mt. Pleasant IA 52641	319/385-7231
St. Luke’s Hospital	Inpatient hospital	1026 A Ave NE, Cedar Rapids IA 52406	515-362-5111
University of Iowa Hospital	Inpatient hospital	200 Hawkins Drive, Iowa City IA	319-338-0581
Woodward Resource Center	Inpatient	1251 334 <sup>th</sup> Street, Woodward IA 50276	515-438-2600
<b>RESIDENTIAL</b>			
Bridgeway, Inc.	HCBS, SCL, Respite	208 Bank Street, Keokuk, Ia 52632	319-524-3873
Center Village, Inc	RCF, Day program	RR2 Box 149, Keosauqua, Iowa 52565	319-293-3107
Hope Haven Develop Center	RCF, ICF, CSALA,	1819 Douglas Avenue, Burlington, Iowa 52601	319-752-8805
Howard Center Inc.	SCL, HCBS Waiver	P.O. Box 250 Sac City, Iowa 50583	712-662-7844
Knoxville Residential	RCF	205 N Iowa St, Knoxville, IA 50138	641-842-4618
Indianola Residential	RCF	401 W. Salem Ave, Indianola IA 50125	515-961-2556
Monroe Co Prof Mgmt	RCF, CSALA,	645 North 8 <sup>th</sup> , Albia, Iowa 52531	641-932-5311
New Choices	SCL, HCBS Waiver	1608 Cedar St. #B, Muscatine, IA 52761	563-262-0393
Rem, Inc	ICF/MR	402 Westcor Dr. #A, Coralville IA 52247	319-545-1227
Systems Unlimited	SCL, HCBS Waiver	2533 Scott Blvd SE, Iowa City, IA 52240	319-338-9212
Tenco Industries, Inc.	RCF, ICF, CSALA,	P.O. Box 1287, Ottumwa, Iowa 52501	641-682-8114
<b>VOCATIONAL SERVICES</b>			
Goodwill	Supported	Muscatine IA	563-263-2826
Hope Haven Industries	Shelter Work	1819 Douglas Ave, Burlington IA 52601	319-752-8805
Howard Center	Pre-Vocational	PO Box 250 Sac City IA 50583	712-662-7544
Job Opportunities	Supported	Box 70, Keosauqua IA 52565	319-293-6276
Ragtime Industries	Shelter Work	116 North Second, Albia IA 52531	641-932-7813
Tenco Industries	Shelter Work	P.O. Box 1287, Ottumwa IA 52501	641-682-6114
<b>OTHER</b>			
10-15 Transit	Transportation	105 E. Third St., Ottumwa IA 52501	800-227-6390
Southeast IA Case Mgmt	Enhanced Title XIX	50 E. Washington, Fairfield IA 52556	515-472-3523

[Return](#)

APPENDIX

F

PRIVACY

POLICY

## **VAN BUREN COUNTY COMMUNITY SERVICES**

### Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

**If you have any questions about this Notice, please contact our Privacy Contact who is Crystal Cronk, Van Buren County Attorney.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your demographic information, which may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by accessing our website at [www.iowacounties.org](http://www.iowacounties.org) or by calling the Auditors office and requesting that a revised copy be sent to you in the mail or asking for one the next time you are in our office.

#### 1. Uses and Disclosures of Protected Health Information

##### **Uses and Disclosures of Protected Health Information Based upon Your Written Consent**

You will be asked to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, we will use or disclose your protected health information as described in this Section 1. Your protected health information may be used and disclosed by our staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the practice.

Following are examples of the types of uses and disclosures of your protected health care information that we are permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that we may undertake once you have provided consent.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission. (CHANGE TO REFLECT PERTINENT EXCHANGES LIKE MHI ADMISSIONS, MAGELLAN APPROVAL, UIHC

## ADMISSIONS RELEVANT TO COURT COMMITMENT OR INTERIM ASSISTANCE REIMBURSEMENT OF MEDICAL EXPENSES INCURRED BY THE COUNTY)

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support our business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call your name when our staff is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for us. Whenever an arrangement between our office and a business associate involved the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. (Hospital, MHI, CMHC, Public Health, Schools, Job Opp, etc.)

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our privacy Contact to request that materials not be sent to you.

### **Uses and Disclosures of Protected health Information Based upon Your Written Authorization.**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information then we may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, we shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

If we have attempted to obtain your consent but are unable to obtain your consent, we may still use or disclose your protected health information to treat you.

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

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situation without your consent or authorization. These situations include:

**Required by Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Disease:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

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

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include;

1. legal processes and otherwise required by law
2. limited information requests for identification and location purposes
3. pertaining to victims of a crime
4. suspicion that death has occurred as a result of criminal conduct

5. in the event that a crime occurs on county premises
6. medical emergency (not on the county's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel:

1. for activities deemed necessary by appropriate military command authorities
2. for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or
3. to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Worker's Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and we created or received your protected health information in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 C.F.R. section 164.500 et seq.

## **2. Your Rights**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that we use in making decisions about you.

Under federal law, however, you may not inspect or copy the following records; Psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In

some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we believe that it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with us. You may request a restriction by in writing to our primary contact.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

**You may have the right to have us amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record,

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from us, upon** request, even if you have agreed to accept this notice electronically.

### **3. Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact, Deb **Kirchner, RN Van Buren County Public Health Administrator at 319-293-3431** or [DKirchner@vbcoia.org](mailto:DKirchner@vbcoia.org) for further information about the complaint process.

This notice was published and becomes effective on April 14<sup>th</sup>, 2003.

Van Buren County Community Services

Box 475

Keosauqua, Iowa 52565

[Return](#)

# APPENDIX G

## APPEALS PROCESS

## CENTRAL POINT OF COORDINATION (CPC) APPEAL PROCESS

The below Appeals Process is for county mental health funding for Jefferson, Keokuk and Van Buren Counties:

The initial decision regarding eligibility, service or funding and/or any subsequent changes in services or funding will be issued in writing using a Notice of Decision form. The reverse side of the Notice of Decision summarizes the Appeals Process. We recommend that you review the Notice of Decision the day you receive it. Read both sides of the document carefully. It is important that you act quickly to preserve your right to challenge the decision made.

If a dispute arises over the implementation or denial of eligibility, service or funding and/or subsequent changes in services or funding of County Funded services, a consumer, advocate, family member or legal representative may enter the following appeal procedure:

- A. An appeal, in writing, dated and signed, stating the disputed issues may be filed with the Central Point of Coordination (CPC) of the applicable county. The appeal must be postmarked or received within five (5) working days of the occurrence or the dispute or receipt of Notice of Decision. The CPC shall set a meeting date, within ten (10) days of the receipt of the appeal with all concerned parties. The CPC, upon hearing all relevant information, shall issue a written statement to the concerned parties of the decision regarding the dispute, within five (5) working days of the meeting.
- B. If the dispute is not satisfactorily resolved at Step A, the dispute may go to the final step in the appeals process. An appeal, in writing, dated and signed stating the disputed issue and a copy of the decision and statement from Step A may be filed with the Chairperson of the Multi-County Appeals Board.\* The appeal must be post marked or received within five (5) working days of receiving the decision from Step A. Upon receiving the appeal, the Chairperson of the Multi-County Appeals Board \*\* shall call a full meeting of the Multi-County Appeals Board, to be held within ten (10) working days, and have the board review and evaluate the presented information. The appellant may have an attorney or other advocate accompany and represent them, but at their own expense. The appellant will be permitted to present any evidence desired in support of the appeal. The Board may question the appellant and the CPC Administrator shall present the Board the reasons for the determination. The appeal shall be tape recorded. When the Board deliberates on the appeal, no person other than the Board members shall be present. The Board's deliberations shall not be tape recorded and shall be confidential. The Multi-County Appeals Board consists of 3 members, one each from Jefferson, Keokuk and Van Buren Counties. An appeal, in writing, dated and signed, stating the disputed issue and a copy of the decision from the CPC may be filed by the Chairperson of the Multi-County Appeals Board. The appeal must be post marked or received within 5 working days of receiving the decision of the CPC. Upon receiving the appeal, the Chairperson of the Multi-County Appeals Board shall call a full meeting of the Board, to be held within 10 working days, and have the Board review and evaluate the presented information. You may have an attorney or other advocate accompany you, but at your own expense. You may present any evidence desired in support of the appeal. The Board may question you and the CPC shall present the Board with the reasons for the determination. The appeal shall be tape-recorded. When the Board members deliberate the appeal, no persons other than Board members shall be present. The board's deliberations shall not be tape recorded and shall be confidential.
  1. The Board shall make a decision on the appeal within ten (10) working days of the hearing. The Board's decision shall be based on the evidence submitted during the hearing. The Board's decision will be mailed to the appellant at their last known address by ordinary mail. The Multi-County Appeals Board makes the final administrative decision at the county level. The decision shall state the reasons for the actions and shall also state that an appeal can be made to the District Court from the Board's determination. The County hosting the appeal will reimburse the board members for their mileage at the approved county rate.

\* Multi-County appeals Board consists of three (3) members, one from each county of Jefferson, Keokuk and Van Buren Counties who are appointed by each County. Each county shall select its representative from among the following members: individuals, family members, provider, business person, citizen volunteer. Appointments are made for a three (3) year term with a staggering start.

\*\* The Multi-County Appeals Board is a governmental body subject to Chapter 21 of the Code of Iowa. Open Meetings Law and such shall comply with the agenda, notice, recording, documenting, and meeting regulations therefore. The Board shall be advised and assessed by the County Attorney of the county from which the service/funding dispute arises. [Return](#)

APPENDIX

H

CURRENT  
STRATEGIC  
PLAN

## **NEEDS ASSESSMENT**

The process for development and approval of the three-year strategic plan is as follows: the CPC meets with consumers, family, and community persons at least quarterly. Mental health issues and concerns are discussed and documented for future reference in stakeholder meetings. The Van Buren County Board of Supervisors is updated on a regular basis. The CPC also serves on committees within the community to continue sources of referral and intervention strategies for mental health, juvenile, and substance abuse issues as well as being involved, through frequent contact, with early intervention programs to seek contemporary collaborative approaches and new funding streams. The mental health services system of Van Buren County identifies the transitioning process from child to adult mental health services and the committal process as current needs. In addition, employment services available for consumers with Asperger's is lacking in comparison to employment services provided to consumers with Chronic Mental Illness and/or Mental Retardation.

The Van Buren County Board of Supervisors and the public hearing process will approve the three-year strategic plan for Van Buren County prior to submission to the State County Management Committee.

The following needs have been identified and goals are developed off this base needs assessment:

1. Improvement of service delivery/monitoring within transitioning from child to adult mental health services.
2. Improvement of service delivery/monitoring within mental health committals.
3. Expansion of employment services to persons with Asperger's.

## **GOALS AND OBJECTIVES**

**Goal 1:** In collaboration with the Van Buren County school systems, improve the process of transitioning MH/DD consumers from the child system to the adult system, possibly through development of printed material delineating such things as what services are available, what populations are eligible, how eligibility is determined, what testing is necessary to substantiate an eligibility claim, how, when, and where to apply for Social Security benefits and Medicaid, etc. By improving knowledge of what is needed to transition, it is anticipated that young adults in Van Buren County accessing the adult system could be better served in a more individualized, efficient, and cost effective manner.

**Measurable Objective A:** To assess the information available and disseminated to families in the various Van Buren County school districts regarding the transition from the children's MH/DD service system to the adult service system.

**Measurable Objective B:** To assess the methods currently used to educate families in the various Van Buren County school districts about the transition process.

**Measurable Objective C:** To determine how the current information available and the present methods used to educate families about the transition from the children's MH/DD service system to the adult service system could be improved and developed, how the information could be presented and how printed materials could be funded.

**Person accountable:** CPC Administrator

**Resources needed:** Staff time necessary to assess what current information is available in the Van Buren County school systems; to research what methods presently are being used by the various schools to help plan the transition to the adult system; and to develop a brochure/handout for schools to use to assist families in planning for the transition process. In addition, the cost of printing any resulting brochure. This would be minimal, as it is anticipated that the brochure would be printed in the office and use no more than one ream of paper.

Measures of Progress: Completion of assessment of current information available through the various school systems in Van Buren County on the transition process; completion of research identifying the present methods used by the various school systems to educate families in planning for the transition process; completion of a brochure identifying what services are available, what populations are eligible, how eligibility is determined, what testing is necessary to substantiate an eligibility claim, how, when and where to apply for Social Security benefits and Medicaid and any other information determined to be helpful in planning for the transition process.

**Goal 2:** Work with hospitals, Mental Health Centers and other involved parties to better monitor involuntary hospital admission length of stay and associated costs.

Measurable Objective A: To involve local Mental Health Centers, case managers, and providers in implementing changes to the tracking and discharge planning policy for involuntary mental health commitments.

Measurable Objective B: To continue to expand our hospital contract base to better ensure proper and prompt placement of persons in need of an acute hospital setting.

Person accountable: CPC Administrator

Resources needed: Staff time necessary to research and evaluate policies then to process this information obtained in order to determine future changes to policies that will provide more efficient methods of tracking and monitoring services. Also, staff time will be needed to research hospitals/contracts for future expansion.

Measures of Progress: Complete the gathering and assessing of information from the research and evaluation. Determine what changes will be necessary to rebuild policies and the steps that will be necessary in order to accomplish implementation of those changes; develop a more effective policy outlining and describing methods to better track and monitor services for involuntary mental health commitments.

**Goal 3:** Research the possibility of expanding funding opportunities for employment services to persons with developmental disabilities.

Measurable Objective A: Assess the need for employment opportunities to persons with developmental disabilities within Van Buren County.

Measurable Objective B: Conduct research of current funding sources available for those services and study proposed funding sources to be implemented in the future.

Person Accountable: CPC Administrator

Resources Needed: Staff time necessary to conduct research.

Measures of Progress: Complete research and assess the material to determine whether or not the funding sources are sufficient for employment services provided to persons with developmental disabilities within Van Buren County.

**SERVICES AND SUPPORTS**

**MATRIX OF SERVICES AND ELIGIBILITY GROUPS**

<b>SERVICE TYPE</b>	<b>PERSONS WITH MENTAL ILLNESS</b>	<b>PERSONS WITH CHRONIC MENTAL ILLNESS</b>	<b>PERSONS WITH MENTAL RETARDATION</b>	<b>PERSONS WITH DEVELOPMENTAL DISABILITIES</b>
MHI	YES	YES	NO	NO
Attorney Fees	YES	YES	YES	NO
MH Advocate	YES	YES	NO	NO
Sheriff Transportation	YES- commitment	YES- commitment	YES- commitment	NO
Crisis Service	YES	YES	YES	NO
Case Management	NO	YES- 100% County	YES	YES
Outpatient Services	YES	YES	NO- unless DSMIV	NO
RCF-MR	NO	NO	YES	NO
RCF	NO	YES	YES	NO
ICF-MR	NO	NO	YES	YES-if mandated
CSALA	NO	YES	YES	NO
Adult Day Program	NO	NO	YES	NO
HCBS Waiver Services	NO	NO	YES	NO
Supported Employment	NO	YES-2 yr max	YES-2 yr max	NO
Sheltered Work	NO	YES-2 yr max	YES-2 yr max	NO
Transportation for work	NO	YES	YES	NO

POPULATION GROUP: **Mental Illness**

COA	SERVICE TYPE	THRESHOLD ELIGIBILITY STANDARD	FINANCIAL ELIGIBILITY STANDARD	SPECIAL CLINICAL CRITERIA	UTILIZATION REVIEW PROCESS
<b>40</b>	Treatment Services				
41-	Physiological Treatment				
41-306	Prescription Medications	MI	150% poverty-sliding fee	Psychotropic meds w/DSMIV diagnosis	Monthly CPC review & re-authorization
42-	Psychotherapeutic				
42-305	Outpatient	MI	150% poverty-sliding fee	DSMIV diagnosis	CPC pre-authorization
44-	Rehabilitative Treatment				
44-396	Community Support	MI	150% poverty-sliding fee	DSMIV diagnosis	CPC pre-authorization & review q month
50-	Vocational & Day Services				
50-364	Job Placement	MI	150% poverty-sliding fee	DSMIV diagnosis	CPC pre-authorization & review q month
50-368	Supported Employment	MI	150% poverty-sliding fee	DSMIV diagnosis	CPC pre-authorization & review q month
71-	Institutional Hospital & Commitment				
72-319	State Mental Health				
73-319	Inpatient	MI	150% poverty voluntary or commitment, uninsured	DSMIV diagnosis & per pre-screen, commitment	CPC pre-authorization & review q 10 days
74-	Commitment				
74-300	D & E related to a commitment	MI	150% poverty	Court commitment	NA
74-393	Legal Representation	MI	150% poverty	Court commitment	NA
74-353	Sheriff Transportation	MI	150% poverty	Court commitment	NA
74-395	MH Advocate	MI	150% poverty	Court commitment	NA

**POPULATION GROUP – Chronic Mental Illness**

<b>COA</b>	<b>SERVICE TYPE</b>	<b>THRESHOLD ELIGIBILITY STANDARD</b>	<b>FINANCIAL ELIGIBILITY STANDARD</b>	<b>SPECIAL CLINICAL CRITERIA</b>	<b>UTILIZATION REVIEW PROCESS</b>
<b>41</b>	Coordination Services				
21-374	Case Mgmt Services	CMI-non T19 eligible	150% poverty-medically needy, sliding fee	DSMIV-choice, short term for stabilization & coordination	CPC referral with review for need & authorization monthly
21-375	Case Mgmt – 100% County				
41-	Treatment Services				CPC authorization per month
41-	Physiological Treatment				
41-306	Prescription Medicine	CMI	150% poverty-medically needy, sliding fee	DSMIV-Psychotropic prescriptions only	CPC pre-authorization with review each month
42-	Psychotherapeutic Treatment				
42-305	Outpatient	CMI	Non insured-sliding fee	DSMIV diagnosis	
44-	Rehabilitative Treatment				
44-396	Community Support	CMI	Non MHAP-sliding fee	DSMIV diagnosis	CPC authorization per month
50-	Vocational & Day Services				
50-364	Job Placement	CMI	150% poverty-sliding fee	DSMIV diagnosis-DVRS eligible	CPC review/authorization q 2-4 weeks
50-368	Supported Employment	CMI	150% poverty-sliding fee	DSMIV diagnosis-DVRS eligible	CPC authorization per q month
60-	Licensed/Cert. Living Arrangement				
63-	Community Based 1-5 Beds				
63-310	CSALA	CMI	150% poverty-sliding fee	DSMIV-needs limited support & supervision	Case Mgmt ICP & quarterly CPC review (3-6 month authorization)
65-	Community Based over 16				
65-314	RCF	CMI	150% poverty-sliding fee	DSMIV-needs 24 hr supervision	CPC review (6-12 month authorization)
65-316	RCF/PMI	CMI	150% poverty-sliding fee	DSMIV-needs 24 hr supervision & psychotherapeutic intervention	Case Mgmt ICP & monthly CPC review (3 month authorization)
70-	Institution, Hospital & Commitment				
71-319	State MH Institutes	CMI	Non MHAP certified – Non insured	DSMIV - crisis	CPC Authorization & review every 10 days
74-	Commitments				
74-300	D & E Related to Commitment	CMI	Non MHAP-150% poverty	DSMIV – court ordered	CPC authorization
74-393	Legal Representation	CMI	150% poverty-sliding fee	Court ordered	NA
74-353	Sheriff Transportation	CMI	NA	Court ordered	NA
74-395	MH Advocate	CMI	NA	Court ordered	NA

**POPULATION GROUP: Mental Retardation**

COA	SERVICE TYPE	THRESHOLD ELIGIBILITY STANDARD	FINANCIAL ELIGIBILITY STANDARD	SPECIAL CLINICAL CRITERIA	UTILIZATION REVIEW PROCESS
42	Coordination of Services				
21-	Case Management	MR	T19 eligible-county share	Choice/needs coordination of service	CPC pre-authorization, verification & ICP review
21-374	Case Mgmt – T19 Match				
30-	Personal & Environmental				
31-	Transportation	MR	Sliding fee	For employment or day programming, medical visits	CPC pre-auth & 30 day review for re-auth
32-	MR Support/Adults				
32-325	Respite Care/Adults	MR	Sliding fee-HCBSW/County share w/open slots	IFMC certification guidelines	CPC
32-327	Representative Payee	MR	Sliding fee	SCL level	CPC review q 2 months
32-329	Supported Community Living	MR	HCBS-150% poverty sliding fee	IFMC certification guidelines, needs supervision/support	CPC review of ICP's, budget q 3 months
40-	Physiological				
40-306	Medications	MR	Non insured-sliding fee	Doctor ordered to stabilize	CPC auth x 30 days
50-	Vocational Service				
50-360	Sheltered Work	MR	150% poverty-sliding fee	Need basic skill training & job readiness for limited amt time	CPC pre-auth w/review q 3 mos w/ max of 3 yrs (accumulative)
50-362	Work Activity	MR	150% poverty-sliding fee	Same as above	Same as above
50-362	Job Placement	MR	150% poverty-sliding fee	DVRS eligible or eval by cert provider as employable w/limited support	CPC pre-auth/review outcome/ consumer satisfaction Limited to 3 mos placement attempt
50-368	Supported Employment	MR	150% poverty-sliding fee	DVRS eligible or employable w/limited support	CPC pre-auth/review outcome/consumer satisfaction q 2-3 mos w/hrs down to 2 max by yr 1 & 0 by yr 2
50-367	Adult Day Care	MR	150% poverty-sliding fee	Needs supervision while family works, must include education & ILS	CPC pre-auth & quarterly review of outcome & consumer satisfaction
60-	Licensed/Appropriate Placement				
63-	Community Based 1-5 Beds				
63-310	CSALA	MR	150% poverty-sliding fee	Needs minimal support & supervision	CPC auth w/ 3 mo review of ICP, outcome & consumer satisfaction
64-	Community Based 6-15 Beds				
64-315	RCF/MR	MR	150% poverty-sliding fee	Unable to live in community w/o 24 hr supervision of ADL's, non HCBS approved	CPC pre-auth w/ 6 mo review of ICP, outcome & consumer satisfaction
64-318	ICF/MR	MR	150% poverty-sliding fee, County share or non federal share	Needs extensive 24 hr nursing to meet all needs, pre-screened for HCBSW	CPC pre-auth w/1 yr review of program plan for QA
65-	Community Based over 16				
65-314	RCF	MR	150% poverty-sliding fee	Unable to live in community w/o array of support services, consumer choice	CPC pre-auth w/ 12 mo review of ICP & consumer satisfaction

POPULATION GROUP: **Developmental Disabilities**

COA	SERVICE TYPE	THRESHOLD ELIGIBILITY STANDARD	FINANCIAL ELIGIBILITY STANDARD	SPECIAL CLINICAL CRITERIA	UTILIZATION REVIEW PROCESS
43	Coordination of Services				
21-	Case Management				
21-374	Case Mgmt-T19 Match	DD	T19 eligible-county share of non federal	Choice – needs coordination of service	Consumer satisfaction, CPC pre-authorization based on evaluation & need
60-	Licensed/certified living arrangements				
64-318	Community Based 6-15 Beds	DD	County share of non federal-sliding fee	IFMC eligibility guidelines, MR diagnosis	ICP, outcome, satisfaction, CPC pre-authorization based on evaluation & need

Persons primarily diagnosed as Developmentally Disabled and Brain Injury will be provided county funding of the non-federal share for “entitlement” programs only but will be offered a full array of services when State/Federal funding or funding other than county property tax dollars becomes available to support/fund those services. Van Buren County chooses not to establish payment slots under the HCBS BI waiver at this time as per 441 Chapter 25, IAC 83.82(3).

441-25.16 Any co-payments that may be required shall be related to the ability to pay for services and supports and will comply with the Iowa Liability Law. Any co-payments may be collected by the county.

## **PROVIDER NETWORK**

<b>PROVIDER</b>	<b>SERVICE</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
<b>OUTPATIENT SERVICES</b>			
Bridgeway, Inc	Crisis hot line	208 Bank Street, Keokuk IA 52632	319-524-3873
ResCare – Life Solutions	Psychotherapy	51 W. Jefferson, Fairfield IA 52556	641-472-5771
Southern IA CMHC	Psychotherapy	110 East Main St, Ottumwa IA 52501	641-682-8772
<b>INSTITUTION/HOSPITAL</b>			
Glenwood State Hospital	Inpatient	711 South Vine, Glenwood IA 51534	712-527-4811
Keokuk Area Hospital	Inpatient hospital	1600 Morgan St., Keokuk IA 52632	319-524-7150
MHI Independence	Inpatient	2277 Iowa Ave, Independence IA 50644	319-334-2583
MHI Mt. Pleasant	Inpatient	1200 E. Washington, Mt. Pleasant IA 52641	319/385-7231
St. Luke’s Hospital	Inpatient hospital	1026 A Ave NE, Cedar Rapids IA 52406	515-362-5111
University of Iowa Hospital	Inpatient hospital	200 Hawkins Drive, Iowa City IA	319-338-0581
Woodward Resource Center	Inpatient	1251 334 <sup>th</sup> Street, Woodward IA 50276	515-438-2600
<b>RESIDENTIAL</b>			
Bridgeway, Inc.	HCBS, SCL, Respite	208 Bank Street, Keokuk, Ia 52632	319-524-3873
Center Village, Inc	RCF, Day program	RR2 Box 149, Keosauqua, Iowa 52565	319-293-3107
Hope Haven Develop Center	RCF, ICF, CSALA,	1819 Douglas Avenue, Burlington, Iowa 52601	319-752-8805
Howard Center Inc.	SCL, HCBS Waiver	P.O. Box 250 Sac City, Iowa 50583	712-662-7844
Knoxville Residential	RCF	205 N Iowa St, Knoxville, IA 50138	641-842-4618
Indianola Residential	RCF	401 W. Salem Ave, Indianola IA 50125	515-961-2556
Monroe Co Prof Mgmt	RCF, CSALA,	645 North 8 <sup>th</sup> , Albia, Iowa 52531	641-932-5311
New Choices	SCL, HCBS Waiver	1608 Cedar St. #B, Muscatine, IA 52761	563-262-0393
Rem, Inc	ICF/MR	402 Westcor Dr. #A, Coralville IA 52247	319-545-1227
Systems Unlimited	SCL, HCBS Waiver	2533 Scott Blvd SE, Iowa City, IA 52240	319-338-9212
Tenco Industries, Inc.	RCF, ICF, CSALA,	P.O. Box 1287, Ottumwa, Iowa 52501	641-682-8114
<b>VOCATIONAL SERVICES</b>			
Goodwill	Supported	Muscatine IA	563-263-2826
Hope Haven Industries	Shelter Work	1819 Douglas Ave, Burlington IA 52601	319-752-8805
Howard Center	Pre-Vocational	PO Box 250 Sac City IA 50583	712-662-7544
Job Opportunities	Supported	Box 70, Keosauqua IA 52565	319-293-6276
Ragtime Industries	Shelter Work	116 North Second, Albia IA 52531	641-932-7813
Tenco Industries	Shelter Work	P.O. Box 1287, Ottumwa IA 52501	641-682-6114
<b>OTHER</b>			
10-15 Transit	Transportation	105 E. Third St., Ottumwa IA 52501	800-227-6390
Southeast IA Case Mgmt	Enhanced Title XIX	50 E. Washington, Fairfield IA 52556	515-472-3523

**ACCESS POINTS**

AGENCY	INTAKE	ENROLLMENT	SERVICE PLANNING	*SERVICE AUTHORIZATION	UTILIZATION MANAGEMENT	WAITING LIST
CPC	YES	YES	YES	YES	YES	NO
Van Buren County Hospital	YES	NO	NO	NO	NO	NO
Mental Health Institutes	YES	PER CPC COMMIT ONLY	PER CPC COMMIT ONLY	PER CPC COMMIT ONLY	NO	NO
*Outpatient Service Providers	YES	FOR CMHC ONLY	FOR CMHC ONLY	FOR CMHC ONLY-UP TO 3 ENCOUNTERS	FOR CMHC ONLY-UP TO 3 ENCOUNTERS	NO
Case Management	YES	NO	YES	NO	NO	NO
**All other Access Points	YES	NO	NO	NO	NO	NO

**\*OUTPATIENT PROVIDERS**

- Rescare
- Southern Iowa Mental Health Center

**\*\*OTHER ACCESS POINTS**

- Department of Human Services
- AEA
- Van Buren County Community School District
- Harmony School District
- Van Buren Job Opportunities
- Department of Vocational Rehabilitation Services

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